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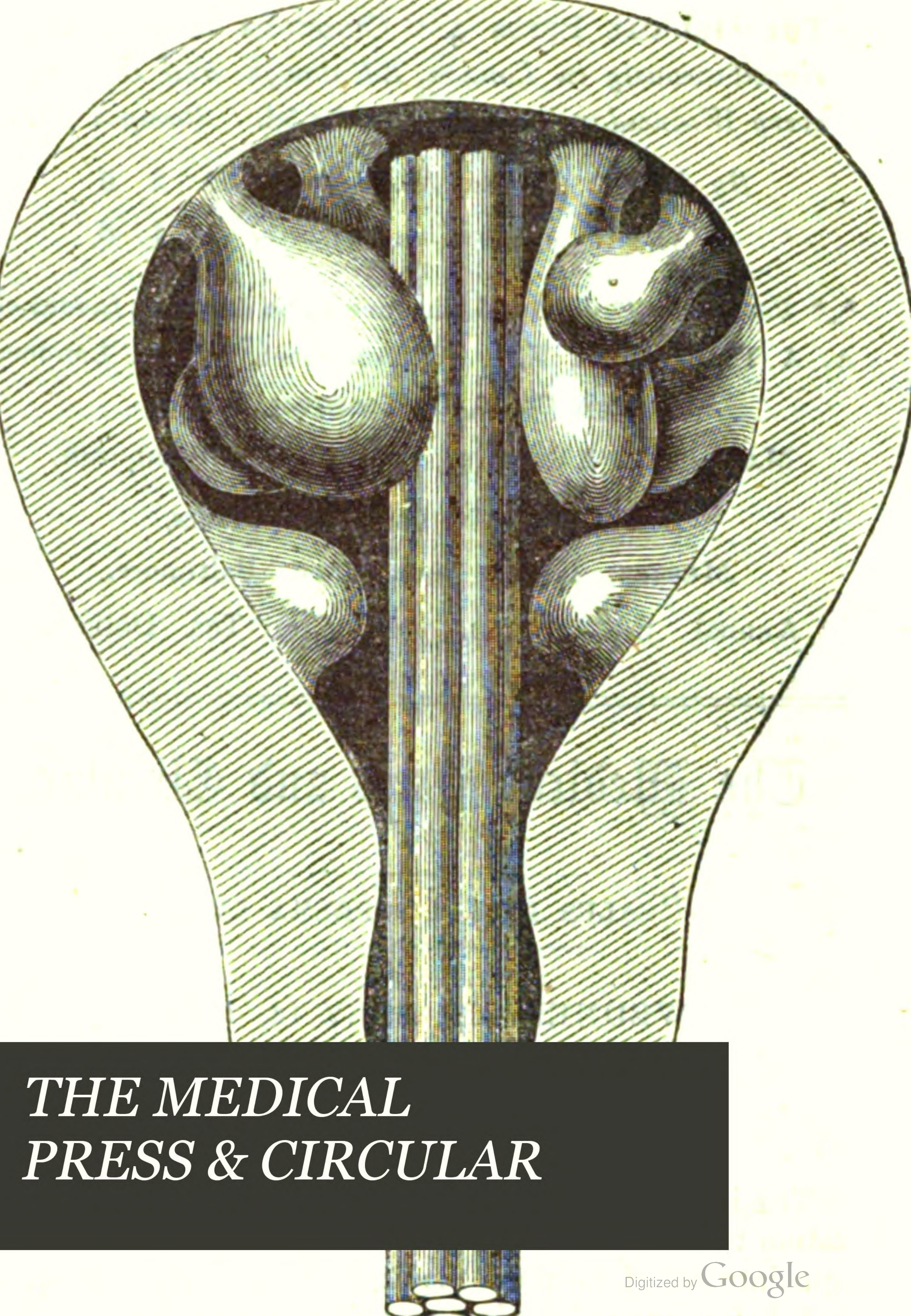

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Address

BY

DR. BURROWS, F.R.S.,

President of the General Medical Council,

AT THE

OPENING OF THE SESSION ON JULY 1.

GENTLEMEN,—I shall venture to trespass upon you for a few minutes before we proceed to the public business of the session. The interval between our two sessions has been somewhat longer than usual, because no pressing public business has compelled me to summon you hither at a season when I know it would have been particularly inconvenient to many of you to leave the seats of your public and private duties. Now, if the recess has been somewhat longer than usual, it certainly has by no means been a period of inactivity and leisure to the majority of the members of this Council. It is in the remembrance of you all that at our last meeting, we appointed two very important and numerous committees—the Committee upon Medical Education, and the Committee upon State Medicine, and these committees have continued their labours throughout the interval. These committees comprise no less than fourteen members of our body, and of the labours of these committees I can speak officially,—not that I have joined in their labours, or am taking credit for any part of them, but I have been officially cognisant of their labours,—these labours have been excessive, and continued throughout the recess up to the very hour of our assembling in this hall. These committees have collected a vast amount of information to elucidate the subjects they were appointed to inquire into. The materials, being collected from various sources, were no doubt of very unequal value—very heterogeneous, we may say,—and perhaps in some points they are actually discordant, so that it must unquestionably require great discrimination and labour to winnow the produce, to separate the grain from the chaff, and to draw up reports which will form the basis for future action. Let us hope that the gain which is to be realised by the reports of these committees may be in some degree commensurate with the great—and I ought to add gratuitous—labours of the members of these committees, and likewise, I would say, with the probable heavy expense which will be entailed upon this Council in collecting the materials, and also embodying the information contained in printed reports. Gentlemen, among the duties delegated last year to the Executive Committee, was the responsible one of communicating with the Government upon the amendment of the Medical Act of 1858. When this question was brought before the Executive Committee, I thought it right to press upon their attention the views that I expressed to this Council at the opening of the last session. I am not going to detain you with a vain repetition of those remarks, but the gist of them was to this effect,—that it was more within the province of the President of the Privy Council than of the Home Secretary, to undertake the required legislation to amend the Medical Acts, inasmuch as the Privy Council and the Medical Council have been associated together by the Legislature in the working of the Act of 1858; and, moreover, that it appeared to me that there was a greater probability of successfully initiating medical legislation in the House of Lords than in the House of Commons. The Executive Committee adopted my suggestions, and appointed a deputation of their body to wait upon the President of the Privy Council. That deputation consisted of your Treasurer, Dr. Sharpey, Mr. Cæsar Hawkins, the Registrar, and myself. Our deputation was received by Lord Grey and Mr. Forster, the President and Vice-President of the Committee of Education of the Privy Council, and these Ministers were attended by the Clerk of the Council, Mr. Arthur Helps, and the medical officer of the Council, Mr. Simon. As your President, I had then an opportunity of bringing before the Government the reasons why we applied to the President of the Privy Council for his assistance in Parliament, and of pointing out the increasing and urgent necessity there was for some amendment of the Medical Acts. My report of the result of the deputation unfortunately is very similar to that which I have had to make upon former occasions; in fact, the account of it might almost be stereotyped: "Courteous reception, attentive, and apparently willing, listening to a rather long statement of many arguments, and this ending by the expression of profound regret that the pressure of public business would not allow of medical legislation in the present Session." After some little further pressure on my part on the President of the Privy Council, I subsequently received a letter, a very important one, from the medical officer of the Privy Council, written by direction of the Lord President, announcing the intention of the Government to go, during next Session of Parliament, more deeply into the question of medical legislation than the mere amendment of the Medical Act of 1858, as had been suggested by this Council. This letter will almost immediately be laid before you, and you will find in it suggestions which will require careful and, I fear, very prolonged consideration on your part. On Monday next you will be called on to exercise one of the most delicate and responsible functions which have been entrusted to you by the Legislature; you will have to decide whether an individual whose name is upon the Medical Register has been guilty of infamous conduct in any professional respect, so as to preserve the erasure of his name from the Register. This function, gentlemen, must always be exercised with the greatest prudence, and only under the advantage of sound legal advice. The Legislature has not thought proper to trust us with power to arrest the practice of notorious quacks and medical impostors, but it behoves this Council to exert its powers, and to purge the Register of the names of the persons whose conduct is more in accordance with the proceedings of quacks, and vendors of nostrums, than of educated professional gentlemen. Should the facts of this case to be laid before you not warrant the extreme sentence of expunging the medical practitioner's name from the Register, I feel sure the discussion on the merits of the case will have a beneficial influence in a moral point of view, and will assure the members of the profession at large that this Council does not timidly shrink from the performance of a painful and sometimes invidious duty. No public body in this country is or ought to be exempt from criticism, either by the press or other modes of expressing opinion, and the Medical Council cannot expect to be an exception to the general rule. Those who only have an imperfect knowledge of the state of medical education, and the examinations carried on at the Boards of numerous licensing bodies when this Council first commenced its labours, can form no just estimate of the beneficial influence exercised by this Council upon medical education, both preliminary and professional, and upon examinations throughout the United Kingdom. It would be invidious and unbecoming on my part to advert to the improvements in any particular institution; but there must be few, I think, who would not candidly admit the value of suggestions made to them by visitors from the Council upon the modes of conducting examinations. The fruits springing from the good seed sown can hardly yet be appreciated, and cannot arrive at maturity until a new generation of practitioners has succeeded those who have gradually faded away. Because young men are still found to be imperfectly educated when put to the test of a searching examination, and particularly those examinations which are instituted for admission to the public services, it has been inferred that this Council have not done their duty, and have not brought the standard of education up to that point which we all should desire to see it attain. Those who arrive at such a hasty conclusion can know very little of the practical working of medical schools and other places of education. A system of education may be good, the teachers may be zealous and efficient, and highly informed, but regard must always be had to the materials that they have to work upon. Young men are now what they always have been, and what they probably ever will be. It matters not whether it be a public school, a university, or a medical college, a large number of those who are entered as pupils will not be students in the proper sense of the word. Some, no doubt, are below the average standard of intellect, some are indolent, some are devoted to athletic sports, although not wanting in ability, and of these several classes many must necessarily fail in examination; and those of such classes who are so fortunate as to pass will probably have gone through the ordeal of what is termed "cramming" in one place, and "coaching" in another. No doubt these evils are greatly to be deplored, but can they be overcome? Possibly they may be lessened. The Medical Council or any other public body authorised to issue regulations for educational examinations, have no special power to make all young men industrious and zealous in the acquisition of knowledge; and in my opinion all regulations and plans of education and defined modes of teaching will, if unaccompanied by other measures, always fail in making young men well informed in their profession. The most successful methods of accomplishing this desirable object, in my opinion, would be by the establishment of a good Examining Board, a conjoint Examining Board in each division of the United Kingdom (hear, hear), and by instituting examinations of such a nature as shall unquestionably ascertain the required amount of knowledge of each candidate for a licence to practise the medical profession. Although rules and regulations, and curricula of study, may be properly laid down for the information and guidance of those who propose to offer themselves for examination, it will be, in my opinion, the examination, and that alone, which will establish the standard of knowledge among the candidates. According to the well-established law in free, civilised, and commercial countries, supply will always bear a direct relation to demand, and this law I believe will be found to apply to the conditions of medical education. If examinations are complete, efficient, and well-conducted, those who are desirous of passing them successfully will resort for instruction to those sources where they can most certainly obtain the thing that they are in need of. On the other hand, those who are anxious to collect about them a body of students must necessarily make such arrangements, and afford such instruction, as will enable industrious students to obtain the wished-for knowledge which is to enable them to pass a successful examination. I feel assured, then, it will not be by a fixed curriculum of study, with precise and defined methods of teaching particular branches of science, that the standard of knowledge among medical students will be eventually improved. Much liberty, I think, may and ought to be allowed in methods of teaching, and still more in methods of learning, and also in the details of the curriculum of study. I would say, only once establish a uniform good examination in each division of the United Kingdom for all medical students, and the standard of knowledge among them will soon correspond to the requirements of the Examining Board. From an experience, gentlemen, of ten years, as a member of this Council, and acknowledging, as I have frequently and publicly, the great improvements effected through our regulations and suggestions, I have nevertheless arrived at the conviction, that even if this Council were armed with more extensive and arbitrary powers, it would be impossible to accomplish all those improvements in preliminary and professional education and examinations at the various licensing boards which are required to ensure the qualification of all those admitted to practise the medical profession. The most simple and the most certain method, I think, of effecting this great object will be the establishment of one conjoint or public Examining Board for each division of the kingdom. I had determined on giving expression to these sentiments before I had the opportunity of perusing the draft Report of the Committee on Medical Education, and I am rejoiced to find that I have arrived, independently, at a conclusion similar to that embodied in the document above referred to. The observations in that draft report are very much to this effect, that the time has now arrived when giving universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should insist upon a conjoint Examining Board for each division of the kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined upon all subjects of professional education. I certainly do think, and thinking it I feel bound to express my thoughts, that by this method a licence or diploma would be granted which would guarantee to the public (and we have to think of that) that every registered practitioner was properly qualified in every branch of medical knowledge. Gentlemen, if you refer to the printed programme which is before you, the programme for the business to be transacted at this meeting of the Council, you will find the list of agenda a very long one, and embracing very large and comprehensive subjects, which will require much deliberation, and will no doubt give rise to much discussion. As this seems inevitable, I would suggest in the interest of the whole Council, both of the members individually, and also of our body I may say financially, that we should have a tacit but well-understood agreement that each member, in addressing the Council, should honourably endeavour to condense his observations and his arguments as far as possible, and refrain from those digressions and illustrations which, however amusing, and, I admit, adding very much to rhetorical effect, have very little influence upon the judgment and decision of the "grave and reverend seigneurs" who sit around this table. Gentlemen, I hope that these remarks may not be regarded in any sense as personal. I offer them to you as a parting legacy to a friend. They are made solely as an *amicus curiæ*, with a desire to facilitate the transaction of the business of the Council, and, also, if possible, with a desire of enhancing the reputation and authority of this Council with the profession and with the public out of doors.

Original Communications.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,
Deputy Inspector-General of Hospitals.

(Continued from page 496.)

FEVERS.

On the subject of treatment, I note that while occupied in carrying out some official investigations relative to the comparative success of some reputed remedies, I preserved a record of a considerable number of cases in which quinine in various doses and combinations was administered; and from those records I have prepared the following summary, namely :—

Quotidian Intermittent.—One case in which no medicine was given was discharged recovered in twenty-two days.

One case, treated with 2 grains of quinine three times a day for six days (18 grains), recovered in eight days.

Of four cases treated by 3-grain doses, administered three times a day, one was so during three days, having a total of 27 grains, and recovered in nine days; two during five days, each taking in that time 45 grains; one of the two, being discharged, recovered in five days, the other in six days; and one treated thus for twenty-one days, taking ʒj. grs. 45, was in hospital before recovery eighty-two days. Average, twenty-five days.

Of three treated by 3 grains of quinine and 1 of rhubarb, repeated three times a day, all were so during four days, taking 36 grains. One of these recovered in four days, the other in five, and the third in six. Average, five days.

One case treated by 3-grain doses, repeated four times a day during ten days, taking in that time ʒij. and 6 grains, was at the end of that time discharged recovered.

Three cases were treated by quinine in 5-grain doses, and of them the statistics are as follow, namely :—In one the quantity was administered uncombined three times a day during three days; 45 grains in all were taken, and the patient was discharged recovered in ten days. In two this dose was combined with 1 grain of rhubarb, and repeated three times a day; one patient so treated had ʒj. and 15 grains of the remedy in five days, and was discharged in seven. In one it was similarly administered during four days, 23 grains being taken in all, and the patient discharged in nine days. Average, nine days.

In one case, after this dose and combination had been employed five days, quinine uncombined was given in 3-grain doses thrice during two days, ʒj. grs. 33 being taken in that time, and the patient discharged recovered in nine days.

In another the combination was given three times a day during three days, three grains of uncombined quinine being administered thrice a day during two more; ʒj. grs. 15 taken in all, and the patient discharged recovered in five days. Average, seven days.

One case was treated by 5-grain doses, in combination with 2 of rhubarb, every third hour during two days, and 3 grains of each three times a day during three more; the total quantity taken was ʒj. grs. 15, and the patient was discharged in eleven days.

Five were treated with similar doses of quinine, combined with 3 grains of rhubarb, administered three times a day. In one of these the treatment was continued during three days, the patient taking 45 grains in all, and discharged in four. In one it was continued during four, the quantity taken being ʒj., the patient discharged in sixteen. In two it was continued during seven, the quantity taken being in each case ʒj. grs. 45. One of the patients was discharged in ten, the other in eighteen days; and in the fifth case the treatment was continued during eight days, ʒij. of quinine was taken, and the patient discharged in thirteen days. Average, twelve days.

One patient had 5 grains of quinine and 3 of rhubarb repeated twice in one day, and 2 grains uncombined thrice a day during five; he took in all ʒj. grs. 15 of the remedy, and was discharged in seven days.

Another had a similar combination three times a day during two days, and then 3 grains of quinine three times during one day; he took in four days 45 grains, and at the end of the time returned to duty.

In two cases the 5-grain dose of quinine was combined with 5 of rhubarb. In one of these this dose was repeated three times during one day, then varied by 1 grain of hyoscyamus being substituted for the latter, and so continued during four days. The patient took in all ʒj. and 15 grains of quinine, and was discharged in thirty-five days. In the other the 5-grain doses of quinine and rhubarb were continued during three day, 3-grain doses of uncombined quinine being given for eight days more, making eleven in all. During that time ʒj. grs. 27 of quinine were taken, the patient being discharged in eleven day. Average of the two, twenty-three days.

Three cases were treated by 10-grain doses of the medicine. Of these, one dose only was given in one case, no further treatment being employed, and the patient discharged recovered in sixteen days. In one the dose was repeated twice a day during two days, 40 grains being taken in that time, and the patient discharged in six days. In another the dose was given once a day during three days, ʒss. of the medicine being taken in all, and the patient discharged in five days.

In three cases one dose of 10 grains was given, and afterwards doses of 5 grains repeated three times a day; one of the patients so treated took ʒj. grs. 14, one ʒj. grs. 35, and the third ʒj. grs. 40 of the remedy, each being discharged in eight days.

Two patients were treated by 10 grains of quinine administered as one dose, the remedy being afterwards administered in doses of 5 grains, with 1 grain of extract of hyoscyamus, repeated three times a day. Of these, one was so treated during four days, ʒj. grs. 10 of quinine being taken, and the patient discharged in six days; the other during five, ʒj. grs. 25 being taken, and the patient discharged in nine days.

One had a single dose of 10 grains, with 3 grains of blue pill, followed by doses of 3 grains of quinine repeated every four times. The patient was thus treated three days, took 45 grains of quinine, and was discharged in nine.

One, after having a single dose of 10 grains, was treated by 5-grain doses repeated three times during one day, a similar quantity being given, combined with 3 grains of rhubarb, three times a day during four days. In this case the treatment extended over six days, ʒj. grs. 25 being taken during that time, and the patient discharged in eight.

Another man treated by 10-grain doses had two such, followed thereafter by 3-grain doses three times a day during three days; he took in all 37 grains, and was discharged recovered in six.

Quinine in doses of 30 grains was administered as follows :—In one case only one dose was given; no further treatment was employed, and the patient was discharged in six days. In one the dose was given on two consecutive days; ʒj. was thus taken in all, and the patient discharged in four days. In one, after one dose of 30 grains, the medicine was given in quantities of 5 grains repeated three times a day during two days, and afterwards in doses of 2 grains three times a day during six days; this treatment was employed during eight days, ʒj. grs. 36 of quinine being taken, and the patient discharged in ten days. In another two doses each of 30 grains were administered, followed by a scruple dose twice repeated, and this by 2 grains of quinine, with 5 of rhubarb, repeated three times daily during two days; treatment was thus continued four days, ʒj. grs. 46 of quinine being taken in all, and the patient was discharged recovered in twenty-nine days.

Tertian Fever.—With reference to cases of tertian ague, I obtain the following information, namely:—In one case 2 grains of quinine were given three times a day during four days; 24 grains taken in all, and the patient discharged in eight days. In four cases quinine was administered in 3-grain doses, repeated three times a day. In one of these the treatment was continued four days; 36 grains were taken, and the patient was discharged in nine days. In two it was continued five days, the patient taking 45 grains; and of these one was discharged at the end of that time, the other being so in seven days. In one the treatment was continued six days; the patient discharged in fourteen. In one case, after this treatment had been continued seven days, it was modified, 2-grain doses being then given three times a day during six; this treatment extended over thirteen days; the patient took in all ʒj. grs. 39, and was discharged in twenty-six days. In another case 3 grains of quinine, combined with 5 of blue pill, were given three times a day during two days, 2 grains of uncombined quinine being given three times a day during three more days; this treatment was continued five days; 36 grains of quinine given, and the patient at the end of the time discharged to duty. In one case 5-grain doses three times a day were continued during ten days, ʒj. grs. 30 being taken in that time, and the patient discharged in eleven days. One was similarly treated during seven days, ʒj. grs. 45 taken in that time, and he discharged in ten; and one during three days, he taking 45 grains, and being discharged in five. One patient had 5 grains of quinine, with 5 of rhubarb, three times a day during three days; took 45 grains, and was discharged in four days; and one who was treated with similar doses of quinine, with two grains of extract of hyoscyamus twice repeated, and then had a single 30-grain dose of quinine all in one day, 45 grains being thus taken, but no further treatment used, was discharged in eleven days.

Of two men who had 10-grain doses repeated three times a day, and afterwards by 3-grain doses similarly administered, one had the larger doses during four days, the smaller during two, or six in all; he took ʒij. grs. 18, and was discharged in sixteen. The other had the larger doses during two days, the smaller in five; took in all ʒij. grs. 55 in these seven days, and was discharged in twenty-seven.

One had two doses each of 10 grains, succeeded by 2 grains repeated twice a day during two days; thus he received medicine during three, took in all 28 grains, and was discharged in four; and one who, after one dose of 10 grains, received 5 grains four times in one day, and 2 grains three times a day during eight, was thus under actual treatment nine days, in which he took in all ʒj. grs. 20; he was discharged to duty at the end of that time.

In one case ℈j. of quinine was administered three times a day during two days; ʒij. were taken in all, and the patient discharged in thirteen days.

In one 30 grains were given, and repeated in the same day, after which 5 grains of quinine, with 5 of rhubarb, were given three times daily during three days; the patient was thus four days under treatment, took in all ʒij. grs. 15 of quinine, and was discharged in thirty-four days.

An analysis of these records will not, I fear, tend to increase confidence in the superiority of one method of administering this medicine over another. In conducting my investigations, every endeavour was made to observe similar conditions in the management of all cases which came under observation; various other plans of treatment were moreover observed, of which, although the particulars are unfortunately not now available, I am able to give the conclusions drawn from them at the time. In some cases no other treatment was employed than the exhibition of free purgatives, and keeping the patient several days on spoon diet; and young and robust soldiers so treated while labouring under a first, second, or even third attack of the disease, recovered quite as favourably and rapidly as others did who were treated by the remedies usually recommended. In old cases, however, and in those of patients who were much debilitated, or who laboured under any of the complications of intermittent fever, more especially enlargement of the spleen and cachexy, treatment became a matter of serious difficulty. Quinine in such cases was the remedy most to be confided in, in some dose or other, and combined in the various ways that have been detailed.

But it often happened that, from no evident cause, some one of the usual remedies given as an anti-periodic would fail, and another succeed. Thus, on the occasions mentioned, the ordinary sulphate of quinine failed to check the accessions, but that what was called the amorphous solution speedily had the desired effect; while in others, where first one and then the other of these seemed to have no effect, the employment of arsenical solution, sulphate of biberine, sulphate or carbonate of zinc, were followed by favourable results.

It is useless to warn soldiers against the circumstances that induce intermittent fever. The occurrence of one attack after the committal of an irregularity does not teach them, as a rule, to avoid a similar. Medicine mostly seems to have a partial and uncertain remedial power so long as a person continues under the conditions that in the first instance induced the attack; and therefore the removal of the person to a less malarious district, whether that be in India itself or to England, becomes, in the cases of all who are confirmed subjects of ague, a matter of necessity.

(To be continued.)

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ON AN EPIDEMIC VISITATION OF JAUNDICE.*

By Thomas Hayden, F.R.C.P., &c.,

Physician to the Mater Misericordiæ Hospital.

In the course of January and February of the current year several cases of jaundice, of a mild but decided character and brief duration, came under my notice in rapid succession. Many of these cases were under treatment at the same time, and I was struck with the similarity of symptoms and course which they all presented; but still more forcibly by the circumstance that the greater number of them had occurred in a single institution, and amongst persons circumstanced alike in regard to food, exercise, and surrounding temperature. I have been enabled to follow these cases to the conclusion, with one exception; and all, if that one be omitted, of the termination of which I have no knowledge, made a rapid and complete recovery.

Case 1.—In the second week of last January a gentleman, aged about forty-five, of studious, sedentary, and abstemious habits, who had been living rather sparingly, and upon unwholesome food for the preceding few weeks, called on me. He stated that, during the last week he had experienced great languor and total loss of appetite; the bowels were confined; the skin of a deep lemon tint; urine loaded with bile pigment; stools clay-coloured; pulse remarkably slow and weak; surface cool, and tongue slightly coated with a white fur, and moist.

Under a simple treatment with blue and compound colocynth pill, and nitro-hydrochloric acid in infusion of chiretta, he was restored to perfect health in the course of about ten days, a slight icteric tinting of the conjunctiva remaining a few days longer.

Case 2.—Mr. G., aged about twenty-five, a student residing in the same collegiate institution as the last mentioned patient, presented himself to me in the early part of January. The skin was of a deep lemon colour; urine loaded with bile; bowels confined; pulse slow; great languor, nausea, and tendency to fainting. For a few days previously he had been languid and listless, with loss of appetite, and confined bowels; he was then attacked with rather severe pain in the epigastrium, lasting a few hours, and subsequently became jaundiced.

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* Read at the meeting of the Medical Society of the College of Physicians, Dublin, March, 1869.

After a week's treatment, similar to that mentioned in the preceding case, he became convalescent, and recovered his ordinary health in about three weeks from the date of his first illness; the jaundice slowly disappeared, and the urine resumed its natural appearance.

Case 3.—Mr. D., a student, and up to a few weeks previously, a resident of the same institution as the preceding patients, became jaundiced after a few days of *malaise*, about the 20th of January last. He attributes his illness to his having partaken of a bad beef-steak at a tavern about that time; he states that of late he has not had sufficient variety of food, having subsisted chiefly upon beef-steak, and this often of an inferior quality. Skin lemon-yellow; urine deeply coloured with bile; bowels confined, and stools "formed," small, and clay coloured; a general itching over the body, but most urgent in the conjunctivæ; there was likewise slight hepatic enlargement, with tenderness at the epigastrium. A few leeches were applied over the seat of tenderness, and subsequently warm poultices; treatment otherwise as in the preceding cases.

Feb. 5.—No abdominal tenderness; jaundice has nearly disappeared; urine coloured only at intervals; feels much better, and can take some food without repugnance. Pulse remarkably weak and slow.

Feb. 8.—No jaundice or bile in urine; bowels still confined; is still weak, but otherwise well. In the course of a few days more this gentleman was restored to his usual health.

Case 4.—Mr. R., a student in the same institution, and previously healthy, on Sunday January 17 felt "out of sorts," and in the course of the succeeding night was attacked in bed with severe pain in the epigastrium, which lasted about six hours, and caused him to writhe with suffering; there were at the same time constipation and loss of appetite, and the skin began to assume a jaundice tint. I saw him on the 24th of January. The pulse was then slow; the tongue slightly coated; skin and conjunctivæ of a deep lemon hue; urine deeply coloured with bile; there were languor and loss of appetite, but no pain.

To have blue pill and co. colocynth, of each gr. v.; and afterwards a seidlitz powder.

Jan. 25.—Bowels imperfectly moved; stools "formed" and pale; pulse 40, and weak; feels better, and can now take a little food; jaundice disappearing. To have nitro-hydrochloric acid with infusion of chiretta. About the 30th of January he left for the country, being still weak, but all other indications of illness having disappeared. He has since returned to Dublin, and is now in excellent health.

Case 5.—Mr. L., a student resident in the same institution, felt unwell on the 27th January, and in the course of that night had dull aching pain in the epigastrium; there were likewise nausea and repugnance to food. A week later he noticed an icteric tint of skin. I saw him on the 5th of February—*i.e.*, nine days from the date of his first illness; he was then jaundiced, both the skin and conjunctivæ being of a light lemon hue; urine deeply tinted with bile; pulse 60, soft and weak. There was tenderness on pressure in the right hypochondrium, and here the liver was felt projecting slightly below the costal cartilages; tongue slightly coated with a "milky" fur; bowels confined. To have two leeches to right hypochondrium, one-twelfth of a grain of resin of podophyllin, with two grains each of blue pill and compound aloetic pill, every fourth hour, till a free action of the bowels took place, and subsequently infusion of chiretta with nitro-hydrochloric acid thrice daily.

Feb. 8.—Is less jaundiced; bowels acting well; bile still in urine; pulse 84, weak; tongue less coated. Continue. In the course of three days subsequently this gentleman was quite well, and had lost all appearance of jaundice.

In addition to the foregoing cases, five in number, which came under my notice from a single institution within a period of a month, all strikingly similar in regard to history, symptoms, and progress, I saw on January 25 another case, that of a coachman, aged thirty-six, who had been taken ill three weeks previously with pain in the epigastrium, languor, debility, occasional vomiting after meals, total loss of appetite, and constipation. When seen by me he was deeply jaundiced, the skin being of a lemon tint, and the urine coloured with bile. The treatment was the same as in the preceding cases; but as I have not had the advantage of seeing this patient a second time, and cannot, therefore, speak as to the duration of his illness, or the effect of treatment, I do not wish to adduce his case as an example of the mild and transient form of jaundice illustrated in the preceding cases.

I have learned that two other cases which I did not see, making seven in all, occurred in the same institution and at the same time as those which I treated. In these the symptoms were as nearly as possible identical, and similar to those exhibited in the cases above narrated; they both got well within a period of three weeks without any special treatment.

Case 6.—A gentleman aged twenty-six, accountant in a merchant's office, consulted me on the 12th March. His health was excellent up to Tuesday, March 2nd. On that day he took a bottle of porter in the afternoon, and immediately afterwards ran about two hundred yards to one of the railway termini, to meet a friend who was to arrive by train, and became heated. On the following day he felt unwell, was languid, drowsy, and had no appetite for food; there were likewise much flatulence and nausea, but no pain at the epigastrium or elsewhere. His skin was noticed by his friends to be slightly jaundiced, the tint becoming deeper from day to day, and on Saturday March 5th assuming a very decided character, and attracting his own attention. Urine of a deep porter colour; bowels confined, and evacuations clay-coloured; tongue clean; pulse 84 and weak; entire cutaneous and conjunctival surface of a deep lemon colour. No tenderness in the region of the liver or stomach; no enlargement or other alteration of the liver to be detected. To have nitro-hydrochloric acid in infusion of chiretta every fourth hour, and twice daily a pill composed of extract of hyoscyamus gr. i., with gr. ij. each of blue and co. colocynth pill.

I have since seen this gentleman on two occasions, for the last time on Monday, the 22nd March. He had then lost all appearance of jaundice with the exception of slight colouring of the conjunctivæ; the urine had resumed its natural appearance; the bowels acted regularly, and the stools were bilious; pulse 96, but weak. He had, in short, recovered his usual health, save as regards loss of strength consequent upon protracted inability to take food.

In all the preceding cases the earliest symptoms were those of derangement of the stomach, flatulence, and epigastric distension, amounting in the majority to severe pain of a paroxysmal character, and lasting several hours.

Closely following these symptoms were well-marked jaundice of a lemon tint, the presence of bile in the urine, constipation of the bowels, and loss of colour in the stools.

There were the usual premonitory symptoms of languor, nausea, and repugnance to food; and after the appearance of jaundice, falling of the pulse and temperature—the former in one instance to 40 in the minute.

In the greater number of the cases the liver underwent a decided increase of volume, and was tender to pressure; both these symptoms being promptly alleviated by the application of a few leeches and warm poultices to the epigastrium, and in the course of a few days entirely removed under the simple treatment already indicated.

The average duration of illness in the six cases was seventeen days; the treatment was nearly alike in all, and the progress to recovery uninterrupted.

Those who came directly under my notice were all males of adult age. I saw casually, however, in the course of the present month, an old man similarly affected, whose history led me to conclude that his case belonged to the same category as the preceding.

These cases were all free from fever; there was no enlargement of the spleen; no cerebral disturbance; and the progress to recovery was uninterrupted by complication of any kind.

There can be no doubt as to the character and immediate cause of the jaundice; it was of the simple catarrhal form, and consequent upon temporary derangement of the alimentary canal. But as to what the cause of this derangement was, which operated almost simultaneously upon so many inmates of the same establishment, my inquiries have hitherto led to no satisfactory conclusion.

The patients had been all well fed, the water drunk by them was obtained from a pump which is at a considerable distance from all sewers and other sources of contamination, and is clear and pleasant to drink; it has been, moreover, used for the last fifteen years in the same institution, and is now being freely drunk by several residents in it who have not been affected, and yet, up to January of the current year no case of jaundice appeared in the establishment.

Can the recent high temperature, almost unprecedented for the season, have had any share in the causation of jaundice in these cases? If so, similar cases must have come under the notice of other members of the Society at the same time, and the visitation should be regarded as a veritable epidemic. Or must an explanation be sought in the operation of some special agency, dietetic or hygienic, within the walls of the institution itself?

I regret I cannot give a satisfactory answer to either of these queries, but I incline to the opinion that the cause was atmospheric, as cases of mild jaundice have been, in the experience of other physicians as far as I can learn, more than usually frequent within the last two months.

Under the impression that some assistance towards a solution of this problem might be obtained from a comparison of the weekly and daily temperature during the months of January and February of the preceding and of the present year, I have had the accompanying table[*] made out from the weekly returns of the General Registry Office.

A scrutiny of this table shows that, whilst the *weekly* temperature, maximum, minimum, and mean, of January and February 1869, was on the whole considerably in excess of that of the corresponding period of 1868, the *daily* range of temperature in these two periods was nearly the same.

The high temperature of January and February last, if at all contributory in the causation of this epidemic, must have been so by its absolute or its relative excess. If simply by its absolute excess, then we should have had a still more general and severe visitation of jaundice in the autumn of last year, when the temperature was exceptionally high; but nothing of the kind, so far as I am aware, occurred at that time. If, on the other hand, the diurnal variations of temperature during the first two months of the current year were competent to produce this remarkable effect, we should, in that case, have witnessed a similar phenomenon at the commencement of the preceding year; but jaundice was not then remarkably prevalent.

I believe, therefore, I am warranted in concluding that the theory of simple thermal causation cannot be maintained.

But atmospheric heat as a factor, in conjunction with other causes, is not thereby excluded, much less atmospheric agency in the general sense.

The subtle influence, chemical and physical, of the atmosphere as such, and of its incessant fluctuations in regard to quality, pressure, &c., upon the constitution and circulation of the blood, must be much more precisely determined than is possible with our present knowledge, before we can venture to affirm that it has no share in the production of an epidemic of this, or indeed of any other character.

Murchison, in his recent work,[†] states that, "inasmuch as catarrh of the stomach and duodenum appears sometimes to be induced by a chill, or other atmospheric influence, jaundice from catarrh of the bile-ducts occasionally prevails as an epidemic."

In the *Medical Times and Gazette* of June 8, 1861,[*] I find the following extract from *Recueil de Mémoires de Médecine Militaire*, and headed "An Epidemic of Jaundice in Italy:"—

"M. Martin gives an account of an epidemic of essential jaundice which he had the opportunity of observing among the artillery and engineers of the French army stationed at Pavia during the Italian war. It commenced during the great heats of August, and terminated by the end of October. There occurred 71 cases in an effective of 1,022 men. The causes he considers to have been the unusual heat, which gave rise to great congestion of the liver; the fatigue of long marches (the mounted men suffering oftener in proportion than the unmounted), indulgence in alcoholic drinks, and marsh miasmata. Great increase in the size of the liver in most of the cases, and of the spleen in many, was observed, and all complained of pain in the epigastrium and in the hypochondria; in fact, this last was the first symptom of the approaching jaundice. None of the cases proved fatal. Professor San-Galli informed the author that a similar epidemic prevailed in the town of Pavia at the same time."

Frerichs,[‡] speaking of epidemic jaundice, says:—"The epidemic in Chasselay, which was observed by Chardon, was very mild. The jaundice commenced with gastric catarrh, and was unaccompanied by fever; the stools were in all cases pale. Not a single case proved fatal. It was to all appearance an example of simple catarrhal jaundice." He adds:—"The anatomical cause of the jaundice in the epidemics just mentioned is very imperfectly known, and hence the determination of the mode of production of this symptom must in many respects remain uncertain."

The applicability of the preceding quotations to the subject of this paper will be sufficiently manifest to the Society.

A WORM DISCHARGED THROUGH AN ABSCESS.

By Francis McEvoy, L.K.Q.C.P., L.M., M.R.C.S. Eng., &c., Balbriggan.

A boy aged fourteen years, delicate from birth, pale, thin, and small for his age, had passed at various times a vast quantity of worms, both by stool and mouth; had a very severe cough, and spat blood twice or thrice. His poor mother, who has since died of cancer of stomach, at my solicitation sought further advice, and consulted several doctors both in town and country, and also brought him to hospitals without the least alleviation of his symptoms. His complaint was phthisis.

One day she called and brought me a red ticket, and requested that I would see him, as he had a lump like a blind boil just over his stomach. I did so, and found it as she stated. As I could not say what it was, I told her to wait, watch, and poultice, as I thought it would probably gather and break, and that I would call occasionally to see him. She did so, and in about three weeks I was again requested to see him in haste, although I had seen him the previous day, when he appeared to be going on very satisfactorily.

His mother informed me that upon removing the poultice in the morning to put on a fresh one, she perceived a white point sticking out of the middle of the abscess. At first she considered it to be matter, but on closer inspection she could see it move. She put on the same poultice again, and sent for me. Upon removing the poultice I perceived about two inches of one of the Lumbrici protruding from the abscess. I seized it, and gently drew forth a large worm, nine inches long. It appeared to have been coiled up underneath the skin, and must have escaped through some ulceration of the intestines or stomach.

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[*] The table referred to exhibited the weekly and daily temperatures for January and February, 1868 and 1869 respectively, together with the diurnal range; but as it yielded no definite information beyond that stated in the text it is omitted.

[†] Lectures on Diseases of the Liver. 1868. Page 133.

[*] Page 607.

[†] Vol. iii., page 374.

[‡] Clinical Treatise on Diseases of the Liver. New Sydenham Society's Edition. Vol. i., pages 188 and 189. "Epidemic Jaundice."

There was not much matter in the abscess, if abscess it could be called; it healed up in a few days, and the boy recovered from it, but in about three months succumbed to the original disease. There was no *post-mortem* permitted.

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ON DISEASES OF THE HEART AND ANEURISM IN THE ROYAL NAVY AND ARMY.[*]

By G. Robertson, M.D., Royal Marine Artillery.

Intimately connected as morbus cordis and aneurism are in many of their features, it is scarcely possible to treat of the causes of one without alluding to the other; I intend, therefore, although I have not met with any cases of aneurism during my service afloat, to begin by comparing the mortality from this disease in the Army and Navy, as it is given in the Blue Books during a period of four years; then, the mortality from cardiac affections; and lastly, to mention some of the influences which seem to me to be most likely to affect the prevalence of these diseases.

Army.

Year.	No. of cases.	Strength.	Ratio per 1,000 of mean force.
1863	60	183,747	·32
1864	82	182,048	·45
1865	68	174,847	·39
1866	80	166,142	·48

Navy.

Year.	No. of cases.	Strength.	Ratio per 1,000 of mean force.
1863	2	54,090	·03
1864	10	53,000	·18
1865	5	51,210	·09
1866	6	49,475	·12

This gives a mean ratio of mortality of ·40 in the Army, and ·12 in the Navy per 1,000 of mean force for the whole period.

The mortality from cardiac affections during the same period was as follows, viz.:—

Army.

Year.	No. of cases.	Strength.	Ratio per 1,000 of mean force.
1863	120	183,747	·65
1864	120	182,048	·65
1865	127	174,847	·72
1866	150	166,142	·90

Navy.

Year.	No of cases.	Strength.	Ratio per 1,000 of mean force.
1863	27	54,090	·49
1864	36	53,000	·67
1865	24	51,210	·46
1866	26	49,475	·52

This gives a mean ratio of mortality of ·73 in the Army, and ·54 in the Navy per 1,000 of mean force for the whole period.

From this it will be seen that the mortality from both diseases is not only considerably in excess of that of the Navy in the Army, but is also on an increasing scale, whilst in the service afloat it may be considered to be stationary; on the other hand, it is a singular fact that the number of admissions for cardiac affections in the Navy is in excess of that of the Army, the numbers being as follows:—

	Army.		Navy.	
Year.	No. of cases.	Ratio.	No of cases.	Ratio.
1863	1368	7·4	464	8·5
1864	1390	7·6	462	8·0
1865	1405	8·0	433	8·5
1866	1390	8·1	327	6·7

This gives a mean ratio of 7·8 per 1,000 of mean force in the Army, against 8·1 in the Navy for the whole four years.

The consideration of the circumstances which are most likely to affect the organs of circulation in the soldier and sailor embraces a consideration of the life that is led in both Services, and might be spun out to an almost indefinite extent; I shall therefore mention what seem to me to be the striking features only as shortly as possible.

Those who enter the naval service comprise two great classes; first, those who join during the age of boyhood and grow up in the service; and, secondly, those who join at a later period, a class made up of a most heterogeneous mixture, who seldom become good seamen unless previously accustomed to the water, and are generally, after a short residence on board, turned into cooks' mates, tailors, or any employment which they may have been brought up to, and which is required on board.

Returning to the first class; the sailor boy, entering as he does at the age of fourteen, begins the rough and active life he is to pursue at the age of boyhood, the age of somersaults and scampering, when everything is done at a trot, and when active exercise is not only a pleasure, but also a necessity; clad in a loose flannel undershirt, a loose serge or white shirt fastened only at the wrists and open at the throat, a pair of trowsers tight only at the hips, a soft cloth cap which serves for a pocket as well as a covering, and without shoes, the sailor must be allowed to be free in all his limbs, free from pressure on any vital organ, and admirably clad for active exercise; in performing the duties of his profession he only continues the exercises and incessant movements of boyhood in a more regulated manner; fed regularly and well, and unable to indulge any craving for alcoholic fluids or tobacco, except on rare occasions; his muscular system, strengthened by constant exercise, becomes well developed, and the restless boy shoots up into the hardy and athletic seaman. Many, however, break down during this course of training; and when it is considered that almost hourly the sailor is called on for exertions which try his strength to the uttermost, it is only what might be expected, that those who suffer from any organic debility should soon sustain injury. As he advances in years, he is exposed to influences, and is allowed privileges, that affect his constitution more or less after a certain time; first of these influences is the debilitating effect of a long residence in a hot climate, combined with broken rest and exposure during sleep to the hot and close air of a cockpit, this, along with a salt meat diet, brings down the flesh and strength rapidly; and I can recollect at least one instance in which these influences alone produced very severe functional derangement of the heart, which passed off rapidly when the patient was sent to a cooler climate, and got a fresh meat diet. Next to this in its deleterious effect comes the effect of certain diseases where there is a tendency to involve every part of the system, such as rheumatism and syphilis; both of these diseases are extremely prevalent in the naval service, the first from the vicissitudes of temperature and the constant habit of washing decks; the latter, perhaps, to a less extent than in the army; and I need not allude to its causes. With rheumatism in every class, whether sailor, soldier, or civilian, cardiac complications are not uncommon. With regard to syphilis, on the other hand, although I do not believe that aneurism can occur without some previous organic change which impairs the elasticity of the vessel, and Dr. Davidson, of Netley Hospital, has given a most interesting series of cases in the Blue Book of 1862, showing how the syphilitic poison may produce changes in the arterial coats; it is probable that the amount of arterial disease arising from it is almost infinitesimal, however much it may conduce to cardiac affections.

After the age of eighteen the sailor is allowed to use any quantity of tobacco he likes, and nearly everyone avails himself of the privilege, more especially as the very strongest and finest tobacco leaf is provided for their use; so strong is it, that I have seen few but seamen who could smoke or chew it unmixed, and yet nearly every sailor, more as a part of his profession I believe, carries a quid in his mouth morning, noon, and night, and frequently swallows the juice. This I consider to be the principal cause of the number of admissions for cardiac affections being in excess in the Navy (and I can recollect several instances, both ashore and afloat, where the use of tobacco was followed by palpitation, tumultuous action of the heart, and a most alarming conglomeration of bruits).*

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[*] Read before the Army Medico-Chirurgical Society of Portsmouth, 2nd June, 1869.

With regard to the second class, many of whom become stokers, it is worthy of notice that out of thirty-five cases of aneurism admitted on the sick list during the period for which I have given the mortality, no less than seven cases occurred among stokers, although they do not number more than one in twenty in the service; this particular class, frequently enjoying considerable periods of rest, are called on for the severest exertions when the ship is under steam, and are exposed at the same time to a temperature of 120° and upwards. In a tropical climate it is no uncommon thing to see a stoker at such a time hauled up from the stoke-hole in a state of partial or complete syncope, and so little do the men themselves think of it, that they seldom take the trouble to call the medical officer, returning to their duty when they have recovered their senses. As might be expected, this class suffer severely, especially from valvular disease.

The soldier, on the other hand, entering upon his career at the age of eighteen at the earliest, and twenty-one on the average, has almost invariably learned a trade or earned a livelihood by following some form of manual or mental labour, which, whether it be that of the ploughboy, tailor, clerk, or shoemaker, has in all probability been followed sufficiently long to mark its characteristics on his frame, in the flat chest, the stooping spine, the round shoulders, and head thrown well forward; at the same time it is not improbable that want has been faced and felt at one time or another, at the period when the boy, stepping into manhood, with his functions at their greatest activity, requires that ample and wholesome nourishment which conduces to the foundation of a sound constitution and good muscular development. In many instances, after following a sedentary employment for a series of years, the recruit is called on to task his unexercised physical powers by (what is to him) constant and violent exercise. Every man that joins the service must have a seemingly sufficient muscular development, but although perfectly healthy to all appearance at the time of enlistment, it is utterly impossible to judge of what the effects of a totally different life may be. Accustomed to an easy, perhaps *negligé* fit, the recruit is henceforth carefully buttoned up to the chin, in a coat or jacket fitting like a glove round his neck and chest, then handed over to the tender mercies of a drill sergeant, who sets to work in nearly every instance to alter every habit in the way of standing, walking, and running to which the patient—I can call him no other name—has been accustomed; his head is thrown up, his shoulders thrown back, and his chest thrown out. This of itself seems unlikely to do harm at first sight; but look at it physiologically, and what do you find? Why, that the combination of these requirements renders it absolutely necessary that a certain amount of air should be retained in the chest to give it the requisite development, and afford the muscles of the chest a fixed point on which to act; the blood, therefore, does not pass so freely through the lungs, and the right cavities of the heart become gorged; this necessitates increased exertions on the part of the organ to carry out its functions; and the result is—if the organs do not rapidly accommodate themselves, as they do in most cases, to the alteration in the shape of their dwelling—the first step towards permanent dilatation, hypertrophy, and valvular disease. In addition, to exercise his hitherto unexercised limbs and lungs, he is made to run as if he were training for a pedestrian—an individual, by the way, who would no more think of running with his neck and chest tied up than of flying. It is a fact worthy of notice, in connection with the introduction of the running drill, that in the Royal Marine Artillery, the number of admissions for the two years previous to the introduction of the running drill, of men suffering from cardiac disease was 24 in 1865 and 26 in 1866; in the summer of 1867 the running drill was introduced, and the admissions the year after its introduction amounted to 47 in an average force of 1,750 men; and the admissions during the first quarter of this year have amounted to no less than 25—a most remarkable increase, which can be accounted for in no other way. This drill is only practised during the winter months by the Marine Artillery, and despite the heavy drills they have to undergo during summer, I have observed that the number of admissions since bear no proportion to the number during the winter months. Out of these 25 cases, 20 have been invalided from Haslar Hospital, and not one has returned to duty. In addition, one death from aneurism has occurred during the same period, and two cases of the same disease have been sent to Haslar Hospital. Another item in connection with the soldier's accoutrements tells most severely against his chance of escaping heart disease, and that is the knapsack. Whole volumes have been written to point out its baneful effects; I shall therefore content myself with saying that it is not the principal cause, but an additional circumstance which, in combination with other causes, tends to prevent the easy play of the lungs, and forces the heart into a state of unnatural activity. The yoke pattern knapsack is a great improvement, but I think it would be a greater improvement still if they could be dispensed with altogether; and really if it is true, as some great commander said, that battles are won more by the legs than by the arms, our chance against any great power whose troops are clothed more in accordance with what is required for them in the way of rapid movements, ought to be a poor one, the only advantage on our side being that our men could not possibly run away, and would have to fight the harder.

In addition to the effects of climate, disease, and tobacco, another influence may be considered to affect the soldier to a serious degree, and that is, the effects of diet; in the Navy each man is allowed a pound of fresh meat, and a pound and a quarter of biscuit, which is quite equivalent to a pound and a half of soft bread; in the Army, on the other hand, only three quarters of a pound of meat and one pound of bread is allowed, in addition to vegetables; the meat, when freed from bone, rarely amounts to more than eight oz., which is scarcely sufficient for one meal; this meal the soldier takes about one o'clock in the day, about four or five o'clock he has tea, and nothing else afterwards. Now it must be remembered that in a healthy man four hours are amply sufficient to digest a meal; therefore, about eight o'clock the soldier's stomach is empty, and by nine o'clock he is probably very hungry, he cannot get anything cooked, and seldom cares for dry bread, so he goes to the canteen or the dram shop, and drinks one or two or even more glasses of beer or spirits on an empty stomach; this allays the craving for food, but the result is that the man's system has imbibed a very considerable quantity of alcohol, a substance well known to produce fatty degeneration of almost every tissue; in aneurism, we find that atheromatous deposits are almost constantly present in the coats of the arteries, which I am sure may in many instances be ascribed to the effects of alcohol. Now take an instance, a man who is a dram drinker and whose system is degenerating, is called on for some sudden or violent exertion, which forces the blood more rapidly and strongly through the weakened arteries; if no one part of the artery is weaker than another, the impaired elasticity of the vessel cannot overcome the pressure, and the result is a general dilatation of the artery. If, on the other hand, one part is weaker than the rest of the vessel, the constant dashing of the blood against it forces it out, and a circumding from the abscess. I seized it, and gently drew forth a large worm, nine inches long. It appeared to have been coiled up underneath the skin, and must have escaped through some ulceration of the intestines or stomach.

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* Since writing these remarks I have been informed by Mr. Grose that, about thirty years ago, H.M.S. *Bellerophon* was disabled in Plymouth Sound from the number of cases of cardiac affections occurring on board. Plymouth Hospital was filled, and the cause of the extraordinary number of cases was only found out by the confession of one of the men who was dying.

There was not much matter in the abscess, if abscess it could be called; it healed up in a few days, and the boy recovered from it, but in about three months succumbed to the original disease. There was no *post-mortem* permitted.

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ON DISEASES OF THE HEART AND ANEURISM IN THE ROYAL NAVY AND ARMY.*

By G. Robertson, M.D., Royal Marine Artillery.

Intimately connected as morbus cordis and aneurism are in many of their features, it is scarcely possible to treat of the causes of one without alluding to the other; I intend, therefore, although I have not met with any cases of aneurism during my service afloat, to begin by comparing the mortality from this disease in the Army and Navy, as it is given in the Blue Books during a period of four years; then, the mortality from cardiac affections; and lastly, to mention some of the influences which seem to me to be most likely to affect the prevalence of these diseases.

Army.

Year.	No. of cases.	Strength.	Ratio per 1,000 of mean force.
1863	60	183,747	·32
1864	82	182,048	·45
1865	68	174,847	·39
1866	80	166,142	·48

Navy.

Year.	No. of cases.	Strength.	Ratio per 1,000 of mean force.
1863	2	54,090	·03
1864	10	53,000	·18
1865	5	51,210	·09
1866	6	49,475	·12

This gives a mean ratio of mortality of ·40 in the Army, and ·12 in the Navy per 1,000 of mean force for the whole period.

The mortality from cardiac affections during the same period was as follows, viz.:—

Army.

Year.	No. of cases.	Strength.	Ratio per 1,000 of mean force.
1863	120	183,747	·65
1864	120	182,048	·65
1865	127	174,847	·72
1866	150	166,142	·90

Navy.

Year.	No of cases.	Strength.	Ratio per 1,000 of mean force.
1863	27	54,090	·49
1864	36	53,000	·67
1865	24	51,210	·46
1866	26	49,475	·52

This gives a mean ratio of mortality of ·73 in the Army, and ·54 in the Navy per 1,000 of mean force for the whole period.

From this it will be seen that the mortality from both diseases is not only considerably in excess of that of the Navy in the Army, but is also on an increasing scale, whilst in the service afloat it may be considered to be stationary; on the other hand, it is a singular fact that the number of admissions for cardiac affections in the Navy is in excess of that of the Army, the numbers being as follows:—

	Army.		Navy.	
Year.	No. of cases.	Ratio.	No of cases.	Ratio.
1863	1368	7.4	464	8·5
1864	1390	7·6	462	8·0
1865	1405	8·0	433	8·5
1866	1390	8·1	327	6·7

This gives a mean ratio of 7·8 per 1,000 of mean force in the Army, against 8·1 in the Navy for the whole four years.

The consideration of the circumstances which are most likely to affect the organs of circulation in the soldier and sailor embraces a consideration of the life that is led in both Services, and might be spun out to an almost indefinite extent; I shall therefore mention what seem to me to be the striking features only as shortly as possible.

Those who enter the naval service comprise two great classes; first, those who join during the age of boyhood and grow up in the service; and, secondly, those who join at a later period, a class made up of a most heterogeneous mixture, who seldom become good seamen unless previously accustomed to the water, and are generally, after a short residence on board, turned into cooks' mates, tailors, or any employment which they may have been brought up to, and which is required on board.

Returning to the first class; the sailor boy, entering as he does at the age of fourteen, begins the rough and active life he is to pursue at the age of boyhood, the age of somersaults and scampering, when everything is done at a trot, and when active exercise is not only a pleasure, but also a necessity; clad in a loose flannel undershirt, a loose serge or white shirt fastened only at the wrists and open at the throat, a pair of trowsers tight only at the hips, a soft cloth cap which serves for a pocket as well as a covering, and without shoes, the sailor must be allowed to be free in all his limbs, free from pressure on any vital organ, and admirably clad for active exercise; in performing the duties of his profession he only continues the exercises and incessant movements of boyhood in a more regulated manner; fed regularly and well, and unable to indulge any craving for alcoholic fluids or tobacco, except on rare occasions; his muscular system, strengthened by constant exercise, becomes well developed, and the restless boy shoots up into the hardy and athletic seaman. Many, however, break down during this course of training; and when it is considered that almost hourly the sailor is called on for exertions which try his strength to the uttermost, it is only what might be expected, that those who suffer from any organic debility should soon sustain injury. As he advances in years, he is exposed to influences, and is allowed privileges, that affect his constitution more or less after a certain time; first of these influences is the debilitating effect of a long residence in a hot climate, combined with broken rest and exposure during sleep to the hot and close air of a cockpit, this, along with a salt meat diet, brings down the flesh and strength rapidly; and I can recollect at least one instance in which these influences alone produced very severe functional derangement of the heart, which passed off rapidly when the patient was sent to a cooler climate, and got a fresh meat diet. Next to this in its deleterious effect comes the effect of certain diseases where there is a tendency to involve every part of the system, such as rheumatism and syphilis; both of these diseases are extremely prevalent in the naval service, the first from the vicissitudes of temperature and the constant habit of washing decks; the latter, perhaps, to a less extent than in the army; and I need not allude to its causes. With rheumatism in every class, whether sailor, soldier, or civilian, cardiac complications are not uncommon. With regard to syphilis, on the other hand, although I do not believe that aneurism can occur without some previous organic change which impairs the elasticity of the vessel, and Dr. Davidson, of Netley Hospital, has given a most interesting series of cases in the Blue Book of 1862, showing how the syphilitic poison may produce changes in the arterial coats; it is probable that the amount of arterial disease arising from it is almost infinitesimal, however much it may conduce to cardiac affections.

After the age of eighteen the sailor is allowed to use any quantity of tobacco he likes, and nearly everyone avails himself of the privilege, more especially as the very strongest and finest tobacco leaf is provided for their use; so strong is it, that I have seen few but seamen who could smoke or chew it unmixed, and yet nearly every sailor, more as a part of his profession I believe, carries a quid in his mouth morning, noon, and night, and frequently swallows the juice. This I consider to be the principal cause of the number of admissions for cardiac affections being in excess in the Navy (and I can recollect several instances, both ashore and afloat, where the use of tobacco was followed by palpitation, tumultuous action of the heart, and a most alarming conglomeration of bruits).*

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In morbus cordis the same cause produces fatty degeneration, and allows the valves to become ruptured, and in delirium tremens or dyspepsia é potu I think you will all acknowledge that no complaint next to want of sleep is made by the patient so frequently as that of pain in the side, beating and palpitation of the heart.

Lastly, my ideas are, that it would be for the benefit of the Naval service if the use of tobacco was checked, or the leaf mixed with some innocuous substance before being served out to the men; with regard to the soldier, that drill is begun where it ought to end, namely, under the drill instructor instead of the gymnasium; in fact, that the recruit should be gradually trained in the use of his muscles by men acquainted with muscular anatomy, who would know what muscles to exercise, in order to acquire a graceful and easy carriage before sending the man to the drill instructor; secondly, that the collar and fastening round the chest should be done away with, and lastly, that a light meal should be allowed about eight o'clock p.m.

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Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.,

COOMBE LYING-IN HOSPITAL.

SOME CASES OCCURRING IN THE PRACTICE OF DR. KIDD.

Uterine hæmorrhage for twelve months, dependent on fibrous polypus of uterus—removal by écraseur.

Mary C., æt. fifty, a widow whose husband had been dead for fifteen years, was admitted into the Coombe Lying-in Hospital, May 31st, 1869. She had been a wife for twenty-six years, and was the mother of three children. She had menstruated very irregularly up to the previous June; hæmorrhage from the uterus then commenced, and lasted until August, when, having been treated at a country dispensary for the discharge, it ceased for about three months, at the end of which period it recurred, and continued with increasing severity up to the time of her reception into hospital.

Examination revealed the presence of what proved to be a fibrous polypus of the uterus, about two and a half inches long, and one inch and a half in diameter, attached to the fundus by a pedicle, by means of which it was suspended in the vagina, hanging through the os externum.

On the 1st of June, chloroform having been administered, it was removed by Dr. Kidd in the following manner:—The tumour having been exposed by a duck-bill speculum, was seized by means of a vulsellum, and drawn down as far as possible; a loop of soft iron wire attached to an écraseur was next passed over the vulsellum and around the pedicle of the polypus, which was then gradually divided. The woman made a rapid recovery, was entirely freed from her troublesome symptoms, and on June 14th was sufficiently well to be sent home.

In his remarks to the class upon this and similar cases, Dr. Kidd dwelt upon the necessity of always making an examination in cases of continued disturbance of the uterine functions. Where persistent and uncontrollable bleeding is found in a non-pregnant woman, and where, upon sounding the uterus, we find it increased in size, or where, examining by the bi-manual method of Marion Sims, we discover the womb to be enlarged, we are justified in suspecting the existence of a polypus, although the only certain proof of its presence is its detection by the eye or finger. In this instance the nature of the disease was readily discovered, as the polypus could be easily felt and seen in the vagina; but in other cases, more elaborate means of exposure were necessary.

Literature.

DIABETES.

We are rather late in drawing the attention of our readers to a second edition of Dr. Pavy's most valuable work on Diabetes.* For two years this standard medical treatise has been out of print. Six years have elapsed since the author expounded to the profession his original views on "Glycogenesis," in the first edition of this work. These views have been, as was to be expected, freely criticised: some have regarded them as erroneous, whilst others have only accepted them to a limited extent; but still, all are agreed on this, that the views of Dr. Pavy on a most difficult subject are extremely original, and well deserving the careful attention of the scientific physician—and that careful attention they have certainly received.

In the preface Dr. Pavy informs us that his subsequent experience has only served to confirm the accuracy of the views he advocated six years ago, and, moreover, that the experiments of other physiologists, both English and Continental, have also tended in the same direction. This says a great deal; for whether we agree or not with Dr. Pavy's views, it must be always satisfactory to read of the experiments of one who seems so pre-eminently truthful in all the minute details of the experiments he records. Dr. Pavy deals in the first part of his book with the various tests of the presence of sugar, and the means for calculating the amount present in the urine. Many good practical hints are given. The physiology and pathology of the disease are then fully discoursed upon. We strongly recommend medical men to read Dr. Pavy's experience respecting the treatment he proposes for this formidable disease, which has baffled, and we fear we must add, in most cases, still does baffle, our best and most painstaking endeavours to effect a radical cure.

SUBCUTANEOUS CONDYLOMA

According to Dr. Teisse, the so-called subcutaneous condyloma is a monstrous hypertrophy of the cellular portion of the follicle.

PRUSSIC ACID.

We learn from the *Journal des Connaissances Médicales* that at the last sitting of the French Academy of Medicine, Dr. Scouttetenn communicated the substance of an essay which created quite a sensation. It was a posthumous disquisition on hydrocyanic acid, found among the papers of the late celebrated Professor Schoenbein of Baden. The question discussed was, whether there was a test for the above-mentioned liquid besides those of M. Liebig and M. Buignet, which, within certain limits, may reveal the presence of prussic acid, but are insufficient to fix its quantity and detect a crime with certainty. Professor Schoenbein then proceeds to describe a reagent discovered by himself, and delicate enough to bring out to view even the millionth part of a drop, whether diluted with water, or vaporised in the air: a circumstance affording a new proof of the incalculable divisibility of matter. Dr. Scouttetenn, who lives at Metz, announced in his communication that he had repeated the late Professor Schonbein's experiments with the aid of two chemists, MM. Guébin and Pont, and that he begged to submit some of the test-paper prepared by himself to the Academy for further trial. The specimen forwarded was of the kind called filtering paper, and had been soaked in a solution of three gms. of guaiacum resin in 100 gms. of alcohol. To use it, a solution of ten decigr. of sulphate of copper in fifty gms. of distilled water should be made, and the paper, which is white, cut into narrow slips. One of the latter being wetted with the solution, it is then exposed to the action of the minute quantity of hydrocyanic acid dissolved in water and suspended in the air; the paper will then instantly turn blue. Dr. Scouttetenn remarks that these slips of paper will be useful in examining the quality of the medicinal waters or syrups containing a very small quantity of the acid. The paper need only be placed on the unstoppered neck of the phial containing the medicine, and the blue colour will at once become visible. Various other experiments are described, all tending to the same result.

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* Researches on the Nature and Treatment of Diabetes. By F. W. Pavy, M.D., F.R.S. London: John Churchill, 1869.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 7, 1869.

FEMALE PHYSICIANS.

THIS subject has so often been noticed in our columns that our readers will probably be interested to learn that there is some prospect of the Edinburgh University opening classes for ladies.

The following remarks appeared last week in the *Scotsman*, a powerful daily newspaper, often called the *Times of Scotland* :—

"Three months ago, we noticed the facts that Miss Garrett (who had in vain sought medical education in Edinburgh in 1862) was passing brilliant examinations for the degree of M.D. in the University of Paris, and that at the same moment another lady had come to request from our University the opportunity of fitting herself for the medical profession. We anticipated that liberal feeling in this matter had so far advanced, that what was refused in 1862 might be granted in 1869 ; and so the event proved : large majorities both in the Medical Faculty and Senatus voted that Miss Jex-Blake should be admitted to the summer classes at least as a tentative measure. But the outcry was revived against the impropriety of "mixed classes," and it was ostensibly on this ground alone that the University Court, "considering the difficulties at present standing in the way," refused its sanction to the proposed measure.

"In the meantime, other ladies, hearing that there was a chance that they might at last be able to obtain at Edinburgh the education they had vainly sought elsewhere, have come forward ; and last Friday a second petition was presented to the Senatus Academicus, praying that its members would recommend the University Court to sanction the matriculation of women as medical students and their admission to the usual examinations, on the understanding that *separate* classes should be formed for their instruction. This narrows the whole question to a single issue. The propriety of joint medical study by men and women, and the difficulties that might or might not attend it, are not now elements in the case ; the ladies accept the fiat of exclusion from the public classes, but they think that the very fact of that exclusion gives them a right to ask that other arrangements shall be made on their behalf, that the sanction of the University shall not be refused if, by arrangement with the Medical Professors, they are able to secure opportunities of adequate instruction. And when we learn that three ladies are now studying in the Medical School of Paris, two at Vienna, and eight at Zurich, while one woman has recently taken the degree of M.D. even at St. Petersburgh, it does not seem that English and Scotch women are very unreasonable in urging their present modest request. Will it be for the credit of this country if, after repeated applications at one place of education after another, our countrywomen are driven abroad to seek the instruction which they are bent on acquiring, but which is churlishly denied to them in their own land?

"It will, indeed, be hard for the University authorities to refuse this request without committing themselves to the policy of condemning women to compulsory ignorance whenever their desire for knowledge happens to rise above the ordinary dead level, of which we hear such frequent complaints. It is not a question now whether women shall be educated in medicine along with men, but whether they shall be educated *at all*, for to refuse such a request as this is practically to shut the door of knowledge in this country in the faces of one-half of its inhabitants. Society in general is interested in the question whether women are to be forcibly excluded from a profession where they claim to have a distinct place, and where certainly their services seem likely to be welcomed by many of their own sex—to whom only they have ever proposed to minister. Such exclusion is denounced as unworthy even of a Trades-Union, and why then should not opportunities of medical education be thrown open to women? It seems unlikely that Universities can fail much longer to recognise that the providing such instruction forms part of the duty imposed on them by the national trust they hold. The question is merely one of time, for the final issue can hardly be considered doubtful ; but what has now to be decided is simply whether the University of Edinburgh shall lead the way in this important matter, or whether it shall relinquish the post of honour to some other University, by passing now a vote of exclusion which it may have to rescind in a very few years. As our University has always derived a large part of its repute from the excellence of its medical school, there seems an additional obligation laid on it to meet this new demand for medical instruction in a liberal spirit. And we understand that the ladies now knocking at their gates offer very liberal terms to have them opened. They fully recognise the unfairness of asking a professor to lecture to a class of one or two female students at a sacrifice of his time and labour ; and they are consequently prepared to guarantee any minimum amount of fees which the Medical Faculty itself chooses to name. They thus seem really to leave the authorities no excuse —either on principle or on pecuniary grounds—for refusal."

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Notes on Current Topics.

Mortality in Hungary.

THE Hungarian bills of mortality do not give a favourable idea of the sanitary condition of that country. The *Neue Freie Presse* observes on this subject :—"Of 100,000 inhabitants 2,200 die annually in England, 2,380 in France, 2,220 in Belgium, 2,900 in Prussia, 4,500 in the Austrian monarchy, and in all Hungary 4,540 ; but in Siebenbürgen the number is only 3,097, and in the German part of the Banate 4,200, so that in the Magyar part of the country the proportion is 5,240, or about two and a half times as great as in England. The high rate of mortality among the male population is not less surprising. While in the entire Austrian monarchy 10,570 males die for every 10,000 females, the proportion in Hungary is 10,658 males and in the Magyar parts of the country the average is so high as 10,700." The Austrian journal believes that with a little attention to hygiene Hungary might easily support three times as many inhabitants as England, whereas, in consequence of apathy and ignorance, the population is not near half so numerous as that of Great Britain.

The Dublin Hospitals.

The eleventh report of the Board of Superintendence of Dublin Hospitals has been presented to Parliament. The hospitals included in the report are :—Westmoreland, Steevens', Meath Hospital, and County Dublin Infirmary, Cork-street Fever Hospital, House of Industry Hospital, Rotundo, Coombe, Hospital for Incurables, and Saint Mark's Ophthalmic Hospital. All the institutions were in a satisfactory state when inspected. We learn from a table appended to the report that the total number admitted to all the hospitals during the year was 10,229, which, with 831 who were inmates at the commencement of the year, makes a total of 11,060. Of these, 9,697 were discharged during the year, 505 died, 856 remained in hospital at the close of the year. The number of patients received during the year at the various hospitals was as follows :—Westmoreland, 594 ; Steevens', 1,932 ; Meath, 1,107 ; Cork-street Fever, 1,098 ; Hardwicke, 931 ; Whitworth, 996 ; Richmond, 1,204 ; Rotundo, 1,468 ; Coombe, 580 ; Incurables, 44 ; St. Mark's, 272.

The Medical Club Dinner.

At the last dinner Dr. Brady, M.P., presided. Sir J. Gray, M.P., Dr. Brewer, M.P., Dr. Lush, M.P., and Dr. Playfair, M.P., were also present, as were some members of the General Medical Council and some of the leading members of the Club.

"The Queen" and "The Club" were proposed by the chairman and duly honoured. Dr. Brady spoke confidently of the hopes of medical reformers, and referred to the success of the Superannuation Bill. Dr. Playfair also spoke on the same subject. Dr. J. G. Wakley, in reply to some observations of the chairman, thanked him and the meeting for the recognition of the labours of his late father in the field of medical reform.

Dr. Prosser James proposed the House of Commons, coupled with the name of Sir J. Gray, who, he could testify, was ever ready to serve medical men, and but for whom he believed the Superannuation Bill would never have been read a second time. The toast having been drunk with enthusiasm, Sir John Gray replied in the speech of the evening, telling most humorously his personal experience of Examining Boards.

The health of Dr. Lory Marsh was next proposed, and responded to by the amiable and talented originator of the Club in a suitable speech.

The First Political Act of the Medical Club.

The battle of the sites for the new Law Courts having brought up incidentally the question of which would be the better site in a sanitary point of view, the Medical Club organized a deputation to the Chancellor of the Exchequer, which was received on Thursday last, and pronounced in favour of the Embankment site.

The deputation was introduced by Dr. Brady, M.P., and very courteously received. Dr. Lory Marsh submitted to Mr. Lowe the reasons which medical men would urge on the question in a speech thoroughly to the purpose. Dr. Richardson enforced the views expressed by Dr. Lory Marsh, and Dr. Brady added a few words on the question. Mr. Lowe invited such members of the Club as were most interested in the matter to tender evidence to the Committee on the question, and, this having been accepted, the deputation withdrew.

The "Lancet" Again.

Our recent exposure of the unfairness of a contemporary in its attack upon Dr. Fuller for advertising in the *Times*, while it continued its own most sensational announcements in that newspaper, has brought us so many expressions of gratitude from the heads of the profession, so many kind assurances that our independence is appreciated, and so many urgent wishes that we shall not abate our criticisms, that we looked again with some curiosity at the *Times* to see if the "*see Lancet*" again appeared. Right has prevailed so far as to drop that expression ; but the *Lancet* has again returned to the plan of placing authors' names before their works, which it so fiercely denounced. Surely it ought to withdraw what it said on that head, or change its own plan. Those who are guided by its views may also be surprised to learn that it required fourteen separate advertisements to get rid of the last number of the paper that sees so distinctly the impropriety of "trumpeting." Here are the fourteen last flourishes of the *Lancet's* trumpet :—

THE LANCET.—Commencement of a New Volume, this day (Saturday), July 3rd. Half yearly subscription, 17s. 4d. stamped ; unstamped, 7d. weekly. Order of any bookseller or newsvendor. Office, 423, Strand.

THE LANCET of this day (Saturday), July 3, contains :—

DR. HYDE SALTER on DISEASES of the CHEST.

MR. C. BROOKE on the Force of the HEART.

DR. R. JACKSON on SPINAL APOPLEXY.

DR. F. FUSSELL on ABDOMINAL TUMOUR.

DR. J. D. MOORE on a CASE of DEATH from A PISTOL SHOT.

DR. B. DUFFY on a CASE of EMPROSTHOTONOS.

SURGEON-MAJOR WYATT on the DRY-EARTH SYSTEM.

THE ELECTION of COUNCILLORS at the ROYAL COLLEGE OF SURGEONS.

THE HARVEIAN ORATION at the ROYAL COLLEGE OF PHYSICIANS.

THE ANNUAL MEETING of the GENERAL MEDICAL COUNCIL.

A MIRROR of the PRACTICE of MEDICINE and SURGERY in the LONDON HOSPITALS, Reviews of New Books, Leading Articles, Medical Annotations, Special Articles, Correspondence, and News.

TERMS of SUBSCRIPTION, 17s. 4d. Half-Yearly, stamped. Office, 423, Strand.

The *Pioneer* mentions a very serious accident which occurred to Dr. Dillon, Garrison Surgeon of Allahabad. The accident is said to have occurred in this way :—On

Tuesday morning Dr. Dillon was going out for a ride. His horse, a rather restive animal, began to jump and prance before he was fairly in the saddle, and threw him to the ground. The doctor fell on the back of his head with much force. He has been insensible ever since (adds our contemporary), and is still, we regret to say, in a precarious state.

Health of Harrogate.

Reports are, we learn, in circulation in various parts of England, especially in our own and more northern counties, that a malignant fever has been raging in Harrogate, and people dying with rapidity. The *Harrogate Herald* avers that they are wholly untrue. Harrogate, one of the most healthy spots in England, never showed so low a death rate as it does at the present hour. Within the last two months there have been cases of scarlatina among children; but, so far as we can ascertain, not one adult has been attacked by it. The deaths registered from the 1st of May to the 21st of June, in the years 1867-8-9, give the following results:—In 1867, 30 deaths; in 1868, 25; and in 1869, 27. This gives an average of 27⅓ deaths in each of the periods named; and shows that the actual mortality of the present year has been below the average. The whole of the deaths from fever in these returns are those of three children. The population of the sub-district is fully 10,000. Hence, as these official returns show, the mortality is considerably less than 1¾ per cent. per annum — a rate which we believe to be almost without a parallel in the United Kingdom.

The Influence of Snake Poison.

Dr. J. Fayrer, Professor of Surgery in the Medical College of Bengal, has published the results of certain experiments made to ascertain the effects of snake poison on large animals. The horses experimented on had been condemned to be destroyed, for a disease which, though incapacitating them from work, was not a disease which would reduce the strength of the animals to such an extent as to deprive the experiments of their value. The animals were a stud-bred mare, about 14.3 high, and aged twenty-seven years, suffering from partial paraplegia, and an Australian horse, 15.1, nine years old, a poweful animal, and in good condition, though also paraplegic. The mare succumbed in an hour and twenty minutes from the effects of the bite of a large cobra; while the stronger and younger horse survived the bite of a powerful, fresh, and full-grown daboia nearly twelve hours.

The difference in the effects of the poison of the daboia and cobra in these two cases is very remarkable, not only as to the duration of life in the animals bitten, but also in the pathological conditions before and after death. The mare bitten by the cobra was rapidly affected—staggered, became exhausted, and died in less than an hour and a half. The horse, bitten by the daboia, on the other hand, was affected very slowly, and seemed to doze his life away until just at the last, when a few unconscious plunges terminated his existence. It is to be noted, however, that the cobra bit more vigorously, forced his fangs deeper, and had to deal with a more feeble animal than the daboia, who bit a more powerful and healthy horse, and did not insert his teeth with such vigour as the cobra. The snakes were both fresh and full-grown, and their terrible power was strikingly illustrated by the death of these horses.

The Small-Pox in Melbourne.

The very few cases of small-pox which have of late occurred in Melbourne, and the comparatively mild form in which the disease has manifested itself, would seem to indicate that the precautions taken to arrest its progress have been to a great extent successful. A report from the chief medical officer, submitted about a week since to the Legislative Assembly, affords some interesting particulars with respect to the epidemic and the measures adopted to prevent its spreading. The report states that the most minute inquiries into every one of these cases had failed to trace any contagious origin to them. The success of the sanitary measures adopted to stop the progress of the disease in every locality in which it had sprung up showed clearly that it did not spread by direct contagion, and it was believed that by a constant and persevering use of the same measures the disease would be finally stamped out. Dr. M'Crea's previously expressed hypothesis with respect to the disease being the result of "telluric and atmospheric influence" was reiterated and was considered as supported by the opinions of some of the European medical authorities. What, however, was of more importance as far as the public was concerned was pointed out also, namely, that primary vaccination in childhood does not protect a person from small-pox beyond a certain and that a very limited period, and that no person who had lately been properly vaccinated had taken the disease. Re-vaccination was held to be a complete protection against small-pox, and they who neglected it risked not only their own lives, but those of their fellow-citizens.

The College Election.

Mr. Solly has secured his presidency. The other two councillors elected are Messrs. Erichsen and Gay. Both these gentlemen are pledged to support the right of Fellows and Members to elect the representative of the College in the General Medical Council. Mr. Solly is, we believe, favourable to the same cause. Mr. H. Lee was very nearly successful, and will be sure to get a seat very soon.

Royal Academy Sculpture.

The art critic of the *Illustrated London News*, alluding to the progress of art as illustrated by this year's display at the Academy, thus criticises the works of one of the exhibitors:—"Mr. J. Lawlor made a marked advance. His nude figure of a man in strenuous action, entitled 'Lashed to the Helm' (1212), is unsurpassed for vigour and anatomical truth by anything here. His 'Musing' (1214), a gracefully disposed figure of a woman, shows close and careful observation of nature, whilst his 'Dante in Exile' (1247) is most impressively original, and the bold cast of the drapery highly effective."

It is painful to learn that cholera has broken out again in H. M.'s 58th Regiment at Allahabad in the new barracks. The regiment has, in consequence, been broken up into detachments and quartered in the Clydesdale, Mansfield and Chatham lines.

A letter from Jhansi, dated the 31st ultimo, says—"A soldier of H. M.'s 93rd Highlanders died from heat apoplexy on the 29th, and another man fell down dead yesterday while on sentry, from *coup de soleil*. Among the natives—both in the city and in the district—deaths from these two causes are numerous. If it does not rain soon I don't know what will become of us."

THE cultivation of poppy, says the *Indian Daily News*, is to be largely increased in the Bengal Presidency, and at once, in consequence of the proclamation of the Emperor of China, prohibitory of opium cultivation in any part of the imperial dominions, the issue of which we lately notified to our readers. The abandoned agencies of Seetapore and Rohilkund are to be immediately re-opened at a net increased charge of Rs. 4,000 a month. The fixed annual quantity of provision opium is to be 48,000 chests, with, in addition, a reserve of 10,000 chests to be gradually provided. The consequent necessary orders have been issued in time for the cultivation of 1869-70.

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MEETING OF THE GENERAL MEDICAL COUNCIL.

ON Thursday last, at two o'clock, the Council commenced its sittings in the Library of the Royal College of Physicians, Pall Mall. There were present—

Dr. BURROWS, President, in the chair.

Dr. Bennett, Dr. Christison, Dr. Sharpey, Dr. Storrar, Sir Dominic Corrigan, Dr. Smith, Dr. Apjohn, Dr. Leet, Dr. Thomson, Dr. Fleming, Dr. Parkes, Dr. Andrew Wood, Dr. Alexander Wood, Dr. Embleton, Mr. Hargrave, Dr. Rumsey, Dr. Quain, Mr. Cooper, Mr. Hawkins, Dr. Paget, Dr. Acland, Dr. Stokes.

After the minutes of the last meeting had been read by the Registrar, one new member, Dr. Macrobin, was introduced to the President by Dr. Alexander Wood, and took his seat as the representative of the joint Universities of Edinburgh and Aberdeen, in the room of Professor Syme.

The PRESIDENT then delivered an elaborate address, which will be found in another column.

Sir DOMINIC CORRIGAN rose to ask a question as to the *status* of the President of the Council, in consequence of a resolution passed at the close of last year's session, when Dr. Burrows expressed a desire to resign that position.

A long discussion followed, in which Mr. Cæsar Hawkins, Dr. Andrew Wood, Dr. Christison, Dr. Smith, and Dr. Quain took part; and it was ultimately agreed that the President should occupy the chair until the close of the present session; during the interim, the members of the Council should consider among themselves the appointment of his successor.

The following committees were next appointed:—

Business Committee.—Chairman: Dr. Andrew Wood; Dr. Embleton, Dr. Aquila Smith, Mr. Cæsar Hawkins, Dr. Leet.

Finance Committee.—Treasurers: Dr. Sharpey and Dr. Quain; Dr. Smith, Dr. Fleming, Mr. Cooper.

Committee on Returns from the Bodies in Schedule (A) of Professional Examinations and their Results.—Chairman: Dr. Embleton; Mr. Hawkins, Dr. Fleming, Dr. Thompson, Dr. Smith, Dr. Sharpey.

The REGISTRAR then read the following letter from the Government upon the subject of the Medical Acts Amendment Bill:—

"Medical Department of the Privy Council Office:
May 14th, 1869.

"SIR,—With reference to the Draft Bill which you recently brought under the Lord President's notice, as proposed by the General Council of Medical Education and Registration, for amendment of the Medical Act, 1858, his Lordship directs me to inform you that, with every wish to assist the Medical Council in accomplishing its important duties, he does not feel that he could undertake to bring the proposals of the Draft Bill separately before Parliament, as a measure recommended by the Government, unless he regarded them as covering all the ground where amendment of the Medical Act is wanted; for, considering that the Act has at present been more than ten years in operation, the Lord President presumes that a fair judgment can now be formed on its success and merits as a whole, and he thinks that a judgment of this more comprehensive sort must be the basis of any amended Bill to be introduced on the part of the Government. The Lord President would be glad to have the fullest possible explanations with the General Council on this larger aspect of the case, and though the requisite consideration could not be given to the subject in time for legislation in the present far-advanced Session of Parliament, his Lordship would hope to be able to deal with it next year in the light of such information as he may meanwhile receive.

"On the present occasion the Lord President does not propose to enter minutely on the question of the working of the Medical Act, but there is one point which his Lordship would wish to bring specially under your attention. His Lordship is advised that the Act is seriously defective, as not providing for a satisfactory and uniform minimum standard of admissibility to the *Medical Register*, and as not enabling the General Council to issue Regulations in this respect. The state of the law in the United Kingdom (unlike that which obtains generally in Europe in the same matter) allows a minimum qualification in Surgery to be registered without any qualification in Medicine, and similarly a minimum qualification in Medicine to be registered without any qualification in Surgery; and, so far as may be judged from a recently published analysis of titles contained in the *Medical Register*, it would seem that persons practising on those half-qualifications are to be counted by thousands in the United Kingdom. Cases are not unfrequently brought under his Lordship's official notice where persons possessing only such half-qualifications undertake nevertheless to act in all departments of professional practice, and even obtain engagements as salaried attendants on the sick poor in relation to whatever diseases or injuries may affect them. The Lord President regards this state of things as open to serious objection, and his Lordship doubts whether Government could sanction any amendment of the Medical Act which should leave so great an existing evil undealt with. The Lord President is of course aware that at the present time most of the Examining Boards which confer half-qualifications voluntarily extend their examinations beyond the limits of their titular qualification; but his Lordship doubts whether that mode of action, at its best, can supply more than a very imperfect substitute for complete legal qualification, and whether if it were universal and permanent, it would not itself tend to develope considerable new difficulties.

"The Lord President understands that the General Council will now very shortly enter upon its annual session in London, and he accordingly directs me to suggest that perhaps you would bring the above branch of the subject under the particular consideration of the Council, with a view to his being favoured with any recommendation which the Council may be disposed to make in regard of it.

"His Lordship further directs me to suggest that the same opportunity would be favourable for eliciting the opinion of Members of Council, whether, if new legislation is to take place it would be desirable to change in any respect the constitution of Council which the Act of 1858 established.

"I have the honour to be, Sir,
"Your obedient servant,
(Signed) JOHN SIMONS."

"DR. BURROWS, F.R.S.,
President of the General Medical Council."

Three other letters were also read: from Dr. Prosser James, respecting the representation of the profession in the Medical Council; from Dr. Bell Fletcher—permission being given to this gentleman to head a deputation to lay the claims of 2,000 medical men who had signed the petition for more direct representation in the Council, on the following Wednesday—and from the Garioch and Northern Medical Association upon the same subject. These letters, for which we have not space, were ordered to be entered on the minutes.

The next business upon the programme was a motion by Sir DOMINIC CORRIGAN—

"That it appears desirable, before any further attempt is made to introduce amendments of the Medical Acts, that a commission of inquiry should issue to take evidence from such members of the Medical Council, and such other persons as the Commission may see fit to examine, with the view of furnishing a report to serve as the basis for legislation."

The consideration of this motion was, by permission of the Council, postponed.

Some recommendations from the executive committee, respecting the expenses of the Council's printing, were then read by Mr. CÆSAR HAWKINS, which, he contended, would materially reduce the expenditure in this respect, without any inconvenience to the Council or interference with the proper working of the business before them.

Dr. PAGET, who seconded the series of resolutions proposed by Mr. Hawkins, said the expenses of printing had increased enormously, and it was therefore necessary that the Council should go into details in order to make the necessary reductions. Several other members spoke to the necessity for great reductions, and the recommendations were unanimously agreed to.

A list of those examining bodies whose examinations fulfil the conditions of the Medical Council as regards preliminary education, was then read :—

List of Examining Bodies whose Examinations fulfil the Conditions of the Medical Council as regards Preliminary Education.

I.—UNIVERSITIES OF THE UNITED KINGDOM.

OXFORD : Examination for a degree in arts ; responsions ; moderations ; local examinations (senior), certificate to include Latin and mathematics.

CAMBRIDGE : Examination for a degree in arts ; previous examination ; local examinations (senior), certificate to include Latin and mathematics.

DURHAM : Examination for a degree in arts ; examination for students in their second and first years ; registration examination for medical students ; local examinations (senior), certificate to include Latin and mathematics.

LONDON : Examination for a degree in arts ; matriculation examination.

EDINBURGH, GLASGOW, ABERDEEN, ST. ANDREW'S : Examination for a degree in arts ; preliminary examination for graduation in medicine or surgery.

DUBLIN : Examination for a degree in arts ; entrance examination.

QUEEN'S UNIVERSITY (IRELAND) : Examination for a degree in arts ; entrance examination ; examination for the diploma of licentiate in arts ; previous examination for B.A. degree.

II.—OTHER BODIES NAMED IN SCHEDULE (A) OF THE MEDICAL ACT.

ROYAL COLLEGE OF SURGEONS OF ENGLAND : Examination conducted, under the superintendence of the College of Surgeons, by the board of examiners of the Royal College of Preceptors.

THE SOCIETY OF APOTHECARIES OF LONDON : Examination in arts.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH ; ROYAL COLLEGE OF SURGEONS, EDINBURGH : Preliminary examination in general education, conducted by a Board appointed by these Colleges combined.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW : Preliminary examination in general literature.

ROYAL COLLEGE OF SURGEONS IN IRELAND : Preliminary examination, certificate to include mathematics.

APOTHECARIES' HALL OF IRELAND : Preliminary examination in general education.

III.—EXAMINING BODIES, IN THE UNITED KINGDOM, NOT INCLUDED IN SCHEDULE (A) TO THE MEDICAL ACT.

ROYAL COLLEGE OF PRECEPTORS : Examination for a first-class certificate.

IV.—COLONIAL AND FOREIGN UNIVERSITIES AND COLLEGES.

UNIVERSITIES OF CALCUTTA, MADRAS, BOMBAY : Entrance examination, certificate to include Latin.

UNIVERSITY OF M'GILL COLLEGE, MONTREAL : Matriculation examination.

UNIVERSITIES OF TORONTO, KING'S COLLEGE, TORONTO ; QUEEN'S COLLEGE, KINGSTON ; VICTORIA COLLEGE, UPPER CANADA : Matriculation examination.

UNIVERSITY OF KING'S COLLEGE, NOVA SCOTIA : Matriculation examination ; responsions.

UNIVERSITY OF FREDERICTON, NEW BRUNSWICK : Matriculation examination.

UNIVERSITY OF MELBOURNE : Matriculation examination, certificate to include all the subjects required by the General Medical Council.

UNIVERSITY OF SYDNEY : Matriculation examination.

CODRINGTON COLLEGE, BARBADOES : 1. English certificate for students of two years' standing, specifying the subjects of examination ; 2. Latin certificate, or "Testamur."

TASMANIAN COUNCIL OF EDUCATION : Examination for the degree of associate of arts, certificate to include Latin and mathematics.

After a short discussion, the list was ordered to be placed on the Minutes.

The reports of the Branch Councils on the subject of a Board or Boards for conducting preliminary examinations, and respecting logic, were next brought forward and read.

Dr. FLEMING then proposed—

"That a committee be appointed to consider the reports of the Branch Councils, on the subject of a Board or Boards for conducting preliminary examinations, and to report their suggestions on the subject."

He said these reports take very different views of the question as to the propriety of a Board or Boards in each division of the kingdom being appointed on the authority of the Council to conduct the preliminary examinations. The English Branch Council are of opinion that it would not conduce to any improvement in the system to have such Boards. The Scottish Branch Council, on the contrary, recommend a system to be adopted over which control could be exercised, but are of opinion that the Medical Act does not authorize this Council directly to establish such Boards, but that it might be done in each division of the kingdom by the licensing bodies conjointly ; while the Irish Council seem to think such a system would be very desirable did the legal rights of the different corporations permit it. With the view, therefore, of obtaining more information on this important subject, endeavouring to reconcile some of the conflicting opinions, and, it may be, form the ground for a clause in any amended Act, he moved, "that the reports which have been read be remitted to a committee for consideration."

Sir D. CORRIGAN observed that he warmly supported Dr. Fleming's resolution of last year, because it tended to ensure equality and sufficiency of education in general education for students entering the profession ; and that he was as strongly opposed to Dr. Risdon Bennett's view, under which all control of the several licensing bodies over the kind and efficiency of the education in arts would be lost ; for it would be perfectly impossible, even if the General Council had the power to supervise, month after month, no less than from forty to fifty forms of examination, for the number amounts to so much, some of these examinations being in Dublin and Galway, in London and Durham, in country towns in England and Ireland, and in like manner in Scotland, others in Calcutta and Madras, in Canada and Nova Scotia, in Melbourne and Barbadoes, in Sydney and Tasmania. The report from the Branch Council of Scotland, just read, explained so fully and so ably the objections to the system advocated by Dr. Bennett, of entrusting to others what should be done by ourselves, that he would ask the members of Council to give that report their attention. He knew no parallel instance for the system proposed by Dr. Bennett, of entrusting to others the examination of candidates for their several professions. He knew that the solicitors of Ireland did not confide to educational or examining bodies in almost every part of the world the examination of their apprentices, and ought we to do it ? Surely, for the medical profession there is at least as much safeguard required as for the profession of a solicitor. Even though the Council were permitted to see the papers of those several examining educational bodies from all parts of the world, what security had they that, high as the papers might seem, the work was fairly carried out ? What security can there be that papers do not get into the hands of candidates before examination ? What security can there be that the persons to whom are entrusted the papers do not for bribe or payment let the papers get previously into the hands of those to be examined ? They had not only no security against such an abuse, but good reason for believing that such things have occurred. What security is there that if one year a person competent to examine is appointed, there may not be next year or next month a person or persons quite incompetent to write even English appointed ?

Sir D. CORRIGAN continued :—I hold in my hand a copy of questions issued at the "Competitive Examination for Appointments in the Engineer Establishment of the Department of Public Works in India," held at the India Office, London, in December, 1868, and I shall read for you some of the questions. It is—

ENGLISH GRAMMAR.

The following sentences are extracts from papers which were given to the Candidates, at the Competitive Examination for

Appointments in the Engineer Establishment of the Department of Public Works in India, held at the India Office, London, in December, 1868.

1. *Use* free-hand sketches or diagrams wherever possible, to illustrate *the answer, which* must be carefully executed, in order to show the *Candidate's* proficiency in this style of drawing.
2. *Candidates must not during the Examination refer* to any book or MS., *nor* communicate with each other.
3. Candidates are required to produce *bonâ fide* finished drawings, with certificate *of their* having been *solely executed* by the *Candidate*, respecting *which* there will be a *vivâ voce* examination.
4. State the reason why the *tests* employed by the Engineers in using Portland cement should *be a compound one.*
5. What is Portland cement? From what *raw material* is it made, and in what proportions are *they* used?

It may be objected that this particular examination is not of those recommended here; but this objection did not affect the principles that he advocated, "that our examination in arts should be under a Board appointed in Ireland, another in England, and a third in Scotland, above suspicion, which would ensure sufficiency and equality of education." If the student had already passed such an examination in the course of his education before any of the forty or fifty educational bodies named, there could be no harm in testing him. If the education he has already received is sufficient, then he would not suffer injury, for he would bear the test—there would be no hardship inflicted on him, and little or no expense, or expense so trifling—at most a few shillings—that it was not worth taking into account. If he be not able to pass the test of the Examining Boards specially appointed in England and Ireland, then he should and would be properly rejected.

Mr. **CÆSAR HAWKINS** did not consider that the document to which Sir Dominic Corrigan referred, and from which he drew such an amusing picture, had anything to do with the subject before them. It was for quite another and inferior portion of the community, and should, therefore, have no weight with the Council.

Mr. **COOPER** hoped the Council would not alter its views on the subject of preliminary education, and that the Examining Boards, as at present constituted, would not go beyond the limits assigned them by the Council. He could safely say that the recommendations of the Council were efficiently carried out by the Society of Apothecaries, of which he was the representative.

Dr. **STOKES'** experience was that, since the present system of preliminary education had been in force in Dublin, quite a different and more intelligent class of men had come up for examination, and he should therefore support the motion of Dr. Fleming. He would not say that the licensing bodies were corrupt, but that they had been no one at the table would deny; and he was of opinion that no greater safeguard against that disreputable class of students who formerly presented themselves existed than the admirable plan recently adopted by the Council.

Dr. **EMBLETON** hoped the Council would sanction nothing against the principles which had hitherto formed the basis of its enactments. He thought it would be a great mistake to fuse the branch licensing bodies into one common Board. The reforms introduced by the Council, and carried out by the existing licensing bodies, had been of great service, and were well worthy to be depended upon. He was, therefore, of opinion that the examinations should be left to the licensing Boards, as arranged at the beginning.

Dr. **PAGET** differed from a previous speaker, "that the Council had no control over colonial and foreign bodies." It had control, inasmuch that it could refuse to recognize the certificates or examinations of any of them; it had done so, and would do it again when necessary.

After a few further remarks, Dr. Fleming's motion, seconded by Dr. Alexander Wood, was put from the chair and carried by a majority of 14 to 7.

The committee was then appointed, and consisted of—Dr. Alexander Wood, chairman; Sir Dominic Corrigan, Dr. Bennett, Dr. Fleming, Dr. Leet, Dr. Paget, Dr. Storrar.

The following petition was then read:—

"To the Honourable the House of Commons in Parliament assembled:—

"The humble petition of the General Council of Medical Education and Registration of the United Kingdom,

"SHEWETH,

"That the Council was established by the 'Medical Act' passed in 1858 (21 & 22 Vict., cap. 90), and was by a later Act (25 & 26 Vict., cap. 91) made a body corporate.

"That one of the principal duties of the Council is to keep and publish a register of such persons as have obtained or may obtain licences or other legal qualifications to practise medicine or surgery from bodies whose qualifications are recognized by the Medical Act, to the end that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners.

"That for the purpose of securing that all persons who shall be entitled to have their names and qualifications placed on the Register, shall have been duly educated, and tested by examinations, certain powers of inspection and of representation to Her Majesty's most Honourable Privy Council should need be conferred on the Council by the Medical Act.

"That the Council are of opinion that the interests of the nation require that the education of medical practitioners should be raised above its present standard, and that it is their duty to the extent of their powers to promote its improvement.

"That the Council are in the belief that a solid groundwork of preliminary general education is of the utmost importance to the successful prosecution of professional study, and that the greatest impediment to sound professional education is to be found in the defective early mental discipline of medical students.

"That, notwithstanding the desire of the several medical Corporations and Universities of the United Kingdom to comply with the recommendations of the Medical Council, that all persons previously to being recognized as professional students shall pass an adequate examination in general knowledge, the Council having reason to apprehend that the maintenance of a sufficient standard is rendered exceedingly difficult, owing to the defective and limited education generally given in secondary schools.

"That the views of the Council as to the defective state of secondary education is fully confirmed by the reports of the commissioners on secondary schools.

"The General Medical Council therefore pray your Honourable House, without delay, to pass such laws as may seem to your Honourable House to be best adapted to remedy the existing defects of endowed schools, and otherwise place the secondary education of the United Kingdom in a satisfactory state.

"And your petitioners will ever pray.

(Signed) "GEORGE BURROWS, M.D., President."

The Council then adjourned.

FRIDAY, JULY 2.

The members of the Council having answered to their names, Dr. **ANDREW WOOD** rose, in pursuance of notice, to move:—

"That a Committee be appointed to consider the question of the Amendment of the Medical Acts, and that to this Committee the communication from the Government on the subject be referred."

In introducing the foregoing motion, which gave rise to a long and animated debate, Dr. Wood said he considered they had received a good deal of mannerism from the Government upon the subject of education, but nothing solid. Sir John Gray, in the House of Commons, a few days since, spoke very strongly against the Council; and he felt justified in asking permission for digressing from the subject of the resolution in order to vindicate the Council from the aspersions cast upon them in the House of Commons. There was an impression abroad that the Medical Act and doings of the Council only concerned the profession. This was a very erroneous impression. It was well known that the object of the authors of the Medical Act was to pass such measures as would enable the public to distinguish between the qualified and the unqualified practitioner. The speech of Sir John Gray occupied the space of some three and a half columns of a newspaper; and if the statements sent forth through the press to the world remained uncontradicted, this impression would gain such hold on the public mind that it would be impossible to dispel. In Sir John Gray's speech upon the subject of the superannuation of Irish medical officers, he took the opportunity of introducing observations on the whole system of medical education. Sir John Gray had stated that "the Medical Act was a grievous failure." He said "that there was some petty tinkering under that Act"—perhaps there had been a little—but the changes made, though tending to afford greater opportunities for the acquisition of knowledge, and increasing the expense to the student, failed to enforce a sufficient test as to the fitness of the candidate for being licensed to practise—or, more properly speaking, to experiment upon the lives of the subjects of the Queen." Sir John further said it might be inferred from some previous remarks "that one degree only was required by the Army Medical Board, while the Poor-Law Board required three, the natural inference would be that the qualification for the Army Medical Service is inferior to that of the Poor-Law Service, whereas, in fact, the Army Board would not appoint the holder of ten diplomas to take charge of a corporal's guard without testing him at the bedside as to his acquaintance with disease and his knowledge of the means of dealing with it. That Board accepts any registered holder of a diploma in surgery as a man who had given evidence that he received a good preliminary medical education; but they accept his diploma, and they are right, as proof of no more; and before they allow the holder of that degree (whether he has one or ten) to practise—to make experiments upon the valuable lives of the soldiers—they take him to the bedside and satisfy themselves that he is more likely to cure than to kill before they give the men over to his charge. This is not done by the several licensing bodies, and he (Sir John Gray) complained of the gross neglect of duty by the Medical Council in not having forced the licensing bodies to do this long ago." Such remarks as these, which he quoted from the hon. baronet's speech, would, he (Dr. Wood) hoped, be considered a sufficient justification by the Council for the course he had adopted. It was all very well for Sir John Gray to talk of forcing the licensing bodies. The Council had not the power to force those corporations to do anything. He (Dr. Wood), however, maintained that the wholesale charges made by Sir John Gray were a libel upon the Council. Could it be said with any truth that a great advance had not been made after the passing of the Medical Act? or maintained that the Council had neglected its functions? He wished to state publicly that it had not; but that each member had conscientiously and faithfully laboured to promote the interests of the profession in every way, and that great and lasting improvements amongst the licensing corporations had resulted therefrom. He admitted that in the time of Sir Benjamin Brodie, to which Sir John Gray had referred, the state of the profession was unsatisfactory. But had the Council not done very much since then for the elevation of those who presented themselves to be registered? It had been suggested that the model of preliminary education was pitched too low. This he denied; and he doubted if it were possible to introduce such a stringent course as had been mentioned as requisite in the University of London examinations. He believed if they attempted to raise the present standard too high the examinations would either become a sham, or they would tend to starve the public of a proper supply of medical men. What the Council had done had been chiefly by moral suasion; the best proof of the success of their action being that there was scarcely a licensing body which did not follow its recommendations. Sir John Gray had said that it was of no use to a sick or dying patient to know that his medical adviser was well versed in botany and scientific knowledge generally; what he would like to feel would be that he had been taught and admitted to practise from critical examination at the bedside. To this he replied, that there was not a ward in the hospitals of Scotland that was not constantly used for this purpose. He would, therefore, dismiss Sir John Gray from his mind by stating that he had misled Parliament by statements which had really no foundation in fact. In other quarters it had been said that the Council had done nothing. He would not occupy the attention of the Council except to mention one or two things that had been done. There was the Pharmacopœia, which was admitted on all hands to be the best in the world. There was the subject of the recognition of colonial degrees, which they had done much in; and by adopting a liberal policy, had shown the colonists our sympathy and desires to meet them on equal grounds. A general outcry had also been raised that the Council did not protect the profession against quacks. This he maintained it never could do; no registration could possibly effect this so long as men were found despicable enough to become quacks. On the subject of the constitution of the Council, he would suggest that as an answer must be given to the Government, that a committee should be appointed to discuss the question. It would have hard and difficult work to do; but it was better that from the present agitation the profession should get a thoroughly good and comprehensive measure, and not by dribbles, as it had hitherto done.

Mr. Hawkins rose to second the motion of Dr. Andrew Wood, and spoke at length upon the double and single qualifications granted by the various licensing boards, but his remarks were inaudible at the reporters' table.

Mr. Cooper said as some allusion had been made to the examination at the Apothecaries' Hall, of which he was the representative, he would remark that the examinations had been visited, and found to be in accordance with the recommendations of the Council. He would further state that any other suggestions or resolutions of the Council would be rigidly enforced. He did not conceive it to be necessary that so long as such an excellent institution as the Royal College of Surgeons existed there was any necessity for students at the Apothecaries' Hall to be examined in surgery; but in the practice of medicine he was of opinion that if a man passes the Apothecaries' Hall, including clinical examination, he was entitled to receive his diploma to practise.

Sir Dominic Corrigan said that Mr. Cooper had departed from the original motion, and he would not then take up the time of the Council with a further digression, but would cordially support the motion of Dr. Andrew Wood. With the permission of the Council he would, however, like to say a few words in defence of Sir John Gray, whose speech had been so severely handled. He much regretted the attack upon Sir J. Gray, who was not there to answer for himself. He was a graduate in medicine, and thoroughly interested in the welfare of the profession. Supposing, therefore, that a mistake had been made in any portion of the statements alluded to, was that a reason for such an attack? But he did not admit that Sir J. Gray had committed an error, for he contended with him that the Medical Act was a perfect failure. No one would be bold enough to deny this. If it were not a failure, then why seek to amend it? Admitted, then, that it was a failure, in that it had failed to produce a large number of men who were to be trusted with the lives of Her Majesty's subjects, had the Council produced anything more satisfactory since the passing of that Act? It had not done so, for the obvious reason that it had no power to enforce its recommendations. If he was told—as he had before been—that it had the power, then why not enforce it, and thus put an end to the reproaches of a dereliction of duty? Sir John naturally laboured under the impression that the Council had not the power, simply because it had never yet applied to the Privy Council to enforce it. He also differed from Dr. Wood, that the Council had raised the standard of preliminary education. His impression was that it had been lowered, for had not botany been excluded from the compulsory subjects, and others which were formerly required of students? He (Sir Dominic) could not understand such a sentence, "that if they insisted upon raising the standard they would not find men to supply the public wants," from Dr. Wood, who had been foremost in the ranks of education, and was himself probably one of the most highly-educated men in the kingdom. One reason for raising the standard would, in his mind, get rid of the now niggardly Boards of Guardians, whose opinion was that a half-educated man was quite sufficient for paupers. This reminded him most forcibly of the reply of his late friend Mr. Colles, when interrogated before a committee of the House of Commons on the subject. He was asked "If it were not possible to educate an inferior class of men for the treatment of the pauper?" His reply was, "I know of no other mode of curing the poor man than that adopted for the rich."

Dr. Alexander Wood was not at all surprised to find Sir J. Gray had a champion ready to defend him in the person of the learned Baronet who had just sat down, because the views of the two were so perfectly identical; but what he was surprised at was, that a man of Sir Dominic's intelligence should stand up at that table and assert that those sitting around had no right to criticise or attack a member of the Legislature, whether he was right or wrong in his assertions, on the ground that he was not present to answer for himself; that the Council was to be abused out of doors, and that the individual who, in his place in Parliament, thus spoke through the press to the whole world, was to be secured from all immunity to hostile criticism from those who sought to defend the body aspersed. He (Dr. Wood) could not agree that the Medical Act was a perfect failure; it was only so to a degree.

No measure was ever brought forward which was not susceptible of improvement; but it was no argument to assert that, because the measure was imperfect in some provision, that it was a perfect failure. He also objected that the Council should be continually taunted that it had no power to enforce its recommendations. If the body over which Sir Dominic Corrigan was the representative had defied them, it was certainly the only one. Again: in the visitation of examinations, they must look for an example of that recusance of which Sir Dominic complained. He denied that the Council had lowered the standard of preliminary education. A knowledge of several languages had been added to the curriculum, the examinations had been visited, and a committee was appointed to carry out the regulations. Botany was not now considered necessary, because the requirements in the examination on materia medica were deemed sufficient. He admitted that the present state of medical education was not all that could be desired, but it had been much improved, and he therefore objected to the taunts that were being continually thrown at them by Sir Dominic Corrigan, whose object seemed to be, whenever the Council sought to enforce any regulation, to knock them down, and then laugh when they were on their backs.

Dr. **Leet** explained that, from an allusion made by Dr. Wood, it would be inferred that the examinations of the Apothecaries' Hall of Ireland were conducted upon a somewhat lax principle. To this he would say that a more careful or more stringent examination of the licentiates was not adopted or enforced by any Body in the United Kingdom, the complaints being that the examinations were so difficult to pass.

Dr. **Christison** said there was some truth in the remark of Sir Dominic Corrigan, that St. Andrew's University did not examine students clinically. This was a great mistake; and he felt certain that it had but to be pointed out to that Body by the Council, when it would be at once acceded to.

After a few words of explanation from Sir Dominic Corrigan, Dr. Andrew Wood, and Dr. Thomson, the motion was put from the chair, and carried without a dissentient voice; the Committee appointed to carry out the object of the resolution being:—Dr. Burrows, chairman; Mr. Hawkins, Dr. Paget, Dr. Quain, Sir Dominic Corrigan, Dr. Parkes, Dr. Apjohn, Dr. Christison, Dr. Bennett, and Dr. Andrew Wood.

Dr. **Paget** then moved that the letters of Dr. Prosser James, and of the Northern Medical Society, which were read to the Council on Thursday, should be referred to that committee. Dr. James had propounded a plan which, without expressing any opinions upon it, he thought should form the subject for consideration.

The motion was seconded and carried.

Dr. **Storrar** next moved, that the communications from King and Queen's College of Physicians, Ireland, the University of Dublin, the Queen's University in Ireland, and Trinity College, Dublin, respecting preliminary examinations, be placed upon the minutes. This motion was also carried; the communication from Trinity College giving rise to a very animated discussion, in which Dr. Apjohn, Dr. Storrar, Dr. Wood, and Sir Dominic Corrigan took part. This discussion had not finished when the hour for adjournment was called.

SATURDAY, JULY 3.

The Council assembled to-day at one o'clock. The minutes of the previous meeting having *pro formâ* been read and confirmed,

Dr. **Acland**, as chairman, laid before the Council, the

Report of the Committee on State Medicine.

The State Medicine Committee, appointed June 27th, 1868, beg leave to report that in pursuance of the instructions they received, dated July 8th, 1868, they have forwarded to various persons at home and abroad the following Letter and Questions :— 32 Soho square, London, W., 1868.

Sir,—A Committee of the Medical Council has been appointed to inquire into and "to report on the steps proper to be taken, if any, for granting diplomas or certificates of proficiency in State Medicine, and for recording the same in the *Medical Register*, due regard being had to the interests of existing health officers in the several parts of the kingdom."

The Committee have decided that such diplomas or certificates ought to be granted, after due examination, to persons who are already, or shall hereafter be, entered upon the *Medical Register*, and to no others.

The Committee are about to draw up a report on the education which in their judgment is proper for such persons, the time it should occupy, and the mode of examination.

The Committee would feel much obliged to you if you would give to them your opinion on these points, and on any others which may appear to you proper to be discussed by them.

In order to assist you in arranging your answer, I venture to append a list of questions, by no means intending to limit the form or extent of your communication, but to indicate in certain detail the information the Committee desire to obtain.

A memorandum drawn up for another purpose is also enclosed.

Of course, the Committee do not presume to trouble you to answer those inquiries with which you may not be familiar.

The Committee desire me to express to you their hope that the national importance of this question may prove a sufficient excuse for the trouble they are giving to you, and that you will be kind enough to return an answer before November, to me, at the above address.

I am, Sir, your obedient servant,
(Signed) Henry W. Acland,
Chairman of the Committee.

Questions.

1. Various subjects, such as forensic medicine, toxicology, morbid anatomy (human and comparative), psychological medicine, laws of evidence, preventive medicine, vital and sanitary statistics, medical topography, and portions of engineering science and practice have been suggested as those in which examinations should be passed by candidates for a diploma or certificate in State medicine. Would you state what are the subjects which, in your opinion, should enter into a programme for this purpose?
2. What is the time which should be exclusively given to these subjects, supposing it to be commenced after the completion of the ordinary period of medical study?
3. What might be the order of such studies? What should be the method of study adopted?
4. In which of these subjects of study would practical instruction appear necessary?
5. To what extent should the study of these subjects respectively be carried? Can you suggest any books which furnish an approximate standard of the knowledge you would recommend?
6. What are the deficiencies which you have observed in medical witnesses?
7. How would you propose to remedy them? by what education—legal or scientific?
8. How should a court of examiners in this subject be constituted?

The Committee desire to record their best acknowledgments for the great attention that has been paid to their request by the eminent persons who have replied to the questions.

Immediately following this report is an analysis of the answers from English correspondents. It has been thought desirable to keep this analysis distinct from the observations of the foreign authorities, whose letters cannot advantageously be dealt with in the same manner.

The answers from home and from abroad are all printed *in extenso* in an appendix.

Dr. Rumsey has favoured the Committee with detailed personal observations on the evidence, and although the Committee have not thought it desirable to embody those remarks in their report, they have thought it right to place them before the Council.

The Committee are unanimously of opinion that the evidence submitted in these documents warrants, and indeed demands, that the Council should insert the requisite clauses for providing a qualification in State medicine in any amended Bill which may hereafter be prepared for Parliament.

Should the Council see fit to agree to this recommendation of the Committee, the individual members of the Council will be able to give before the next session of the Council their serious attention to the details they would wish to see embodied in any scheme or bye-laws for carrying such clauses into effect.

This seems the more necessary, because, although there is a uniform testimony among all the correspondents of the Committee, that grave attention is due to the condition of public medicine in the present state of this kingdom, there is great discrepancy as to the duties to be assigned to officers for forensic and sanitary purposes, and as to the conditions under which these officers are to be appointed. The Committee are agreed that the thorough discussion of the question of appointments and duties in the Public Medical Civil Service has become essential for the progress of social administration and organization; and they think it reasonable that medical students or practitioners (however few they may be who wish to devote themselves wholly to this branch of the public service) shall obtain a diploma, certifying the possession of knowledge adequate to the end in view—viz., the prudent and skilled care of the public health and the solution of forensic questions.

As the Council will have the opportunity, at some future period, of discussing the documents now submitted to them, the Committee do not consider it desirable at present to offer any detailed observations of their own; they recommend that the report and appendix be forwarded to the licensing bodies and other persons interested in the question of State medicine.—(Signed) Henry W. Acland, chairman; Robert Christison, George E. Paget, Edmund A. Parkes, H. W. Rumsey, Aquilla Smith, William Stokes, Allen Thomson.

July 3, 1869.

Before moving that the report be received, he begged to remark that the subject of State medicine was most certainly one of the growing questions of the day. Two years ago, when he first mooted the idea in the Council, he had been chaffed for his proposition of making State doctors; and he had also been asked, on the other hand, why he did not bring forward some definite proposition, or embody his ideas in some tangible shape. The Committee of which he had the honour to be Chairman had now done this; and he hoped that with the valuable suggestions of Dr. Rumsey, whose opinions on the subject were entitled to considerable weight, the report would be found of great service to the Council and to the profession. He further desired that the requisite clauses should be inserted in the proposed Medical Act, which, he trusted, would be carried during the present Session. With these few remarks he begged leave formally to hand in the reports with the appendix, in order that they should be placed on the minutes.

Dr. **Paget** then moved, and Dr. **Andrew Wood** seconded—

"That the petition of the Lothians' Medical Association be received and entered on the minutes." Carried.

As Chairman of the Committee, Dr. **Fleming** moved—

"That the returns of examinations from the Medical Departments of the Army and Navy, and from the India Office, be entered on the minutes."

This was seconded by Mr. **Cooper**, and carried.

Dr. **Andrew Wood**, as Chairman of the Business Committee, then rose to move—

"That the standing orders be suspended, and that, with a view of expediting the business of various Committees, the Council do now adjourn until Monday, at two o'clock."

Dr. **Quain** seconded this, and the Council resolved itself into the following Committees:—

1. On the Amendments of the Medical Act.
2. The Pharmacopœia.
3. Finance.

Monday, July 5.

The Council assembled at the usual hour, after the reading of the minutes. The case of Dr. Pattison—whose misconduct will probably be fresh in the memory of our readers in Frewen *v.* Pattison—was gone into. Dr. Pattison was now summoned before the Council to show cause why his name should not be struck off the *Medical Register*. This gentleman did not appear, but sent a letter, expressing regret, and begging the merciful consideration of the Council. Some strong animadversions were made upon his gross misconduct in the case above alluded to, and his name was ordered to be removed from the Register.

Dr. **Christison's** motion, "That the Edinburgh University Calendar for Local Examinations for 1868 be submitted to the Committee on Preliminary Examinations, with a view to the Council receiving the Report of that Committee as to the sufficiency of the said Local Examinations to qualify students to commence their medical studies," was referred to the Committee.

A communication from the Royal College of Surgeons of England respecting vaccination was read.

An application from Mr. George Peterson Bernard to be reinstated on the *Medical Register*, whose name had been removed, in consequence of a false report of his death having been inserted in the *Medical Directory*, was considered, and the request granted.

The applications from Messrs. Evan Thomas and Thompson Whalley to be restored to the *Medical Register*, were peremptorily refused.

A communication from the Bishop of Christ Church, New Zealand, respecting the educational regulations of Christ's College, New Zealand, was then read, and the meeting adjourned.

Summary of Science.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

CHEMISTRY, &c.

ON THE FLUORESCENCE OF QUINIA.

Professor Stokes finds that if a solution of quinia in weak alcohol be touched by a rod dipped in diluted sulphuric acid, the beautiful fluorescence of the quinine is instantly developed. If another drop be similarly touched by a rod dipped with diluted hydrochloric acid no apparent effect is produced. Nor is this all. If a little hydrochloric acid be introduced by a moistened rod into the fluorescent drop, the fluorescence is immediately destroyed. If a little sulphuric acid be introduced into a drop containing only hydrochloric acid no effect is produced. If a series of drops of a solution of quinia in diluted sulphuric acid be taken, and a little solution of chloride of potassium, sodium, or ammonium be added, the fluorescence is immediately destroyed. On trying a variety of the acids, Professor Stokes found that, with hardly an exception, unless the acid character of the acid was indistinct, the acids arranged themselves into two distinct classes, A and B. Those of class A develope fluorescence in a solution of quinia in water just like sulphuric acid, and includes all the acids known under the name of the oxygen acids.

Those of class B not only did not produce it, but destroyed it when produced by the acids of class A. This list shows that the classification made by the quinia reaction agrees almost exactly with the old distinction of ox-acids and hydracids. There is, however, one acid, hyposulphurous, which, in the quinia reaction, ranges itself with perfect definiteness in class B, but which is not usually ranked with the hydracids, except in so far as acids in general have been regarded from this point of view. There appear to be other analogies between hyposulphurous acid and the hydracids. It is known that a solution of chloride of mercury reddens litmus, but the blue colour is restored by an alkaline chloride, though itself neutral to test paper. The same effect is produced by hyposulphite of soda. This salt and chloride of mercury very readily decompose each other, but if a very dilute solution be used, the solution of chloride of mercury having been coloured by a little litmus, the first effects of the introduction of the hyposulphite is to restore the blue colour. It is also known that cyanide of mercury is hardly decomposed by oxacids, but is readily decomposed by hydracids. Now, if a solution of hyposulphite of soda be added to one of cyanide of mercury, the smell of hydrocyanic acid is immediately perceived.

It would, therefore, appear that there is a real difference of constitution between sulphuric acid and hydrochloric acid. Dr. Stokes' experiments would seem to point out that the isolation of $S_2\ O_3$, the analogue of chlorine, would be less improbable than that of $S_2\ O_2$, the analogue of sulphuric anhydride.

With hydrocyanic and hydrofluoric acid the reaction seemed doubtful. These acids belong to class B, as regards the feeble amount of fluorescence which they develope, but not to prevent the development of strong fluorescence by acetic, sulphuric acid, &c. Ferricyanide of potassium had certainly no such action as chloride of sodium, or even ferrocyanide of potassium, in destroying the fluorescence; but the deep colour of the salt prevented a satisfactory decision whether the acid belongs to class A, or resembles hydrocyanic acid in its action on quinia.

In a discussion that followed, Dr. Odling made the following observations respecting the composition of hyposulphurous acid sodium, hyposulphite is represented by the formula $N_2\ S_2\ O_3$, together with a molecule of water, and this molecule of water is essential not only to the hyposulphite of sodium, but likewise to all the hyposulphites. If now, instead of writing the formula of the sodium salt as above, we put it all together in the form $Na_2\ H_2\ S_2\ O_4$, we have a formula which admits of being halved, and may accordingly be supposed to represent a double molecule of the sodium salt. If this be the case, the single molecule will be $NaHSO_2$, corresponding to an acid $H_2\ SO_2$. It is therefore quite conceivable that this acid may be a hydracid in which the basis hydrogen is connected with oxygen not directly but only through the medium of other elements. Thus :—

Hydracids.		Oxacids.
Hydrochloric......	$H\,Cl.$	$HO\,Cl.$ Hypochlorous.
Hydrocyanic......	$H\,CN.$	$HO\,CN$ Cyanic,
Nitrous	$H\,NO_2.$	&c.
Hyposulphurous	$H\,SO_2.$	

PECULIARITIES OF THE RETINA OF THE HEDGEHOG.

MR. J. W. HULKE remarks that the distribution of the retinal blood vessels in this insectivore is most remarkable, *from the fact that only capillaries enter the retina.*

In all other mammals except the hedgehog, as far as known, the arteries, veins, and capillaries enter into the retina. In fish, amphibia, reptiles, and birds, the retina is absolutely non-vascular, the absence of proper retinal blood-vessels being compensated for in fish, amphibia, and some reptiles by the vascular net which in these animals channels the hyaloide, and by the highly vascular pecten present in other reptiles and in birds. Thus, it is possible to divide vertebrates into two classes, according as their retina is vascular or not.

RESEARCHES OF ZIRCONS.

Mr. Sorby, by further researches upon this subject, is inclined to think that the two distinct spectra observed by him in zircons is not due to the presence of two distinct earths, but that jargonia exists in two distinct conditions. We have great doubts if peculiar *absorption* spectra is always indicative of the presence of individual elements, and expressed an opinion that the discovery of two new elements from the observation of absorption spectra could not be considered proven until we had some collateral chemical testimony. Our views (vide Summary of Science) are borne out by some made by Mr. Crookes on some Optical Phenomena of Opals (Royal Society, April 23rd), in which he mentions an experiment (No. 12) which "gives a narrow, straight, and sharply cut line in the green ; this might easily be mistaken for an absorption band, caused by an unknown chemical element."

DYNAMITE.

This new explosive compound of nitro-glycerine is said, on authority of the *Journal de Pharmacie et de Chimie*, to consist of a mixture of twenty-five parts of porous earth, with seventy-five of nitro-glycerine. This mixture is stated to have an explosive force equal to that of the same bulk of nitro-glycerine, and not to be subject to the extraordinary dangers appertaining to the latter substance.

ON THE INFLUENCE OF PRESSURE ON CHEMICAL PHENOMENA.

M. Cailletet has followed out these experiments with an hydraulic pump of some power communicating with a reservoir of iron, to which is added a tube of copper, which is again connected with a tube of glass. This tube he calls the laboratory. There is also an arrangement by which the pressure can be rendered constant, and can be regulated. When a turning of zinc is placed in the laboratory tube, and hydrochloric acid is added, it is remarked that the disengagement of hydrogen is decreased according to the pressure. On weighing the turning of zinc it was found that it had lost by the action of the acid—

When operating in the air	10·0
At a pressure of 60 atmospheres	4·7
„ „ 120 „	0·1

The quantity of zinc dissolved is in inverse ratio to the pressure.

ON LIQUID SULPHUROUS ANHYDRIDE.

M. Sestini has published the following results as regards liquid "anhydrous sulphurous acid :"—Three decigrammes of white phosphorus were placed in contact with three centimetres of the acid ; the phosphorus diminishes in volume, and the liquid becomes slightly yellow. The tube sealed was taken into the dark, but neither the liquid nor the phosphorus undissolved exhibited any luminosity. After some days, on opening the tube the liquid was found to be phosphorescent, and on evaporation it gave a residue of yellowish white phosphorus. Iodine slowly dissolved, and produced a yellowish brown solution. Bromine also dissolves. Sulphur was almost insoluble. On adding nitric acid, a white crystalline mass is got, which resembles that found in the sulphuric acid chambers.

PHARMACY.

ON THE EXTERNAL USE OF NITRATE OF MERCURY.

Mr. Hamilton Hutchison, in the *American Journal of Pharmacy*, proposes to use nitrate of mercury in place of citrine ointment. He used it dissolved in glycerine. We very much doubt, however, if such a preparation has similar properties to the ointment. Citrine ointment is not simply a mechanical attenuation of nitrate of mercury. The fatty compounds are chemically combined with the mercurial salt, it therefore becomes quite a distinct thing from a solution of nitrate of mercury. Another point is, that Mr. Hutchison proposes to use the proto salt ; it is a mercuric salt that is chiefly used in the ointments.

Mr. Hutchison, in his essay, states that this salt has been prescribed considerably of late by Dr. John Neill, of Philadelphia, in solution in glycerine, which, he says, is an unsatisfactory preparation requires a great deal of attention, and is also tedious and troublesome to make, besides changing in colour and consistence.

Crystallized nitrate of mercury is prepared by placing 400 grains of mercury in a small capsule, and pouring on it 300 grains of pure nitric acid, sp. gr. 1·42. About 560 grains of the dried salt are obtained, and about 10 grains of mercury remain undissolved. Crystallized nitrate of mercury is soluble in glycerine, slightly soluble in alcohol, ether, and acetic acid. Theoretically, 344 grains of citrine ointment are equivalent to 43 grains of crystallized nitrate of mercury. As the salt is quite soluble in glycerine, the best manner of using it as a substitute for citrine ointment would be to dissolve forty-three grains in five drachms of glycerine, which is equivalent in proportion to that ointment.

Dr. Neill has used it in the proportion of twenty grains in a fluid ounce of glycerine, which answered his purposes better than citrine ointment. The crystals made with chemically pure nitric acid, sp. gr. 1·42, become dry and hard, and will keep for a long time, while those that are prepared with common aquafortis become deliquescent. The salt should be kept in a glass-stoppered bottle.

In the same Journal, Mr. Covell has been examining the formula for citrine ointment of the different Pharmacopœias. As regards the British Pharmacopœia, he says :—

"The quantities of British Pharmacopœia were taken. The mercury was allowed to dissolve by the aid of the heat, generated by the reaction, about 125° F.

"The oil and lard were heated to 200° F., when the solution of mercury, 125° F., was gradually added in portions of fl. ʒij., at intervals of two to five minutes, that the reaction might not be too violent, and easily controlled. The temperature after the first addition rose rapidly to 230° F. ; after the second it fell to 226° ; and after each succeeding addition of the mercurial solution fell to 219°, 216°, 214°, then rose to 220°, then fell to 218°, 200°, 190°, at which it remained until the reaction had apparently ceased. It was constantly stirred through the entire process. Loss in weight, 13-63 per cent.

"In the foregoing detailed experiments the writer has gleaned the following facts :—That heat within certain range of degrees, and nitric acid of at least sp. gr. 1·42 in excess (although the British Pharmacopœia process shows too much acid), is required."

The addition of the acid solution of mercury by Mr. Covell by degrees would, however, have the effect of making the product more acid. This is an infringement of the Pharmacopœia directions, which states that the solution is to be added to the melted fats. If the temperature is right a violent action sets in, by which the greater part of the acid is destroyed in oxidising the fat.

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Correspondence.

PROSTITUTION AND ITS CAUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your impression of May 19th, 1869, there is an article on "Prostitution, by Charles R. Drysdale, M.D." I hope that you will allow me, by means of your journal, to protest against the doctrines promulgated in that article, as I believe them to be not only erroneous, being founded on a false and insufficient analysis of the causes of prostitution, but also as being liable to be understood as inculcating practices immoral and vicious in the highest degree.

I grant that the condition of the poorer portion of the female sex is bad, that their wages, especially in towns, is altogether insufficient, and that the difficulty in many instances of obtaining remunerative labour is a cause of many of their number becoming prostitutes.

But, while acknowledging that poverty is a cause, I hold that it is only a very partial cause of prostitution, and, further, that the classes from which the greatest number of prostitutes come are not the very poorest. The appearance and manners of what may be called the more respectable prostitute are quite above those of the very poor.

The accuracy of Dr. Drysdale's assertion, "That a woman would, of her own accord, take to the precarious subsistence of a prostitute in this country for any length of time is an error," —is I think, very doubtful. But be that as it may, once they have joined the ranks of prostitution they are very loath to leave them. There is a wild freedom in the life that charms them. Then, too, they have their own society, with its various ranks and gradations, like virtuous people; they are well clothed and fed, and, save the very lowest grades, are exposed to no hardships or privations. The number of women who are well fed, clothed, and paid, yet who follow the calling of prostitutes in their leisure hours, shows that poverty alone has not driven them to it. How many women may be seen in the day time standing behind the counters of shops, &c., who at night act the harlot?

To say that prostitution and poverty will ever cease to exist in this world is simply absurd. There will always be virtuous and vicious, rich and poor, no matter how many or how few the population. Were the population of a district ever so scanty, some would be idle, disreputable, ne'er-do-well, who would always be poor. Nay, start each member of a thinly populated district with an equal amount of wealth, and what would be the consequence? Why, in a short time some would have spent all their substance in riotous living and idleness, and others would have accumulated riches by thrift and industry. So that from the various natures and inclinations of men and women (leaving overcrowding out of the question), we have a rich and poor class formed. The disposition and training, not the numbers—the quality, not the quantity it is, of a people which decides the question of poverty or riches, a crowded population merely expediting the process.

Again, it is necessary for those who say that prostitution is caused almost solely by poverty and overcrowding, to prove that when there was no overcrowding there was no prostitution; or, since they assert that prostitution and poverty have the same exciting cause, over-population, that there has never existed either prostitution or poverty in thinly populated districts, that none but the poor have at any time become prostitutes.

Now, that the very reverse is the fact history proves by abundant examples. In very early ages indeed, when the land was certainly not overcrowded, we find from the history of Judah and Tamar, that prostitutes were a well-known institution, and that they were distinguished from modest women by certain peculiarities of dress.

The Jews in Solomon's time, and for long after, did not overcrowd the land, and yet they had both poor and harlots amongst them. In Athens, too, formerly the prostitutes were called ξέναι, "strange women," showing that although poverty existed in Athens the Athenian women did not become prostitutes. Corinth was famous for its harlots, "who were maintained in the temple of Venus and prostituted themselves for hire." In Rome the prostitutes were often of so good a family that they changed their names when about to become harlots, in order that they might not disgrace their family name. History therefore shows that in parts of the world where the population was thinly scattered, prostitution existed in a large proportion amongst those who were not forced to undertake that course of life from poverty.

Again, how does Dr. Drysdale propose to inflict a deathblow to prostitution by "early marriages, and very few children, (indeed, none at all, perhaps, as frequently in France for some years) and greater facility for divorce, as obtains at present in Indiana, United States, and some of the States of North America?" Now I believe I am correct in stating that in Indiana a mutual consent of the parties before a magistrate is sufficient to annul the marriage contract—how, then, does this do away with prostitution?

Why, like the Manichean doctrine of the origin of evil, it only removes the difficulty a step back, and substitutes a prostitution sanctioned by law instead of the present system; for it is obviously the same thing, taking a wife for a certain time, then divorcing her, paying her for her services by money, food, raiment, lodgings, &c., and keeping a mistress in the same way. No doubt we shall soon see a proposal to return to the custom of the primitive Spartans for married men to exchange their wives, or lend them to deserving young men, and by this means put an end to prostitution. But the advocates for facility of divorce seem to have forgotten what the intelligent Author and moral Governor of this world has said about it. And it may not be out of place to remind them that He who is surely the best Judge of what is most suitable for His creatures, has decided that "what, therefore, God hath joined together, let no man put asunder." Again, how are the number of children to be regulated? or none at all to be begotten? This consummation can only be brought about either by the total separation or abstinence on the part of husband and wife, or by so limited a connection as would only excite, not allay, their passions, and would only be more conducive to the spread of prostitution, than to its extinction, or by practices too abominable and vicious to be entertained by any right-thinking people.

If anything were wanted to prove the detestation in which infantile murder before birth, rightly by our laws entitled "felony," and called in the statute book "criminal abortion," has been held from the most ancient times, it is shown by the obloquy in which those who made themselves *eunuchs* were held by the Jews. The only true way for the abolition of prostitution is by teaching men and women to exercise denial, to restrain the animal promptings of their nature within the bounds appointed by Divine laws, remembering that in this world they are in a state of probation, and that by overcoming and resisting the snares and allurements of vice they are fitting themselves for a future state of happiness and bliss.

I am, Sir,

Your obedient servant,

R. J. KINKEAD, A.B., L.M.T.C.D.

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Medical Gleanings.

ICE IN AFFECTIONS OF THE TESTICLE.

DIDAY (*The Annales*) employs ice in some of the affections of the testicular apparatus: 1st, In orchitis, sometimes complicated by blennorrhagic epididymitis, he finds it serviceable; 2d, In testicular neuralgia; 3d, In certain states in which pain constitutes the predominant feature.

MEDICAL SCIENCE IN JAPAN.

AN interesting account of the art and science of medicine amongst the Japanese is given in one of the American journals, by Dr. Vedder, an American physician, and now the chief medical adviser to the Prince of Nagato. The Japanese doctors hold very good positions in society. They originally derived their knowledge from the Chinese, but of late years the diffusion among them of Dutch literature has done much to their enlightenment. There are no schools of medicine in Japan, but the son scrapes together as much information as he may be able from his father, or the native practitioner dispenses his empiricism to the two or three pupils that generally reside with him. An attempt is being made to establish a school at Nagasaki, in connection with the hospital there, but it is likely to fail from the fact that Dutch is the only foreign language allowed to be used. Physicians carry a couple of swords, and special respect is paid to their opinions, although they are generally paid for medicine alone; and, as may be imagined, the latter is ample and bulky. Sometimes, however, a special honorarium is given to the doctor at the close of the treatment of a case. Very little is known of anatomy. There are native names for veins, nerves, lymphatics, and the principal anatomical structures, but topographical anatomy is entirely unknown, since dissection is not permitted. The Japanese are quite in the dark with regard to physiology. The liver they imagine to be the seat of courage. The doctor feels the pulse at both wrists at the same time, in the belief that there is a heart on either side of the body. There are a few works on tumours in Japan, the contents of which have been dictated by fancy or the traditional accounts of disease. Foreign medicines, nevertheless, are in use now-a-days, iodide of potassium, Hoffman's anodyne, quinine, henbane, and phosphoric acid amongst others. These having been introduced into the country by the Dutch, who were likewise successful in importing the practice of vaccination some thirty-five years ago, which, however, is very loosely followed, notwithstanding small-pox everywhere prevails. The Japanese have no conception of such a thing as preventive sanitation. Skin diseases are propagated largely in the public baths. Midwives are the ordinary accoucheurs, but seek the aid of the native practitioner in cases of difficulty. Operative surgery is wholly unknown; fractures are treated by leeches and plasters. Crutches and slings are unheard of, but the moxa, bleedings, shampooing, and acupuncture are freely employed. It can be readily understood after this sketch what an alarming amount of life must be sacrificed in Japan to the prevailing ignorance of the first principles of the healing art. Tooth-drawing is an exquisitely torturing operation. The tooth is first loosened with a mallet and a short stick, and then extracted with the fingers. Pieces of the jaw often come away attached to the tooth, a circumstance we are not disposed to gainsay.

Medical News.

St. George's Hospital.—The following important document has been circulated:—"We, the undersigned, having been appointed a committee to examine into the income, expenditure, and general principles of management of St. George's Hospital, beg to report as follows:—1. That there is no separate or selected Committee of Management; every governor is a member of the Weekly Board, and can record his approval or disapproval of any proposal brought before the Board; further, that the Weekly Board has not the power to sell out more than £1,000 stock at one time, without the sanction of a Court of Governors specially summoned for the purpose, and that, not only in principle, but in practice, the whole body of governors is responsible for the government of the hospital. 2. That the annual report of the hospital contains a most careful and detailed statement of the income, resources, and management, and that it appears difficult to draw any sound distinction between the donations of living persons and legacies left for the use of the hospital without any special direction as to their application. 3. That it seems to be the distinct duty of the governors to employ the funds given or left to them in meeting as far as their power extends the present and growing requirements of the sick poor, and that future wants must, if necessary, be met by the future contributions of the opulent. Under the sense of this public obligation, and under the constant pressure of the increasing population of the district, the governors since the year 1829 have raised the accommodation afforded by the hospital from 200 to 350 beds. The new wing, now ready for occupation, which will increase the accommodation of the hospital to 380 beds, has been built by the aid of a munificent gift from the Marquis of Westminster, a legacy of £5,000 from Miss Williams, and separate contributions specially applicable to that purpose. 4. That while it is impossible to carry on the hospital without a considerable reserve fund, it would appear unwise on the part of the governors to ignore, even at the occasional sacrifice of a small portion of that reserve fund, the growing wants of the community around them, inasmuch as the legacies are found to have increased in proportion to the increased efforts of the governors. 5. The fluctuations in the actual amount of the reserve fund have not been large, and the amount of the fund on the 1st of January, 1869, was (inclusive of real property), as nearly as can be calculated, a little more than £101,000. In the year 1829 the reserve fund was much the same in amount as at this moment, and since that period we have rebuilt the old hospital and increased the accommodation from 200 to 380 beds. 6. That the present expenditure of the hospital is not extravagant or excessive seems incontestably proved by the facts. (*a*) That, in spite of the greatly increased price of provisions and wages, the annual cost per bed is not larger than when the hospital had only 200 beds; and (*b*.) That the annual cost per bed at St. George's contrasts favourably with that of every other hospital in London. That having earnestly and carefully considered the important subject referred to them, your committee are unanimously prepared to record their conviction that the general principles of management which seem to have guided the governors have been sound and prudent, and most conducive to the permanent interests of the public and of the noble charity placed under their care, and that in the details of that management there has been as strict and close an attention to economy as is consistent with the well-being of the patients and the permanent interest of the hospital.—Grafton, Penrhyn, Alfred de Rothschild, John Abel Smith, F. Haygarth, Lieutenant-Colonel, Augustus M. Meyrick, Colonel, H. G. Sutton. St. George's Hospital, June 19."

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NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

To our Readers.—In the hurry of despatch last week, there were a few copies sent out without the lithographic illustration of Dr. Benjamin F. McDowell's valuable paper on "Lupoid Ulcer of the Leg." We shall be happy to send the illustration by post to those gentlemen who did not receive it in their copy.

The following Original Communications and Letters are in type, and will appear as soon as space permits:—

On Fibrous Tumours of the Uterus, sixth Lecture, by James Palfrey, M.D., M.R.C.P.

On Over-Population, by Dr. McMahon Murphy.

Dr. S., Letterfrack.—We would most willingly give you every assistance in our power for the object you have in view; but, at present, it appears to be totally unattainable. The Bill as it stands includes everything that will be granted, and though by no means all that we could wish, we accept it as the best we can get.

Mr. Shinkwin.—The type of your article was distributed before we received your note—or we should have had great pleasure in sending you some reprints.

"POISONING BY CHLORODYNE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In page 510, June 16, 1869, of your Journal a case is stated of "Poisoning by Chlorodyne." On reading it, I found that the "symptoms were markedly those of poisoning from morphia;" and further, it was confessed that the (so-called chlorodyne was made from the ordinary published formula, containing four grains of morphia to the ounce.

Now, I do not question for a moment that this poor woman died from morphia poisoning, but I protest against the statement that she died from chlorodyne. From the writer's own evidence she could not have done so, simply because she never had it; the appropriating the word "chlorodyne" to a sophisticated compound does not verify the substance, for the remedy for which I coined the word chlorodyne NEVER CONTRACTS THE PUPIL, a fact so significant, that it must strike the reader with astonishment after the published announcement of "Poisoning by Chlorodyne" where the gravamen of the remedy is founded on the circumstance of the pupil being contracted from morphia. The appropriation of the word chlorodyne to different concoctions is therefore wholly unjustifiable and unwarranted, for it logically stands to reason, if there is any fact in nomenclature, that two things possessing opposite action cannot be recognised or designated by the same name—at least, as regards therapeutic. As well may the thirsty traveller in the desert expect to slack his thirst from the mirage before him, as the prescriber of a spurious compound expect the same results as obtainable from a genuine medicine.

I am, Sir, yours faithfully,

J. Collis Browne, M.D., M.R.C.S. Eng.
(late Army Medical Staff).

Dr. Zachariah Johnson.—The letter on "Treatment of Fracture of the Thigh by the Weight and Pulley," is unavoidably postponed till our next.

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VACANCIES.

Middlesex Hospital.—Lectureship on Materia Medica and Therapeutics. Applications to be sent in on or before the 14th inst.

North London Consumption Hospital.—Visiting Physician. Applications, to be sent in on or before the 16th inst.

Westminster Hospital.—Resident House-Surgeon. No Salary. Board and residence free. See advertisement.

Dental Hospital of London.—Dental House-Surgeon. Salary, £100 per annum.

Sheffield General Infirmary.—Assistant House-Surgeon. Salary, £65, with board and residence.

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BOOKS RECEIVED.

Report on the Sanitary Condition of St. George's, Hanover square. By C. J. B. Aldis, M.D., M.A.

The California Medical Gazette; the Pharmaceutical Journal; Journal of Mental Science; the Practitioner; the Pacific Medical Journal; The British Journal of Homœopathy; the Monthly Homœopathic Review; the Westminster Review; Science Gossip; Journal de Médicine, &c.

Advertisements.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 14, 1869.

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Lecture.

ON FIBROUS TUMOURS OF THE UTERUS.

By James Palfrey, M.D., M.R.C.P.,

Assistant Obstetric Physician to, and Lecturer on Clinical Obstetrics at the London Hospital; formerly Obstetric Physician to the Farringdon Lying-in Charity, and to the Metropolitan Free Hospital, and to the Surrey Dispensary, &c., &c.

LECTURE VI.—Part I.

Gentlemen,—I propose to-day to continue the subject of the treatment of these submucous fibroids by describing to you the operation which I have now for some ten years been in the habit of performing, simply premising that I have not for a long time made any endeavour to remove, at the time of operating, any portion of the growth itself. Having satisfied myself that the tumour I am treating is of the submucous variety, and having carefully examined the patient with a view of ascertaining the condition of her other organs, and particularly her kidney, having carefully for a week or two previously regulated the condition of her bowels, I usually, some three or four days before the commencement of the ensuing menstrual period, have the os uteri leeched. During the whole of that period I advise the patient to remain quietly in bed; and as the decline of the menstruation is indicated, I again have some four or six leeches applied to the cervical portion of the uterus, this time followed by a warm bath. On the morning of the third day from the entire cessation of all bleeding, I administer a gentle purge; and having thus reduced to a minimum the congestion of the uterus, I proceed, on the morning of the fourth day, to operate. (I say on *the morning* of the fourth day, because I have found, in performing any operations upon the sexual organs, that by operating early in the day the patient not only recovers from any sickness or other inconvenience that may follow the administration of chloroform, but also regains before night that mental quiet which every woman loses when aware she has to undergo any surgical proceeding, no matter how simple; so that, as a rule, their night's sleep is not at all interfered with.) Early, then, having had the patient placed upon a firm table—none better than an ordinary narrow dressing table so common to our bedrooms—and being thoroughly under the influence of chloroform, I have her brought well to the edge of the table, and in the lithotomy position, an assistant taking charge of a knee on either side, which must, during the whole time, be kept well flexed upon the abdomen. I next introduce a Sims' speculum, one of large size, fixed upon a straight handle, which gives greater power in depressing the perinæum than the ordinary double-bladed duck-bill speculum. Having brought the os uteri well into view, I give the speculum into the charge of a nurse, who is instructed to kneel at the left of the operator, being prepared with some six or eight small fine sponges attached to long slender handles of cane; with a pair of fine slightly curved vulsellum forceps I then grasp the anterior lip of the uterus, giving the handles of the vulsellum into the charge of one of the gentlemen commanding the knees. Next I introduce *into* and *through* the os uteri internum Sir James Simpson's single-bladed hysterotome, having previously adapted the blade to the identical depth I wish to cut on either side; with this instrument I make a bold and free incision, first into one side of the cervix, then into the other. And here please to remark that this portion of the proceeding differs very considerably from the operation we perform for the relief of those cases of dysmenorrhœa depending upon a narrowing or other mechanical obstruction in the cervical canal; in those cases we cut *up to*, but *not into*, the os uteri internum. Completing the incisions of the cervix, we pause for a moment, for it is at this stage, if at all, we get some free bleeding; and should this happen, do not be at all alarmed: sponge the cervix well out with small sponges dipped in iced water, and in a very few moments the bleeding, as a rule, will cease. Certainly, in my own hands it has but on one occasion given us the slightest anxiety, and in that case we ought never to have operated, for we subsequently discovered that the patient was the subject of old Bright's disease; and this case is the only fatal one that has occurred to me in 119 operations. The next step is to cut into the growth itself, still preserving the steadiness of the uterus with the forceps in the anterior lip. I next pass into the uterus a very long probe-pointed knife, or rather saw, for it is more like a miniature saw than anything else I can name; this instrument I introduce sideways, guided as far as possible by my finger, wholly into the uterus; then, according to the position of the growth either in the anterior or posterior wall, I turn its serrated edge towards the surface of the tumour, and with a slow, yet firm and decided movement, I cut my way into the growth, and, assuming for the sake of description the growth is in the posterior wall, I introduce the index-finger of my left hand into the rectum, and supporting the enlarged uterus in this way I cut slowly and deeply until the depth of the knife in the growth, and its distance from the surface of my finger in the rectum, lead me to believe that I have made an opening through the greater part of the diameter of the tumour; then turning this saw-like knife with its edge to the right, I make a lateral cut in that direction, and subsequently doing the same into the left portion of the growth. This part of the operation I have never seen attended or followed by any notable bleeding. This finished, it only remains to introduce into the vertical jagged incision in the tumour one or more long narrow strips of lint, well wrung out in olive oil. This step in the operation requires some management, and at first will give you some little trouble. Do not rest, however, until you have firmly and securely plugged the whole of the incision and also the cervix; follow this by plugging the whole vagina with the plug of balls of cotton wool, tied at small distances to a length of whip-cord. This form of plug possesses the great advantage of being instantly removed at pleasure, and, in addition, we avoid the pain and discomfort which attends the use of separate strips of lint or other material, which, if closely packed, as they ought to be, into the vagina, cause some trouble and considerable pain in their removal. Now, let me ask you most carefully to practise this plugging; it is, I assure you, a very important part of the proceeding, and the part the careful performance of which effectually protects you from the anxiety, and the patient from the peril of any subsequent hæmorrhage. Very much of late years has been written of the dangers of this operation, and on more than one occasion I have been present at our societies when earnest debates have taken place concerning the fatal cases that have, in the hands of operators of the most undoubted skill, now and then occurred. I tell you, Gentlemen, fearlessly, that if you will adopt the precautions mentioned in my last and the commencement of this present lecture, you need have but little fears, indeed, of hæmorrhage in these cases. Keep your patient well chloroformed until this plugging is over, for it is the most painful portion of the whole operation. To proceed, then. Having securely plugged up to the vulva with this continuous plug of cotton wool soaked and wrung out in oil, a thick pad of folded lint upon the external organs, secured by a tightly applied T bandage, completes the operation. The patient is now removed to bed, and I usually at this time administer a third or half a grain of morphia by the hypodermic syringe. Should any sickness follow, I avoid giving anything for a few hours by the mouth, save now and then a tablespoonful of iced milk, or a little lemon-water ice, which is usually kept down and much liked by the patient. As soon as all fear of vomiting is over, some light nourishment may be given, followed, if necessary, by a little champagne or other light wine. As a rule, the pain following this operation is not sufficient to demand the regular administration of opium or any other sedative, and I have long discontinued its use in these cases unless called for by special circumstances. Towards evening, or earlier, should the patient complain of distension, the bladder must be emptied by the catheter; and this method of relief must be continued until the whole of the vaginal and cervical plug has been removed. Should no untoward circumstance contraindicate this course, the *vaginal* portion of the plug may be removed twenty-seven or thirty hours after the operation, and the vagina should then be very gently washed out with a tepid douche. At the expiration of forty-eight hours I remove the cervical and uterine strips of lint, and then, having again washed out the vagina and lower segment of the uterus, I replug the cervix and as much of the uterus as possible, in the same manner as at first, removing the lint and replacing it every morning. This process is attended with a considerable discharge of an offensive odour. Do not be alarmed at this; it proceeds, I believe, from the softening and breaking down which is going on in the interior of the growth, through the capsule and into the centre of which you have made an opening. Continuing your treatment in this way, you will soon notice a sensible diminution in the size of the whole organ, more especially, however, in that portion of the uterus in which the growth was developed, the organ will become less fixed and more movable. I continue to use the cervical plug until four days before the next menstrual period comes round, and then I allow the uterus a few days of perfect quiet. I cease in every way to interfere either with the tumour or the uterus, and upon the appearance of menstruation your patient herself will become sensible of a marked improvement in her condition: the severe pain which has ushered in the bleeding will appear no more; the bleeding itself will be far less in quantity, and its continuance will be limited to three or four days; the bearing-down will gradually disappear—in fact, her troubles will grow less month by month. Careful examination from time to time will convince you that the growth is gradually becoming smaller. Some months will elapse before the tumour will become so small as to cease to be of the slightest importance or cause of danger; but, I assure you, with care this result will be accomplished. I do not tell you that all evidences of the presence of the growth will be lost; such a case has never happened to me, but with the exception of the one fatal case I have mentioned, I have in *no* instance failed in bringing about an arrest in the hæmorrhage, and a positive and well-marked decrease in the tumour itself. To go back for one moment in our details. I will observe that it is not necessary to keep the patient on a milk or slop diet long after the operation; usually on the day following I suggest some white fish, chicken, or sweetbread; and by the fifth or sixth day you may safely allow her to resume her ordinary mode of living, nor will aperients be necessary. I always allow the bowels to act themselves. I am sure I have seen serious irritation produced by the premature administration of purgatives after obstetric operations. I advise you to keep the patient very quiet until the menstruation that follows the operation is well over; not that it is wise to confine her to the bed during the whole of that time. My own plan is to remove her to a couch on the third or fourth day, and keep her there during the day until the appearance of the bleeding, when I advise her to remain in bed until it has wholly ceased. Now, you may inquire, and with much propriety, whether the performance of this operation in the manner I have endeavoured to describe to you is attended with equally successful results when the growth is situated in either wall of the uterus? I reply, Certainly not. I can hardly tell you why; but I am convinced that when the growth is found in the anterior wall, the benefit to the patient is less decided and less rapid in its appearance than when the posterior wall is the seat of the disease; not that the arrest in the bleeding is less certain, but I believe the tumour more slowly and less surely undergoes destructive changes when situated in the anterior than in the posterior wall. Possibly this may arise from the circumstance, that, when cutting into the growth we do so less deeply and with much more caution, knowing that the bladder intervenes between, our hand supporting the uterus externally, and our knife in the cavity of the organ; which anxiety is absent when cutting into the posterior wall, for in that case we can very accurately measure the distance between the point of our finger in the rectum and the knife in the uterus. I would not have you imagine that I have operated upon these 119 cases without meeting with some difficulties, and not a few anxieties: on three occasions I have had to treat and guide the patients through an attack of pelvic cellulitis; in two other instances pelvic abscess has followed the operation; in both cases, however, this accident has followed premature exertion undertaken by the patients. But, notwithstanding the chance of such untoward symptoms and accidents occurring, I am firmly convinced that the results of this procedure are highly satisfactory to the operator, and truly beneficial to the patient. It is no part of my intention, in delivering these Lectures on Fibrous Tumours to you, to occupy your time with the narration of a series of cases to prove the value of the treatment I have just sketched out to you; but I feel confident you will gain some confidence in the operation itself if I briefly put before you the particulars of one or two typical examples; and I will begin with an instance of fibrous tumour in the anterior wall.

On the morning of the 19th August, 1864, Madame K. brought to my house a note of introduction from my friend Mr. Wm. Allingham, of Finsbury Square. I abstract from my notes the following brief history, taken at the time:—"Madame K., æt. twenty-eight, married eight years, no children, no miscarriages, was perfectly well until about a year before marriage, when her period commenced to be more profuse than before. This trouble has gradually increased upon her ever since her marriage, and, notwithstanding that she has had the best of advice in Switzerland, in which country she has resided, and also in Paris on various occasions, she is now in a state of complete exhaustion and profound anæmia from loss of blood; has had four separate attacks of hæmorrhage in the last seven weeks; her bladder also is extremely irritable, she being compelled to pass her water every twenty minutes, and this trouble keeps her from sleeping at night. A watery discharge always follows the bleeding; she has continual bearing down, but little pain in defæcation." I had no difficulty in recognizing a hard submucous fibroid, the size of an orange, springing from the anterior wall of the uterus, which was anteverted and pressing heavily upon her bladder. I pointed out to this lady that I could hold out to her no hope of relief whatever from drugs, and then explained to her the nature of the operation I proposed to perform for her relief. She immediately consented, and a few days after her visit to my house I saw her with Mr. Wm. Allingham, who fully agreed with me as to the nature of her malady, and coincided with me in the advice I had offered. Madame K. having been kept from this time perfectly quiet and constantly nourished, we proceeded on the 24th of September, 1864, four days after the cessation of a bleeding, to operate upon her. Chloroform having been administered by Mr. Wm. Allingham, and assisted by two other gentlemen, I operated exactly in the manner I have described above. I will not tire you by detailing the after treatment, suffice it for me to tell you that the bleeding at once ceased. This lady in a few months wholly recovered her health, and I believe has remained well up to this time. She favoured me with a visit in the summer of 1868, when visiting England; she then assured me she was quite well, and capable of undergoing very considerable fatigue; that she menstruated regularly, her period never lasting more than four days.

Let us next take a case in which the growth was situated in the posterior wall. On the morning of the 12th December, 1867, Mr. Talbot King, of Hackney, brought to my house, for my opinion, a lady, Mrs. C., æt. forty-three, a woman of full habit, married twelve years, never pregnant, commenced to menstruate at twelve years of age; always regular until six years ago, when her period became profuse in quantity, and preceded with severe pain. These symptoms, with the other indications of fibroid disease, have gradually increased, the bleeding during the past year being so serious on more than one occasion as to imperil her life, and keeping her in her room for months together. A long time elapsed before she would allow Mr. King to ascertain the nature of her malady; when he examined her, however, he had no difficulty in detecting a fibrous body of considerable size springing from the posterior wall, considerably dilating and enlarging the cavity, and expanding the neck. The condition of affairs becoming so alarming, the constant bleeding demanding the equally constant use of the vaginal plug, Mr. King persuaded her to see me. I fully corroborated his opinion, and plainly pointed out to Mrs. C. that her only hope of relief lay in an operation. She consented, and on the 27th December I operated. Mr. King in the most kind manner carried out my plan of after treatment, and her progress to health was so steady and satisfactory that I had occasion to see her but once after the operation. He writes me concerning her, in answer to my inquiries, on the 22nd March as follows:—"The operation was most successful; Mrs. C. has had no return of the flooding whatever since; she is now in excellent health, and can walk comfortably a long distance."

Now and then pregnancy follows the disintegration and diminution of these submucous growths. Some sixteen such cases have occurred to me; the following is a fair example:—Miss J., æt. twenty-six, a tall girl, exceedingly exsanguine in appearance, was brought to my house on the morning of Feb. 26, 1867. I learned that she had been in bad health for several years, her great complaints being intense pain in the uterine region and loins for many hours before each menstruation, and an enormous loss of blood on each occasion; the relative who came to me with this lady described the dysmenorrhœa as being "fearful" for hours. This girl had latterly been on repeated occasions delirious with the severity of the suffering, which was aggravated by vomiting and headache. The continuance of these troubles had been followed by epigastric pain after each meal, which had induced this young girl to abstain as much as possible from eating solids. Her bowels were constipated, seldom acting more than once in ten or twelve days, and then with great pain and distress, which arose from a mass of highly irritable hæmorrhoids which protruded at each evacuation of the bowel. I was further informed that Miss J. had been under the care of a considerable number of physicians during a period extending over five years. She readily acquiesced in the request I made to examine her uterus, and I found the whole organ very much enlarged, *completely* retroflexed, the body of the organ, acutely bent upon the cervix, lying in the hollow of the sacrum, was exceedingly tender and painful when pressed, and the slightest attempt at moving it was attended with great pain, the cervix was looking towards the pubic arch, which was gaping and œdematous, and also highly sensitive. After very considerable difficulty I was enabled to pass a fine silver uterine probe 4½ inches into the cavity, and then introducing my finger into the rectum, which was perfectly flattened by the enlarged uterus, I found a growth springing from the posterior wall, bulging into and distending the cavity; the anterior wall of the womb, which was thin, was, by a little drawing down, easily moved over the growth and the probe. I suggested that I should see this lady with her own medical man, and a few days after her visit to my house I visited Miss J. at Peckham Rye with Mr. Shillingford, who, having then examined her, coincided with me as to the nature of this case. Both the patient and her friend immediately consented to the proposal I made to operate upon this case. I having previously explained to them that in my judgment drugs were wholly helpless to serve her, Mr. Shillingford very kindly undertook the preliminary treatment; and on the morning of the 20th of March, four days after the cessation of a bleeding, assisted by Mr. Shillingford, and Messrs. G. McKenzie and Edward Flint, of the London Hospital, I proceeded first to cut freely into the cervix, and afterwards into the growth. I saw her repeatedly with Mr. Shillingford. She progressed both steadily and satisfactorily; the following period *commencing* in the night during the patient's sleep, and without her knowledge, it lasted four and a half days, and was moderate in quantity. I heard from time to time of this lady's progress, and some seven or eight months after the operation Mr. W., a member of my own profession, called upon me to ascertain my opinion as to the advisability or otherwise of Miss J. being married. I could see no objection to the step being taken, for I had but a short time before examined her and found her uterus in excellent position, 2¾ inches long, and her general health all we could desire. Shortly after this she was married, and this step was followed by an increase in the quantity of blood discharged at each menstrual period, but without any accompanying pain. Several months later Mrs. W. called upon me to say she had missed five periods, and she had every reason to believe she had quickened. I requested her at once to go home and remain in bed during the remaining portion of her pregnancy. I saw her at her residence at Hackney a few days after this in consultation with a Mr. N. Kennett. The fœtal heart at this time was distinctly audible. We did not, for a reason presently to be mentioned, examine her internally. I saw her again with Mr. Kennett some weeks later, and promised, should any assistance be required, to be present with him during her labour. On the morning of the 23rd of March, 1869, at half-past eight, Mr. W. called at my house to tell me his wife was in labour, and to request me to go and see her. I had but half-an-hour previously left London to attend a consultation at Dover, and upon my return from that place the same afternoon at five o'clock, I learned from Mr. Kennett that he had delivered her safely some three hours before my arrival of a well grown healthy child. We saw Mrs. W. together; she was then in excellent condition, and I heard subsequently that she made an unusually rapid recovery. It was but a few days since when passing her house I saw her nursing a very healthy looking child at her window. Now I have related to you this case in detail because to me it has proved in all its aspects one of the greatest possible interest and encouragement, and I feel sure it will be equally interesting to every one of you. You will observe that I said that I refrained during her pregnancy from examining this patient *per vaginam.* My reason for not doing so was simply this: While I held the post of Physician to the Metropolitan Free Hospital, we operated upon an exactly similar case. Ten months after being dismissed cured the patient presented herself, being then nearly six months advanced in her first pregnancy, although some sixteen years married. Our then Resident Medical Officer there being with me at the time was anxious, like myself, to ascertain the condition of the cervix, we both examined the woman; this was followed the same night by labour pains, and twenty hours subsequently she was delivered by our House Surgeon of a boy. This woman has been occasionally under my care at this Hospital since that time, but she has never again conceived. I have always entertained a strong impression that we interfered with her cervix sufficiently to induce contraction, which, extending to the uterus itself, resulted in the premature expulsion of its contents.

(*To be concluded in our next.*)

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Original Communications.

ON ENDOSCOPIC EXAMINATION OF THE CAVITY OF THE WOMB.

By D. Commander Pantaleoni, M.D.

The greatest advances made by medicine in this century owe their origin mostly to an improved system of examination of the organs affected in illness, and to a clearer knowledge, that practice has therefore acquired of the real state and different changes of those organs in illness. How much do we not owe to the system of auscultation of percussion and to the *stethoscope* introduced in medicine? What wonderful changes has the *speculum* and its use introduced in our knowledge of the diseases of the female sex? The discovery of the *ophthalmoscope*, the application of the same physical principles to another instrument the *laryngoscope*, created a new science for the diseases of the posterior part of the eye, and for the organs of the voice. And so any new instrument or system introduced to determine better the material either pathological or physiological changes, which take place in the human organism, will prove to be always an addition to our knowledge, a useful contribution to the practice of medicine.

The discovery of the ophthalmoscope and laryngoscope led to the invention of another instrument, the *Endoscope*, directed to the examination *by vision* of the internal organs, where no common light can be thrown, as it can be done in the examination of the larynx or of the eye. A further difficulty accompanied therefore the invention of this instrument; the necessity which existed of throwing a considerable quantity of light in an internal dark cavity, and that generally to be done through a narrow tube, as those organs do not generally communicate externally, but by narrow canals. Dr. Desormeaux, of Paris, was, undoubtedly, the first who invented a good instrument for this object, to which he gave the name of *Endoscope*, and Dr. Cruise, of Dublin, improved it very much by the introduction of a better light, and in a way of preventing the instrument from becoming heated by the burning of the light. It is always the instrument of Dr. Cruise that I have employed in my practice, and I am so well satisfied with it, that I owe a public testimony of thankfulness to its inventor, for the kindness with which he treated me in Dublin, and his willingness to show to me the employment of this instrument on several cases.

It was with Dr. Cruise's endoscope that I first examined a lady, who declared to me that she had been affected for nearly thirty years with a chronic coryza, or catarrh of the nose, and chiefly on the left nostril, and which no physician had succeeded in curing. It was not difficult to imagine first, and discover afterwards with the aid of the endoscope, the beginning of a polypoid vegetation on the mucous membrane of the nostrils, and through repeated cauterisations, and the injections of astringent liquid, to cure entirely an affection most troublesome, and which had made the patient very miserable.

It was three years afterwards, that the same lady, aged about sixty, consulted me to know if it was regular at her age to still lose blood by the vagina, as she was doing so daily, although in a small quantity. I declared immediately that she had most probably some fungous vegetations on the mouth and cervix of the womb, and I proceeded to an examination with the speculum, having already prepared everything to perform the cauterisation, if the case required it. Unfortunately, I found *nothing* on the neck of the womb or vagina, which could explain the hæmorrhage, and very seldom I met a cervix presenting itself so healthy to the speculum, although offering to the finger a little retroversion. I was, however, so convinced of the exactitude of my diagnosis, that I declared to the patient that the illness was only existing higher than I thought, and it must have its seat inside the cavity, and very likely towards the posterior part of the womb, and giving, therefore, origin to the slight retroversion of the organ. I determined, therefore, to proceed to an internal examination of the cavity of the womb, and to make use in this circumstance of the endoscope, as I had several times proposed to my most honoured and respected friend Dr. Sims to do; a thing, which I am not aware, as yet, has been ever attempted or done by any body else; and this is the reason that has determined me to bring to the notice of the profession the description and result of this case.

Everybody knows how Dr. Sims proceeds to the introduction of the sponge tent through the canal of the cervix of the womb, being only a modification of the practice of the first inventor or the system, Sir James Simpson. I followed the system of Dr. Sims, and only as I had no assistant (as it is very difficult to have one in the common practice) I have always experienced a little more difficulty than he does in the introduction of the sponge tent, being obliged either to do it without any speculum, or to use only one hand, and therefore give up the help of the tenaculum to keep firm the womb, at the same time that the sponge tent is introduced and forced in. However, with some patience this difficulty is soon mastered. I leave the sponge tent always in for twenty-four hours, recommending to the lady to keep quiet at home, and possibly to lie down. I found once, that my patient took a long walk, and no inconvenience whatever followed, but I think with Dr. Sims, that it may perhaps prove dangerous to forget such a precaution and that we ought therefore to insist upon it.

The next day I proceeded to the removal of the sponge-tent. I had the lady lying on her left side, as it is usual in England in specular examinations or confinements, and I took the only precaution, that the lady should be as near and as much out as possible on the borders of the bed, as otherwise the lamp of Dr. Cruise's instrument might set fire to the curtains and at all events the endoscope be not so easily managed. Dr. Sims in his excellent work disapproves of the practice of removing the sponge tent in the lateral situation of the lady, and after the examination he directs the woman to lie on her back, and he then proceeds to the removal of the sponge and introduction of the finger for the digital exploration of the cavity. And certainly this system is the only practical one for the *digital* exploration, but I could not follow it, without again turning the woman a third time on her side, as the application of the endoscope is almost impossible if the lady lies on her back. The reason quoted by Dr. Sims against the removal of the sponge in the lateral position of the woman is, that the column of air precipitates itself inside the womb at once, and may, by its pressure, produce an irritation or an inflammation of the organ. I could never believe much in such an explanation; but knowing what a diligent observer he is, I always apprehended some mishap from following a plan, which he had occasionally seen dangerous. However, till now, I have not had, fortunately, any reason to confirm myself in those apprehensions.

The removal of the sponge, although made with the greatest precaution, produces always some bloody discharge, and as soon as the sponge tent was removed, I introduced, with the greatest ease, inside the cavity of the womb a cylindrical tube No. 30 of the *filière* of Charrière, and of the length of twenty centimeters; and constructed in such a way as to be perfectly adapted to the usual endoscope. In fact, it differed only from the usual tubes of Desormeaux by its being shorter, and by having suppressed the lateral openings existing in the urethral tubes of Desormeaux. Having in such a way applied the endoscope I could see most clearly in the inside of the cavity of the womb, and inspect the condition of the internal membrane. A polypous vegetation was easily discovered at the bottom of the cavity and towards the posterior part of the *fundus uteri* in my case. It was of a vivid red colour, unequal like a sponge, and of the largeness of a small strawberry. It was striking the difference with the pale yellowish colour of the rest of the membrane. I withdrew the endoscope fixing the tube however, upon the vegetation, and I introduced the caustic through the tube itself, being therefore quite sure of the impossibility of touching anything but the vegetation itself, and then each time, I looked in again with the endoscope to certify the effect of the cauterisation before removing the tube. I was obliged to return six or seven times to the use of the caustic. I employed the nitrate of silver, the chromic acid, which I have experienced particularly useful, and I would have willingly tried the caustic of Filhos and Bonnafond, which I have so frequently and so advantageously employed on the neck of the womb, but I could not find any means of reaching with those caustics at twenty centimeters distance. The cauterisation performed, I always plugged the vagina with some cotton wool, to prevent the running of the caustic on the outside, as the nitrate of silver employed to the neck of the womb produces always a great pain to the outside parts without this precaution, and I have imbibed generally the cotton wool with a solution of chloride of sodium to decompose the nitrate of silver when I used this caustic.

I never saw the slightest inflammation of the body of the womb, or of the peritoneum through the employment of strong caustics or of the injections of a strong solution of iodine. In one case even my solid nitrate of silver broke, and a large piece was left inside the womb; but I had learnt already from the excellent work of Dr. Courty, how innocuous was this accident; and the patient felt no inconvenience of any kind from it. The reason of this innocuity evidently lies in the mouth and canal of the cervix being widely opened; and therefore the injected liquids or the secretions produced by the cauterisation running out freely; and my experience is in this point in accord with that of the best gynecologists, that the accidents produced by the injections even of simple water were due to the circumstance, that the fluid being not free to run out from the womb was either forced through the fallopian tubes in the peritoneum or even kept inside of the womb, acting as a kind of foreign body upon it.

The case to which I make allusion, and whose treatment gave origin to this article, proved to be one of the most perfect success, and with no return of the illness; but this case is not the only one where I employed this system of exploration. I have applied several other times with a negative, but not an unpropitious result. In one case of the most obstinate and frightful repeated hæmorrhage, where I had destroyed several fungosities round the mouth of the womb, served to prove that the lady was perfectly cured, and I could send her safely to some iron springs, where in a month or two she recovered the most brilliant health. In another case it authorised me to employ freely some perchloride of iron locally, and internally the ergot of rye. The hæmorrhage, which existed for several months, ceased immediately, and it did not return but with the regular menstruation and in the regular quantity.

Those facts authorise me to think that this system of exploration may occasionally prove very useful to the practitioner. What objection could be raised against this system? It is scarcely necessary for me to answer an objection made by a colleague, who boasted that he could always with his finger reach to the same conclusion without any visual examination. It is exactly the same objection that practitioners of the old school raised against the use of the speculum. All the discoveries made by the use of this instrument, and the complete change introduced in the science of gynecology through it, is the best answer to be given to such an objection. Besides, there is no practitioner who does not know how often it is extremely difficult, if not impossible, to perform a digital exploration of the cavity of the womb; at all events, the dilatation of the canal of the cervix for the digital exploration ought to be at least double of the one required for the introduction of my tube. But there is another, by far more important, consideration. Even supposing that the digital exploration should be equally conclusive, in what way can it help to the treatment? Instead of that in my system, the tube of the exploration offers at the same time the only possible means to bring remedies on the cavity of the womb without touching either the vagina, or the canal of the cervix, or the mouth of the womb, and therefore it introduces also a new system of cure as well as of exploration.

Those considerations decided me to put under the judgment of the profession this system, in the hope to open a door to some future progress of our knowledge in gynecology.

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THE ANTIDOTE.—The country around Pumpkin Creek, Georgia, is very sickly, and there is such a notorious prevalence of chills and fever in the district that it is the invariable custom to pass quinine pills with the dessert.

THE TEMPERATURE OF THE AIR IN UPPER CANADA, WITH REMARKS.

By J. P. H. Boileau, M.B.,
Assistant Surgeon, 29th Regiment.

The extreme coldness of the air in winter is one of the peculiarities of climate which distinguishes Canada from the other home and colonial stations of the British Army. During my leisure hours I constructed a table from observations taken by myself and Captain Simpson, of the 29th Regiment, and comparing this with a similar table constructed from the Kew observation I was so struck with its peculiarities that the thought occurred to me—surely some elucidation of local diseases is herein to be found.

For the space of three months the temperature fell every twenty-four hours below Fahrenheit's freezing point; eleven times it was below zero, and on one occasion the highest reading for thirty-six hours was 0. A short time before the great and rapid thaw or "freshet," which in a few days melted away the whole of the winter's snow and ice, we felt a degree of cold indicated by —12°. At that time who could have imagined that in less than four months deaths from sunstroke should occur? Yet such was the fact. In July, hundreds of deaths were properly attributed to such a cause. On the 14th of that month I recorded a true shade temperature of 101·5°.

This extraordinary difference between winter and summer is but typical of the great diurnal range, and diurnal variations which are characteristic of the Canadian climate. The extent of the diurnal range is a peculiarity which deserves notice. Thus, I have seen a temperature of 46° in the day, followed by 26° at night; a temperature of 25° by —2,° a temperature of 23° by —1°, 38° by 11°, 65° by 30°, 25° by —11°, 40° by —2°: here we have examples of ranges of temperature during the twenty-four hours amounting to 20°, 23°, 24°, 27°, 35°, 36°, and 42°. And the seasonable fluctuations are as great. A natural query is, "Do not the troops suffer in consequence?" I believe I am correct in saying, No. They certainly did not during the winter I am now speaking of, 1867-68; unless there might be some subtle and inappreciable effect to be rendered evident only by time. Officers, men, women and children enjoyed excellent health, whilst the ever-changing temperature varied from 47° to —12°. And this in a regiment whose last two winters had been passed at Malta, where for three years the lowest temperature recorded on the scanty grass of that barren sandstone rock was 37° above zero, and where the equability of the climate was such that the mean daily range varied from 7° to 12° only.

But the extent of the diurnal range is not more worthy of notice than the diurnal variations. Thus, to quote a few examples.

On the 12th of the month (the coldest day of the season) the mercury in the thermometer never rose above zero, falling as low as —5°. About this period we had a most violent snow storm, that far and wide deeply covered the ground; and the piercing cold froze every drop of water in our rooms, defying double doors, double windows, and heated stoves. I saw the water splash from my morning tub frozen into a sheet of slippery ice, before I had dried myself. Yet, in four days we had a temperature of 30°; the lowest for two days being 20°.

On the 18th December, the temperature again fell below zero, but, *mirabile dictu*, in three days we had the thermometer marking 44°, with a minimum of 27° at night. We felt quite hot again, and the thousands of tons of snow that covered the ground disappeared; so that on the 26th of December, not a particle could be seen in the neighbourhood, nor as far as the eye could reach along the wooded shores of Lake Ontario; in fact, on the 24th December, the minimum temperature at night was no lower than 31°; but soon it went down again. On the 30th of the month, the temperature varied from 24° to +9°.

On the 3rd January, we had a temperature of 39°, on the 6th; —2°, the maximum not exceeding 9°.

On the 23rd January, we had 42°; on the 27th, —2°; maximum being 18°.

From the 30th to the 1st February inclusive, the lowest temperature was +10. Yet on the 2nd of the month we had —11; but this was followed in three days by 36°; the miminum being 19°.

On the 20th of February, the maximum was 46°, and the lowest temperature at night was 19°, which was the maximum of the following day; the temperature falling as low as —2°; thus, in the forty-eight hours we experienced a range of temperature amounting to 48°.

On the 26th February, the lowest temperature was 24°. On the 2nd March we had —12°. This was the last struggle of the Winter King. On the 3rd March, the lowest night temperature was —1; on the 4th, +5; on the 5th, +16; on the 6th, 39°; and in a few days all the winter's snow was gone; every low-lying place a lake; every hollow in the fields a pond; every road a sheet of running water; every ravine in the hills bounding a swiftly rushing torrent. Every day we had now a temperature over 35°, and although at night it fell below 32°, so retarded the melting effects of the sun's increasing power, the latter won an easy and decisive victory, and the Canadian winter was gone.

On the 17th March, the temperature of the air had reached 65°, and we felt it very hot indeed.

In July, we congratulated ourselves and felt quite cool, when the temperature was as low as 70°; so little is the absolute temperature of the air an index of our sensations.

The cold air of winter is most invigorating. As to our suffering inconvenience from these temperatures below zero, (local papers give a minimum of —18°) I don't think we had much annoyance. The truth is, of course, that we very seldom felt these extremes of cold, as we were moderately well housed, and very well clothed. At the same time it is an error to suppose that a large amount of thick clothes and furs are constantly required. It is not so. Driving, they are absolutely necessary, nor could sentries perform their duties without them. For all work in the open air at night they are required, but for ordinary pursuits during the day they are as often an inconvenience and discomfort as a benefit. Such may not be true of Lower Canada, but I am not writing about the climate of Montreal or Quebec.

The stillness and dryness of the air enable us not only to bear with, but to enjoy our out-door exercises whether the thermometer varies from zero to 32°: and this is the average winter temperature of Upper Canada.

The experience of ourselves and others justifies me in saying that the necessity of very warm clothing being constantly used is much exaggerated.

Only one case of frostbite occurred in the regiment, and if the man had not foolishly placed his senseless hand over the stove, in all probability he would have escaped any bad consequences. But enormous bullæ formed; the skin, and in some places the subcutaneous tissues, sloughed almost entirely from the fingers, leaving indolent and painful ulcers, which were most obstinate in granulating. He is now doing his duty, and, with the exception of a slight stiffness, the hand is as useful as ever. The affection was treated as a severe burn, one of Dupuytren's fourth degree. No case proved fatal during the cold season; in fact, we had not any serious case in the hospital. The sick list was remarkably low, and made up almost exclusively of accidents, or those well-known diseases which are generally admitted to be independent of climatic conditions, and the terribly hot weather, which we experienced during the months of July and August following, caused a large mortality. If any dweller in the tropics happen to read this paper, let him remember that here we have no verandahs, no punkahs, no tatties or other appliances, which in notably hot countries render the heat somewhat endurable.

We had in the regiment during three weeks more than twenty-four cases of intermittent fever; the duration of the cases varying from five to twelve days. They were cases of true intermittent fever of the quotidian or tertian type. The maximum temperature of the paroxysm amounting in nearly all to 104°, or 105° F., relieved by the most profuse diaphoresis, and followed in a few hours, not by remission, but by complete absence of pyresia, the thermometer showing a normal or a lower than normal temperature.

I would here suggest for consideration the connection that there is doubtless between this marked range of temperature in the human body, and the marked and excessive range of temperature in the climate.

In my remarks on fevers prevailing in the Mediterranean, published in the last volume of the *Army Medical Reports*, I often used the word "sameness" to express the character of the symptoms; and in that climate the diurnal range is very small, the annual shade range scarcely exceeding 60° F.

It appears to me, that the analogy between the climatic vicissitudes of temperature and the local fever type is such as to imply a connection between them; the difficulty in associating the thermal characters of the locality, as a cause of the peculiarities in the fevers, is mainly due to the fact that many causes combine to determine the occurrence and the course of a disease; yet, through all this obscurity it appears to me that the variability, or constancy, &c., of a climate may determine the very characters of continued, remittent, and intermittent. Here we have varibility marked in both; there we have constancy or sameness a character of each.

In speaking of Malta, I said, "No loss to the island if quinine were banished from it." In the Upper Canada summer of 1868, I was, on the other hand, bound to admit the absolute necessity of using it.

May I repeat what I have already stated: Is it not possible that the character of a fever in respect of its being continued, intermittent, or remittent, may be dependent on the thermal characters of the local climate? It is certain that heat alone does not cause fever; but I think there can be no doubt about its modifying fever; the question remains, what is the particular modification which it produces. I suggest the above. At the same time, remembering that my experience does not justify me in asserting anything, I admit that these considerations are more the result of abstract reasoning.

But personal observation is not such a *sine quâ non* of all judgment as to hinder us from making a suggestion.

My reflections on this subject are the result of the expressed opinion of authority that malaria although a frequent, is not a necessary accompaniment of paroxysmal fevers. The evidence on this question being too strong to admit of doubt I looked for another cause, and my limited experience pointed to the thermal peculiarities of the local climate. It would seem, that the products, or, more correctly, the process, of organic decompositions is a cause, if not the only cause of fever,—that is, fever independent of primary local lesion; but there must be, I think, some other cause for the modification of the disease in respect of its being continued or paroxysmal.

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THERAPEUTICAL MEMORANDA.

THE OXALATE OF CERIUM IN THE VOMITING OF PREGNANCY.

By J. Waring Curran, L.K. and Q.C.P.I., L.R.C.S.I., &c.

The object of the present paper is to bring more prominently forward the valuable therapeutic action of the oxalate of cerium in controlling the distressing nausea of pregnancy. Most practitioners have at one time or another experienced the difficulty of finding a successful remedy for the alleviation of this most disagreeable concomitant of the parturient state when it arises, and a few perhaps at the cost of their professional reputation. Baffled as others have been in getting hold of a successful agent to counteract the vomiting of pregnancy, experimenting with every new remedy likely to prove efficacious, adopting the favourite formula of reputed obstetricians, and exhausting every available and plausible method of treatment without reliable success, I became induced to prescribe the oxalate of cerium, and I can assuredly testify with the best effects and the most satisfactory results. Doubtless there are many remedies which temporarily subdue the incessant nature of the vomiting by neutralizing the acid generated in these cases; but none with the *permanent* and salutary advantages of the drug I advocate.

I administer it in the form of pills, as follows:—

℞ Cerii oxal.
Ext. lupuli aa gr. 24.
Div. in pil. xij., cap. j. ter in die.

and at the same time exhibit bromide of potass in ten-grain doses with the tincture of yellow cinchona bark and spirits of ammonia. The mixture and pills appear to constitute a most successful plan of treatment.

At my suggestion Dr. Pultney, of Huddersfield, has given extensive trial to the oxalate of cerium; and in a communication just received from that gentleman I learn that he is preparing for publication the successful issue of a number of cases treated by cerium, some of which, previous to its administration, had evinced serious symptoms.

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Hospital Reports.

MERCER'S HOSPITAL.

VARICOSE STATE OF SAPHENA VEINS, ERECTILE TUMOUR OF THE FOREHEAD, EXTERNAL HÆMORRHOIDS TREATED SUCCESSFULLY BY THE INJECTION OF TINCTURE OF PERSULPHATE OF IRON.

By Mr. Morgan, F.R.C.S.I.,
Surgeon to the Hospital, Professor of Anatomy, R.C.S.I. &c.

The radical cure of varicose tumours by a safe and speedy method is a subject of great practical interest. Various have been the means devised, but the direct introduction of some fluid for the purpose of causing coagulation in a special point, is doubtless one of the most powerful influences.

The persulphate of iron or "Monsel's Salt" presents the advantages of being nearly destitute of caustic properties, while it is a most powerful blood coagulator, the quantity required for use is extremely small, and its action is very rapid. I have used it during the last few months with much advantage.

The following cases illustrate successful treatment both where the vein in its entire course was more or less dilated, and where the chief disease was an abrupt dilatation:—

No. 1.—Enlargement of the vein for its entire course.

A young woman of twenty-three, a housemaid, suffered so much from the varicose condition of the saphena veins of both limbs that she had to give up her occupation. There was on admission, February 11, 1869, much pain and uneasiness from the over-distension, which rest, bandaging, and keeping the limb in an elevated position relieved. She also suffered from a mild febrile attack for the first ten days she was in hospital.

I then injected five drops of the persulphate tincture of iron in two places below the knee, taking great care to isolate the two points; a coagulum formed in about fifteen minutes, and the part of the vein between these two points also became dense.

The vein soon became occluded; no ill consequence resulted; the injected points were tender for the first four or five days after the injection. The patient was allowed gradually to use the limb, and was able to return to her situation March 30.

No. 2.—IRREGULAR DILATATION OF THE VEIN.

A woman who had been actively engaged as general servant was admitted to hospital on April 5, 1869, suffering from an immense cluster of varicose veins on the inside of the leg; it formed a large tumour, three inches broad and four long. The vein generally was not enlarged above the knee, but there were other dilatations below this point. The skin was extensively discoloured, but there was no ulceration. Owing to the great pain and uneasiness, the patient was unable any longer to continue at service and earn her bread. She was tired of palliative treatment, so I determined on the radical cure by the injection of persulphate of iron. Immediately above the dilated mass five drops of the tincture were introduced, and also immediately below, where the vein was free enough to have pressure made, and to be isolated. In about ten minutes a coagulum formed at each point, and after an hour the dilated portion became also firm, feeling like a cast of a varix. From this date, April 8th, till her discharge on the 21st, there was no unfavourable symptom; she was anxious to get home, which I allowed her to do, though I had wished her to remain longer in hospital.

In a week she returned with the upper cluster a little tender from friction and over-exertion. The vein itself still remained occluded. After some days' rest in bed all irritation had passed off.

No. 3.—ERECTILE TUMOUR OF THE SCALP TREATED BY INJECTION.

A strong boy, aged eight months, was admitted to the hospital suffering from a large erectile tumour over the frontal bone; the circumference equalled that of a shilling, and its height half an inch. The surface generally was red and vascular; the integument on the summit was very thin, and became much distended from the crying or exertion of the child. As the case was a tolerably urgent one, and favourable for the use of the injection, I isolated the tumour by adhesive plaster strips, and then by a circular piece of stout pasteboard, I injected four drops of the persulphate tincture, taking care to break down as far as possible the interior of the tumour with the point of the injecting canula. The parts immediately around the injection point became condensed and firm to the touch; no inconvenience followed. A few drops of blood that escaped were coagulated by a little of the tincture applied on a point.

After six days the part of the tumour where the injection point had not been applied was injected with five drops of the tincture, and the interior broken up by the point of the canula; a small central slough followed this. General coagulation and occlusion of the vessels took place; the child was allowed home. The tumour being now depressed in the centre, and the circumference still a little elevated and firm, save at one point at the edge which was not reached by the fluid, but so small that I did not think it necessary to adopt any procedure further. When the child cries or uses any exertion there is not the least increase in size or attempt at erection.

No. 4. EXTERNAL HÆMORRHOIDS TREATED BY INJECTION.

Two favourable cases of very large external hæmorrhoids having presented themselves, I used the persulphate injection with much success.

The projecting masses were seized in an ordinary slide forceps, and three drops of the persulphate of iron tincture injected into each. Coagulation took place in a few minutes, and the patients got permanent relief; the tumours becoming dense and full of coagulum were effectually occluded. I have found the persulphate of iron quite to equal the expectations attributed to it, and to merit the recommendation given it by Dr. Gross, who remarks (p. 848) that by its means he is satisfied, "that any case of arterial or venous tumour, unless very bulky, may be promptly and effectually cured."

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. THORNLEY STOKER, M.D., L.R.C.S.,

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

MR. PORTER'S CLINIQUE.

Importance of Rounding the Edge of the Tibia in Amputations through that Bone.

MR. PORTER exhibited to his class a man aged thirty-four years, whose leg had been amputated by him eighteen days previously, for extensive disease of the os calcis, attended by ulceration of the neighbouring soft parts. He called their attention to the operation which he had performed—that at "the place of election"—and to the good stump which resulted. He had used no dressing, save cold water, and during the last few days a little chlorinated solution, and the lines of incision were now almost entirely healed, and certainly were as nearly well as if carbolic acid, or any other application, had been employed. But the particular point to which he asked their attention, was the importance of carefully rounding off the anterior edge of the tibia in this and other amputations through that bone. There was a great tendency for the anterior flap, which in this operation is composed of skin to ulcerate over the end of the tibia, and in order to avoid that consequence, he had found great benefit in not merely sloping the saw in the beginning of the operation, removing it, and re-entering it at right angles to the long axis of the bone, or in cutting straight across at first, and then sloping off the prominent anterior edge, as generally recommended; but in making only one cut, using Butcher's saw, and sloping it during the entire of the division of the bone, so as to round off the end in a gentle curve from its anterior to its posterior edge. He made this a constant practice, and he had never found the bone to cause any disagreeable after-effects in a stump thus formed.

Femoro-Popliteal Aneurism treated by Compression.

MR. PORTER also drew the attention of his class to a man under his care, suffering from aneurism of the lower part of the femoral artery, just where it joins the popliteal. He had been for some days under treatment, both digital and instrumental compression having been used, and the tumour having become nearly consolidated. We purpose publishing this case at length.

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COOMBE LYING-IN HOSPITAL.

SOME CASES OCCURRING IN THE PRACTICE OF DR. KIDD.

Hæmorrhage from uterus, accompanied by great pain—Soft polypus exposed by tents of sea-tangle, and removed by écraseur—Uterus swabbed with strong nitric acid.

Mrs. E., æt. thirty, married, has two children, miscarried twice, was admitted into the Coombe Hospital, May 22nd, 1869. She had been under Dr. Kidd's care about a year before, and at that time he removed a soft polypus which grew from the fundus of the uterus. The account of the previous operation, and the history of her case before the first time of her admission into hospital, will be found in Dr. Kidd's paper "On the Diagnosis and Treatment of Uterine Polypi," in the *Dublin Quarterly Journal of Medical Science* for last February. From the date of the first operation to within about a month of her coming again under Dr. Kidd's care, she was completely relieved of the hæmorrhage from which she had suffered before; but the bleeding then recommenced, and was accompanied by very great pain.

On her admission, the uterus when sounded was found to measure three inches in length, about half an inch more than it normally should; and examined by the bi-manual method, the fundus was perceived to be slightly enlarged. The co-existence of these various symptoms induced Dr. Kidd to suspect the presence of a polypus, and on the 3rd of June tents of sea-tangle were introduced, with a view to dilate the cervix, so as to allow of the interior of the uterus being explored, and the polypus removed if one were present. The next day the tents were withdrawn, and the uterus being examined, was found to have a soft polypus with a broad base growing from its fundus, a little distance from the site of the former tumour.

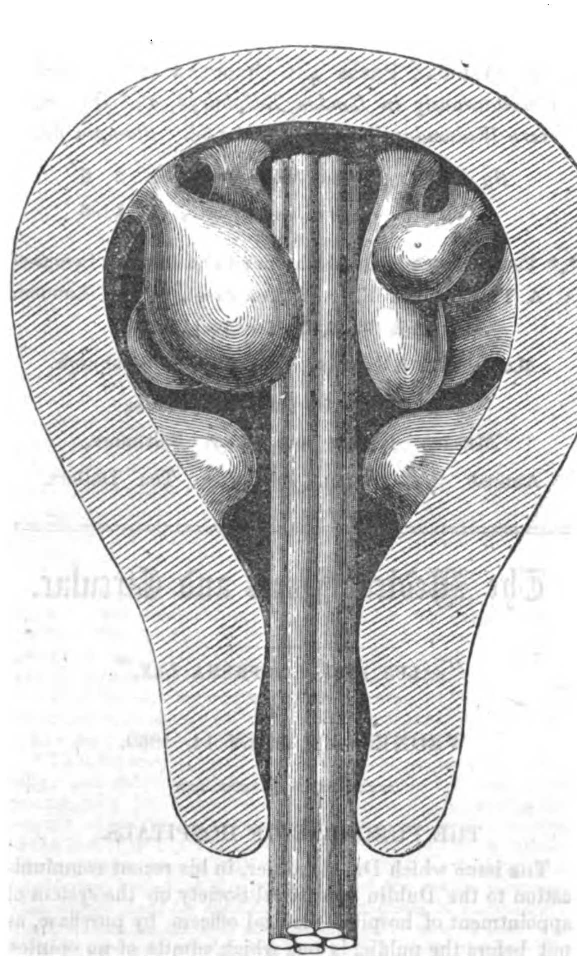
The woman having been brought under the influence of chloroform, a vulsellum was fixed in the anterior lip of the os, and the uterus having been drawn well down, the polypus was seized with a smaller vulsellum, and a noose of soft iron wire fastened to an écraseur was passed along the handle of the instrument and around the tumour; it was gradually tightened. Just when it was seized the vulsellum lost its hold on the polypus, tearing away a small piece of it. The tightening of the wire was continued gradually, however, until it severed the connection of the tumour. A small polypus forceps passed into the uterine cavity readily removed the remaining portion of the mass, which in its entirety had been somewhat larger than a filbert.

The next proceeding—namely, the application of strong nitric acid to the interior of the uterus—is one of great novelty; it was tried by Dr. Kidd for the first time in a case recorded in the before-mentioned paper, and with such good success that he conceived that in this instance, where there was evidently a disposition to recurrence of the disease, it would be desirable to destroy the growing point of the polypus. A little cotton wool steeped in the acid was pushed into the cavity and well rubbed around it; it was then withdrawn, and being saturated again, was a second time introduced, and removed as before. The os was filled with a plug of lard, in order to prevent the acid attacking the vagina, and the nurse was directed to pass an injection of warm water into the vagina in about an hour.

The woman made a rapid recovery, suffering no inconvenience from the use of the nitric acid, getting complete relief from the symptoms she had complained of, and being fit, when we saw her on the 14th of June, to leave the hospital.

The use of the sea-tangle tents in this and similar cases cannot be too highly spoken of. In his paper, which we have referred to, Dr. George H. Kidd, who originally proposed this method of using these tents for the purpose of dilating the os and cervix uteri, in a paper read before the British Medical Association in Oxford, gives a full description of the method of introducing them, and of the advantages of their employment; and on the latter point we are prepared to endorse any praise which may be given to them. They act rapidly, dilate the whole cervix equally, allow of the passage of discharges, and are peculiarly free from fetor. The want of such a substance as the tangle affords has long been felt; here, for instance, was a case in which the existence of a uterine polypus could only be guessed at, and could not have been possibly removed if the cervix had not been dilated. We have seen Dr. Kidd employ his tents in several cases, and always with entire success and satisfaction; and we feel no doubt whatever that, in the material which he proposes, obstetric surgeons will find a cheap, pleasant, and excellent substitute for the old and inefficient sponge-tents.

The position of the tents after their introduction is shown in the accompanying diagram, which represents six of them lying in a uterus containing a number of polypi. They are made by cutting an ordinary sea-tangle bougie into pieces a little longer than the uterine cavity, the measurement of which is ascertained by the sound; their ends having been carefully rounded, six or seven of them are introduced in the following manner:—The os having been exposed by the "duck-bill" speculum, its anterior lip is seized with a tenaculum, and being so fixed as many pieces of the tangle as can be readily got in are passed through the cervix almost up to the fundus. The great point in their introduction is to avoid force, and not to press them against the fundus, because the uterus may be thus excited to expulsive action; if it shows such an inclination, a little cotton wool in the vagina will prevent the displacement of the tents. In twenty-four hours they should be removed, and this is readily done by seizing them, one at a time, with a toothed forceps, and pulling them gently away, and then the uterus having been drawn down by a vulsellum the finger may be passed right up to the fundus, and the whole cavity explored, as was done in this case.



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By the will of the late Peter Maye Esq., of Portland Place, London, whose personalty was proved under £350,000, he has left a contingent interest in 35,000*l.* to several charitable institutions, and by his last codicil he has made absolute the following bequests to charitable institutions—viz., Bristol Infirmary, 1,000*l.*; General Hospital at Bristol, 100*l.*; Bristol Penitentiary, 500*l.*; London Female Aid Society, 250*l.* These institutions, together with the Seamen's Hospital at Bristol, are included in the contingent bequest. All legacies are to be paid free of duty.

A Performance of Rossini's *Stabat Mater* and J. F. Barnett's *Ancient Mariner* took place at the Hanover-square Rooms, on Wednesday last, under distinguished patronage, in aid of the funds of the Middlesex Hospital. A number of distinguished performers, both vocal and instrumental, generously gave their services, and the orchestra and choir included some two hundred performers. The excellence of the programme alone was sufficient to ensure a numerous attendance, and when it is remembered that the talented artistes were the largest contributors on the occasion, we have a right to hope that the funds of the hospital have materially profited by their exertions.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 14, 1869.

THE PURCHASE OF HOSPITALS.

THE issue which Dr. Mapother, in his recent communication to the Dublin Statistical Society on the system of appointment of hospital medical officers by purchase, as put before the public, is one which admits of no opinion alternative between entire condemnation and complete approbation ; and for this reason it appears to us greatly to be regretted that the circumstances which convert the transaction of purchase from a corrupt preference of one particular candidate into an honourable selection from several equally competent have not received full expression either in Dr. Mapother's paper, or from the speakers who followed him.

Dr. Mapother declares in substance that the system of purchase causes and has caused incompetent and uneducated persons to be elected to the responsible charge of the sick in hospitals, to the exclusion of more efficient and better-informed candidates who are unable to pay the purchase money. If this assertion were true, it would without doubt have become a matter of duty for him to expose the system, and for the public to stamp it out at once and for ever. Whatever may be the personal rights and interests of medical men in hospital appointments, they cannot counterbalance by a feather weight ignorance or inefficiency on the part of the medical officer, and no considerations of hereditary or bought qualifications should be calculated at all as against the pre-eminent and absorbing necessity of obtaining the highest available degree of skill and talent for the cure of the sick poor.

We readily concede, therefore, Dr. Mapother's *sequitur,* that if his representations were correct, the action to be taken on them admits of no question ; but on every other point we join issue with him, and venture to declare that he has utterly failed to show that, on the whole, the most eligible candidate has been excluded from hospital appointments in Dublin ; that in cases in which a junior or unproved candidate has been selected, the purchase system has usually been the motive power ; that under any other known system of election greater purity or more satisfactory results would be secured.

The case which Dr. Mapother describes is that of electors, who, meeting apparently and openly for the selection of the best qualified candidate from many, have secretly received bribes to appoint a medical officer guiltily, knowing that he was incompetent. No such case has ever occurred in Dublin, and if Dr. Mapother's paper may be thus interpreted, we hesitate not to say that its purport is incorrect, and its substance slanderous to the profession.

The real transaction is far different. When a medical officer conceives the intention of retiring from his position, his resolve is within three days perfectly well known to every person within the earshot of medical gossip, and is generally published to the profession and the public in this and other journals. Every person who might probably be a candidate is perfectly *au courant* with the intended vacation of the appointment, the names of probable candidates, the expected date of election, the approximate sum of money to be paid, and the relative personal interests and qualifications of each candidate for the vacancy. Thus the element of secrecy, which is the first essential of a corrupt bargain, never exists except in the name. As the day of election approaches, there are, perhaps, half a dozen favourite claimants, besides half-a-dozen others who would be perfectly ready to pay the purchase money, and undertake the duties, if they thought they had the least chance of being allowed to do so.

The electors meet, and in most instances it is well known how each of them will vote. The retiring medical officer of course has his favourite candidate, but his support is hardly influenced by mercenary motives, for he is well aware that, whoever may be elected, he will receive the purchase money. Moreover, he well knows that it would be useless for him to attempt to force a second-class candidate on the electors, no matter what pecuniary advantage he might have in doing so, for each elector would have a personal profit in the efficiency, as a teacher and officer, of the incoming man, and could not be expected to lose money or prejudice the value of his appointment by joining in the election of an undesirable candidate.

Thus it is obvious that the second and most important element of a corrupt preference is eliminated from the transaction.

There is an ample choice of candidates, all of them possessing the monetary qualification, and all of them, therefore, open to as fair a competition as if they were not to purchase at all. The electors are not pecuniarily interested in any one, because it is not they who receive the money, and, therefore, the largeness of the sum cannot influence them. In point of fact, we assert, without fear of contradiction, that the amount of the consideration has nothing to say to the election, for it is well known that many candidates are never selected who would be glad to pay double the amount offered by others, but have not the concurrent *prestige* or qualities to recommend them either to the pupils, the patients, or the public.

Under this view of the subject, the corruption and nepotism out of which Dr. Mapother made so large a capital vanishes, and his hole-and-corner traffic in the right to kill or cure hospital patients manifests itself as a perfectly legitimate open transfer of a vested interest.

We employ the phrase, "vested interest," advisedly, and on the part of the profession we maintain that an hospital appointment under the present system is a personal property.

We insist that by devoting their labour and assuming the unceasing responsibility of an hospital appointment receiving no, or, if any, an obviously inadequate public remuneration, the medical officers of hospitals do acquire a vested interest; and that until the public shall pay them sufficiently for their hospital work, it is not open to any one to interfere with the sale or purchase of that interest so long as adequate skill and attention be secured to the patients.

In the instance of the City of Dublin Hospital, and of what we may call proprietary hospitals in general, this right seems to be unchallengeable. In such cases certain persons have put down their money and formed a copartnership or company for healing the sick. They have received no original gift from the public, nor have they ever applied a single shilling of public contribution to any other purpose than the maintenance of patients. If these persons had not come forward with their money in the first instance, the hospital would never have existed, and it seems to us as reasonable that they should enjoy the fruits of their investment as it would be that a shareholder in any railway should be at liberty to dispose of his share. The public have a right to interfere so far as to ensure effectual treatment of the sick, but no further, and any transaction which secures this desideratum is to them *ultra vires*.

And this principle has received the most authoritative recognition even where it is burdened with an objection to which the Hospital Purchase System is not open. In the Army, purchase, both within and without the regulations, is officially recognised, allowed, and fostered, and yet the promotion is accorded in this case for the money consideration and no other. In that service, if a man buys he gets his advancement as a right; there is no choice of candidates, and if he were the veriest fool or scamp, he gets his promotion in his turn as surely as he pays his money.

If this system be defensible, how shall a system which gives no peculiar influence to the money argument be condemned?

Neglecting many other arguments which have been adduced in favour of the existent system, we feel it impossible to lay down our pen without remarking on the special character of Dr. Mapother's action in the matter. With much regret we feel obliged to condemn without reserve the course he has taken. He, of all persons, ought to have appreciated the merits of the case and the effects of a misconception of it on the public mind and on the charities which, indirectly, he has attacked. Presuming him to write *con amore*, and to be thoroughly persuaded of the truth and justice of his remarks, we can hardly comprehend the force of the sense of duty which can have appeared to throw the *onus loquendi* on him. It is the obligation of every writer, and the more influential the more complete, to take every available means to neutralise prejudices or personal *pique*; and yet it seems to us that Dr. Mapother has most unadvisedly accepted the very silly and impertinent leadership of a badly-informed journal, and has rashly, and without either obligation or reason, inflicted a severe and, perhaps, irretrievable injury on his profession, and the most valuable of our benevolent institutions.

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THE WATER COMMISSION.

We have already reminded our readers that the publication of the Report of the Royal Commission on Water Supply exactly fulfils the predictions we made so long ago, and that were so rashly contradicted by the ignorant or prejudiced writers in another periodical. No wonder those gentlemen are "not satisfied" with the Report, for it demonstrates that they have all along been floundering in error, and circulating groundless statements. It is, of course, impossible to fully review the whole Report in one or two brief articles; but we cannot forego the duty of justifying what we have previously said, even though our contemporary must be thereby condemned.

Look a moment at the question of hardness. The Commission state the evidence on this point very clearly in reference to the use of the water for drinking, for culinary use, for washing and manufacturing purposes, concluding:—

> "That for drinking purposes the hardness of the Thames water is quite unobjectionable, and in no way prejudicial to health. The weight of evidence seems in favour of hard water, as more free from certain dangers inherent in soft waters, on account of their greater solvent power.
>
> "That for cooking no important objection to the Thames water has been clearly proved, except as regards the deposit in kitchen boilers, which deposit is easily removed.
>
> "That for washing, and for manufacturing purposes generally, soft water is preferable, as more efficient and more economical; but there appears no means of expressing the amount of saving in a money estimate. Looking, however, to the fact that the hardness of the Thames water is moderate in degree, and is still further reduced by boiling, and considering also that the proportion of the whole metropolitan supply used for manufacturing purposes is exceedingly small, we cannot see that this advantage is of sufficient importance to render it necessary to go to a great distance for soft water."

The question of the action of water on lead is thus disposed of in the Report:—

> "Although, under a perfectly efficient system of management, or by the substitution of iron for lead, there may be little danger to be apprehended from the use of soft water, still, under the innumerable accidental conditions which must occur in the distribution of a large town supply, arising from repairs of pipes, leakages, carelessness, peculiar states of the water resulting from local causes, and so on, there is no doubt that whilst in hard water the risk of danger is reduced to a minimum, in soft water, on the contrary, the risk must be a maximum one, and one which must always exist.
>
> "The circumstance that generally no ill effects have been found to result from the introduction of soft water is inconclusive against the instance in which it has been affirmed; and unless a very clear and serious case were to occur, many minor cases of slight injury might take place without the cause being suspected."

But the most important point is that of organic impurity; and here the diversity of opinion has been greater than elsewhere. Drs. Letheby, Parkes, Odling, Miller, Farr, Frankland, and a number of others, were examined, and their evidence has been carefully analysed by the Commission. The conclusion, however disappointing to mere theorists, is reassuring for the public. It unequivocally condemns sensationalism, and is couched in such terms as we prophesied it would be. The magnifying of the appearances by speaking of masses of water with which no one can manipulate, is pronounced "unphilosophical," and the use of the term "previous sewage contamination" is considered unwarranted in the present condition of science. Nor does the Report stop here; for the Commission had analyses made for themselves, and they fully confirm the conclusions arrived at by criticism of independent workers in this field of inquiry. Curiously, too, it is shown that, chemically speaking, Thames water is purer at its present source of supply than at any other part. We need not affect surprise, then, that the Commission consider the present source of water for the metropolis on the whole as satisfactory.

The Report states definitely that "when efficient measures are adopted for excluding the sewage and other pollutions from the Thames, and the Lea, and their tributaries, and for ensuring perfect filtration, water taken from the present sources will be perfectly wholesome and of suitable quality for the metropolis."

There are many other points ably reported upon, but the consideration of which the limited space at our disposal compels us to postpone. We may close this notice by quoting the general conclusions of this Report :—

"GENERAL REMARKS BY THE COMMISSION ON THE QUALITY OF THE WATER FROM THE THAMES BASIN.

"The evidence before us leads us to the conclusion that the Thames water has many good qualities which render it peculiarly suitable for the supply of the metropolis, and which give it, in some respects, a superiority over the soft waters usually obtained from the high gathering grounds. When properly filtered it is clear, bright, colourless, agreeable, and palatable, and the amount and nature of its saline constituents are considered by many to contribute to its general acceptability for drinking. It is well aerated, has good keeping qualities, and is unusually safe as regards action on lead and iron.

"ON THE ORGANIC IMPURITIES.

"The evidence we have collected on this subject presents great diversities of opinion, but there is one result which, we think, is clearly deducible from the facts before us—namely, that in the present state of chemical science analysis fails to discover in properly filtered Thames water anything positively deleterious to health. Whatever may be the difference of opinion with respect to the time required for removal of all the objectionable organic matter, all the chemists agree that in Thames water taken from the present source and properly filtered all such matter has disappeared, and that the resulting compounds, such as nitrates, &c., remaining therein are innocuous and harmless.

"Having carefully considered all the information we have been able to collect, we see no evidence to lead us to believe that the water now supplied by the companies is not generally good and wholesome.

"The only point raised against the Thames water, on the ground of organic contamination, is of a less positive character; it is said that water which has been once contaminated with sewage may still contain undecomposed organic matter which, though inappreciable by the most delicate chemical tests, may still exercise prejudicial effects on the human system.

"The strongest form of this objection has reference to some opinions now prevalent, that certain forms of disease, such as cholera and typhoid fever, are propagated by germs contained in excremental matter; and it is conceived possible that when matter of this kind once gets into streams these germs may escape destruction and long preserve their dangerous character. It is said that no process is known by which such noxious material can be removed from water; and, therefore, it is argued that water which has at any time been contaminated by sewage is henceforth unsuitable for domestic use.

"These opinions have been advanced by many eminent men of science; they are worthy of respectful attention, and ought to operate as a constant stimulus to the most searching examination of the state of the water, to the improvement of the modes and means of scientific analysis, and to the diligent collection of medical data as to the effect of the waters upon the public health. But we cannot admit them as sufficiently well-established to form any conclusive argument for abandoning an otherwise unobjectionable source of water supply.

"We may also expect that the state of the Thames and the Lea will be very much improved by the exclusion from them of all sewage and other offensive matter, in accordance with the provisions of the Acts of 1866 and 1868. And it is worthy of consideration whether these provisions should not be extended higher up the tributary streams, so as to exclude all possible sources of noxious pollution.

"We are of opinion that when efficient measures are adopted for excluding the sewage and other pollutions from the Thames and the Lea and their tributaries, and for ensuring perfect filtration, water taken from the present sources will be perfectly wholesome, and of suitable quality for the supply of the metropolis.

"The analyses made specially for us of the waters in the various parts of the Thames basin are, we conceive, of great interest and value, and will be very useful as data for comparisons of the state of the river at future times. The result shown by them that the present point of intake is the best that could be chosen in the whole course of the river is peculiarly important and satisfactory."

As to filtration, no one questions its value. It was made compulsory by the Act of 1852, but the evidence shows that it has been very imperfectly performed. The Commission say :—

"There seem to be no efficient means of enforcing an observance of this provision of the Act, and the neglect of the companies to comply with it, notwithstanding the repeated attention drawn to the imperfect filtration, shows the necessity for some change in the system of supervision to which the supply of the metropolis is subjected."

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THE MEDICAL COUNCIL.

THE huge mountain has accomplished the destiny to which it is brought at regular recurring periods of twelve calendar months. Another litter of ridiculous mice appears in the medico-political world. The progeny are all weakly, and will scarcely live long, while the progenitor itself is in imminent danger. We turn from metaphor to give expectant readers a summary of what has been actually done.

First day.—New member took his seat. President delivered address—the one substantial contribution of the session.

Letter from Mr. Simon (on behalf of Privy Council) read.

Letter from Dr. Struthers (on behalf of Garioch Association) read.

Letter from Dr. Prosser James read.

Letter from Dr. Bell Fletcher read, and deputation from Birmingham agreed to be received.

Reduction of printing expenses (much needed) resolved upon.

List of satisfactory preliminary examinations agreed to.

Reports of Branch Councils submitted.

Second day.—Dr. Andrew Wood attacked Sir John Gray, M.P., for his recent speech in the House of Commons. Sir D. Corrigan defended his absent friend.

The usual squabble about the Queen's University took place, with the usual exchange of compliments.

The letters read on first day were referred to a committee to report.

Third day.—Second report of committee on State medicine presented.

A petition of Lothians Association referred to committee.

Returns of examinations for public services presented.

Fourth day.—Report on preliminary examinations, and on Queen's University examinations, presented.

John Pattison struck off Register.

A communication on vaccination from College of Surgeons, and another on education, from Medical Teachers' Association received.

L. A. La'Mert struck off Register.

G. M. Bernard restored to Register, his name having been removed through a false report of his death.

Fifth day.—Letters from M'Gill University and British Medical Association read.

Danish Pharmacopœia accepted with thanks.

Letter from Edinburgh College of Surgeons read.

Letter from Dr. Philip Maclagan (on lunacy certificates) read.

Sixth day.—Solicitor reported that La 'Mert's name could not be erased this session.

In reply to Dr. Alexander Wood, President stated Home Office had not inquired of him as to Sir John Gray's question in the House of Commons.

Dr. Bell Fletcher, Messrs. Sampson Gamgee, Oakes, and Owen received as a deputation from Birmingham.

A long time were the deputation waiting while Councillors talked about how to receive it. An ingenious gentleman among the reporters calculated that about eighty guineas was thus spent—a price rather high to pay for the whole work of the session.

Mr. Gamgee spoke with great force. How the Councillors must have envied that gentleman his power of speaking, briefly and to the point!

More about State medicine.

Seventh day.—Committees.

Eighth day.—State medicine and Committees.

Dr. Burrows, alas! resigned the Presidency. We ne'er shall look upon his like again.

Resolved into Committee; reopened at a later hour. Dr. Paget, the able representative of Cambridge University, elected President. Is that body to have another representative, or the Council to diminish its number by one?

Ninth day.—Appointment of Committees.

Report of Finance Committee carried.

The *glorious* result is "an estimated excess of expenditure over income of £375." Unhappy profession! so much talk! so little work! so much expense!

Report of Committee on Education read, and a huge volume of appendices laid on table. It is well the resolution to diminish printing expenses was adopted. Resolved to circulate this huge book, and postpone action for the present year.

Tenth day, Monday, July 12.—Report of Committee on Amendment of Medical Acts, to which all the documents had been referred. A vote for the *status quo*—an expression of self-satisfaction—an undisguised attempt to smother the documents alluded to, and ignore the dissatisfaction of the profession with the constitution of the Council.

Sir D. Corrigan proposed to try to obtain a Royal Commission to inquire. Not accepted.

Dr. Andrew Wood again brought forward his proposed direct representation.

Dr. Alexander Wood wisely refused to embark in such inquiries the last day.

The other documents were burked, and the remainder of the sitting was an illustration of "how not to do it."

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SCOTLAND.

THE CHAIR OF CLINICAL SURGERY AND THE UNIVERSITY OF EDINBURGH.

There is no subject of professional conversation that is just now so interesting as to who shall succeed Professor Syme in the Professorship of Clinical Surgery. Dr. Patrick Heron Watson, Mr. Spence, Dr. Joseph Bell, and Mr. Lister, of Glasgow, are all put forward by their friends, and in some instances requisitions, numerously signed, have been presented. No one is likely to doubt the competence of either of these gentlemen for the post. Mr. Lister is a graduate of the London University and F.R.S., and his friends are very active on his behalf, and put forth his researches in the antiseptic principle as one of the greatest surgical triumphs of the day. He, however, holds the professorship at Glasgow, and might possibly not care to leave it. Dr. Bell is an Edinburgh graduate, and, besides his position as a teacher of surgery, has been President of the Royal Medical and of the Medico-Chirurgical Societies. Mr. Spence's position is as peculiar as it is high. Whether he take the clinical chair or not, we should gladly see the chair he now so well fills recognised as one demanding clinical wards for illustration.

Dr. Watson's career is so distinguished, that the profession in the three kingdoms would gladly see it crowned with the object of his ambition. Lecturer on Surgery at the College of Surgeons, Examiner at the University of St. Andrew's as well as his college, Surgeon to the Infirmary, the Lock Hospital, the Eye Infirmary, and other institutions, he has diligently used his opportunities, as witnessed by his many contributions to practical surgical literature. He is an Edinburgh graduate and F.R.S., and has been a successful surgical teacher in Edinburgh since 1856. He has served his country as staff assistant-surgeon in the Crimea, and obtained the Crimean and Turkish medals and clasps. His experience has thus enabled him to deliver the courses on military surgery in addition to those on general and on special surgery and pathology, and he has thus instructed more than 1,100 pupils. The list of his writings numbers 33, and his communications to the Medico-Chirurgical Society no less than 97. Some of these are of the very greatest interest. We do not intend to enumerate them, but it would be unjust not to call the attention of our readers to the great practical value of Dr. Watson's contributions on excision of the knee joint. His work on this one subject places him in the front rank of surgeons, while his labours incidental to it, as in excision of other joints, would be enough to make the reputation of one who had done no more. In addition, there are few subjects of practical surgery that have not received illustration from his pen. A gentleman of such energy would not fail to work hard in the new appointment for which he is a candidate. The appointment is made by the Home Secretary, who will, no doubt, carefully weigh the claims of all candidates.

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Notes on Current Topics.

Our "Trumpeting" Contemporary.

We regret to have again to return to the subject of the immense amount of "trumpeting" required to get rid of the copies of the medical journal that has written so disparagingly of "trumpeting" by medical authors. The *Lancet* so thoroughly appreciates the probability of getting a sale by "trumpeting" in the *Times* that it has again put forth eleven distinct advertisements in that newspaper for Saturday last, although it has not withdrawn the offensive charges against Dr. Fuller for his preferring the *Times* as a medium for advertising his books to the columns of the *Lancet*. This last journal proves by its conduct how much it values the *Times* as a medium for "trumpeting" itself. It also constantly exhibits a peculiar sensitiveness to the opinions of the *Times*. As it has long made a practice of indulging in gross personalities, we beg to quote the *Times* respecting such conduct. *Apropos* of the Murray-Carington squabble, the *Times* said :—

"When a journal seeks to attract readers by the grossly personal nature of its attacks upon individuals, whatever calls attention to these attacks is a distinct boon to it. Its hopes of commercial success are based upon the calculation that out of a large proportion of readers there will always be a certain number who like personality for its own sake. Among Americans, unless their Press is cruelly libelled, there are several such journals, and so it was in England some thirty or forty years ago. An immense improvement has since been made, and no journal of respectability, however humble its position and limited its circulation, would now think of venturing upon the personalities which were then common even with journals of high mark. This improvement has been so steady and so general that there was reason to hope the taste for journalistic personalities had altogether died out, or, at any rate, survived only in so faint a form that no man would conceive the idea of making a paper pay by appealing to it. It is with great regret, therefore, we have noticed even such faint reaction from this improved tone as that denoted by the scene which occurred the other night in St. James's-street, and which represents a type familiar enough in the last generation, but unknown, as we had fondly deemed, to this. For though no man of sense can consider the course which Lord Carington took justifiable under any circumstances, there were many who fully sympathised with his indignation at the grossly scurrilous attack made upon his father, and who, sharing his mistake as to the authorship, were by no means sorry that personal chastisement should have been inflicted upon the person whom they believed to be guilty. Indeed, the whole affair is just such an one as might have occurred in the days of the *Satirist*, except that public indignation was, happily, more prompt to visit the supposed writer of the offensive article."

We particularly commend this to our contemporary, and hope, though it is too obdurate to confess its transgressions, it will from this time cease its vain attempts to court popularity and acquire power by malignant personalities. If not, the time may come when some event shall justify a resort to such means as are alluded to in the following paragraph from the same article in the *Times* :—

"It is in the power of the Clubs to exert a social influence in such matters, and to make it understood that a man known to be connected with a grossly scurrilous paper is not fit for the society of gentlemen. Much as we regret the occurrence of this brawl, we shall not, when we consider the causes which led to it, consider it an unmixed evil if it is the means of calling forth from the Conservative Club an expression of opinion that no one who had written the article which provoked the brawl is fit to be received upon equal terms by any society of gentlemen."

The Ophthalmic Cacoethes Scribendi.

THE ophthalmological revival, which has so severely taken the profession of late years, perhaps wafted, like the pleuro-pneumonia, from Germany, has resulted, it would appear, in a critical flux, which has left the patient in a condition of melancholy debility. We read in one important American medical periodical that Brother Jonathan has escaped the attack, on which we congratulate him, though it seems to be a matter of regret across the Atlantic that he has not "put it over him."

It appears, as the result of "the experience and opinions of the leading publishers, importers, and authorities" on medical books in New York, that out of 6,000 books and pamphlets of medical subjects published within the last ten years in Europe, ophthalmology absorbed no less than 1,500, or 1 out of 3 ; on the other hand, obstetrics, and all its allied subjects, only produced 500 ; and the entire domain of medicine and surgery only 4,000.

The practical result of this enormous discharge of *flatus* is that the patient is now quiescent, and probably 1,200 out of the 1,500 authors have made themselves ridiculous.

THE Right Hon. G. J. Goschen will preside at the distribution of prizes of the London Hospital Medical College on the 19th inst., at 2 p.m.

THE St. Andrew's Graduates' Association take an excursion to St. Alban's on the 20th inst.

WEEKLY returns of mortality in Paris have been officially commenced. The first return has been supplied to, and forms a paragraph in the last return of our own Registrar-General.

DR. W. SANDERS and Dr. Grainger Stewart are candidates for the chair of pathology at Edinburgh University.

DR. RUTHERFORD has been appointed to the chair of Physiology at King's College.

SEVERAL gentlemen are candidates for the Assistant-Surgeoncy at the Westminster Hospital.

IN the new number of the *Westminster Review* there is an important article on "Prostitution in relation to the National Health." Considering the extent to which the subject of prostitution has lately been discussed in our columns, our readers, whatever their opinions, will probably turn to that article with unusual interest.

MEETING OF THE GENERAL MEDICAL COUNCIL.

(Continued from page 18.)

MONDAY, JULY 5.

ON a motion being made by Dr. STORRAR, seconded by Dr. EMBLETON, that a letter from the Medical Registrar of Trinity College, Dublin, be placed on the Minutes, Dr. APJOHN made the following remarks :—

I think, Sir, I may be permitted to interpose in relation to the question about to be put. This letter of Dr. Haughton's is a letter addressed by him to our President as an individual, and certainly without having got the permission or the direction of the Board to forward any such document. If, therefore, such a letter as this be published, a precedent will be made which may lead to very inconvenient consequences. The letter in question seems to be considered by the members of Council in the light of an attack upon the governing body of the University. I would ask, is it the intention of this Council to co-operate in such an attack? I think it will, on reflection, pause before it embarks in such a course. The individual most directly assailed in this letter is a man of great and varied attainments ; and one highly esteemed and respected in the University. This gentleman, it appears, has committed the mistake of saying that a common cement was made in the School of Physic of Clinical Examination in Medicine ; whereas he should have said in Surgery. But is there any person here who will venture to assert that he intended to mislead the Council? or will any body assert that it is a matter of any importance whether this first step was taken in Surgery or in Medicine? I entreat the Council not to take any side on this question, and not to assist in giving publicity and consequence to what I cannot but consider as a document of a highly indiscreet and unjustifiable nature. I would again remind the Council that this is a letter not from the Dublin University, but from Dr. Haughton in his individual capacity, and that we cannot, by putting it on our Minutes, assist in an object of which many of us strongly disapprove.

TUESDAY, JULY 6.

The first business of importance brought before the Council was the reception of a lengthy communication from the College of Surgeons of Edinburgh, commenting on the proceedings of the Council during the past Session. On a motion to insert the communication on the Minutes, a very animated discussion took place as to the desirability of encouraging the different licensing bodies to criticise the proceedings of the Council. Upon the vote being taken as to the communication being inserted upon the Minutes, the majority were against its admission.

A letter was read from Dr. Maclagan, on the subject of lunacy certificates, when the Council determined that a communication be made to the Home Secretary in reference to the present state of the law on that subject.

The conduct of the Queen's University in Ireland, in reference to preliminary examinations, formed the subject of discussion during the remainder of the sitting.

Dr. Parkes moved, and Dr. Embleton seconded, "That the Registrar be requested to write to the Secretary of the Queen's University in Ireland, asking for the Report of the Committee of the Queen's University, to which the Report of the Committee of the Medical Council on the Visitations of Examinations was referred, and if the reply be that the Committee has not reported, that the Registrar be instructed to write and inquire for a definite reply to the passage in the Report of the Committee on the Visitation of Examinations which referred to the Preliminary Examination of the Queen's University."

To this an amendment was moved by Dr. Storrar, and seconded by Dr. Bennett,—"That this Council, having issued recommendations to the bodies enumerated in Schedule A of the Medical Act (viz., 'That no medical student shall be registered until he has passed a preliminary education, as required by the General Medical Council;' and 'That no licence be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student'), and this Council having learned that the regulations and practice of the Queen's University in Ireland are not in accordance with these recommendations, the Council request the attention of the Queen's University to this want of accordance, and express the hope that before the next annual meeting of the Council the University may be able to announce to them that their regulations and practice are in conformity with the aforesaid recommendations, and thereby avoid the necessity of a representation being made by the Council on this subject to Her Majesty's Most Honourable Privy Council, under the 20th section of the Medical Act."

The discussion upon this subject had not concluded when the Council adjourned.

Wednesday, July 7.

The adjourned discussion on the subject of the Queen's University was resumed, and it ended in the rejection of Dr. Storrar's amendment, and the adoption of Dr. Parkes' motion, as stated in yesterday's proceedings.

The Council then received a deputation by appointment, together with a memorial signed by upwards of 5,000 practitioners, with regard to various suggested amendments of the Medical Act. The deputation consisted of Dr. Bell Fletcher, Mr. Sampson Gamgee, Mr. Arthur Oakes, and Mr. D. C. S. Owen. Several questions were asked by different members of the Council, and answered by the deputation, who were informed by the President that the memorial would receive the fullest consideration.

The subject of State Medicine was brought forward by Dr. Acland, who proposed, "That in any amended Medical Bill which may be prepared for Parliament by the Council it is desirable that the requisite permissive clauses for providing a qualification in State Medicine be inserted." Dr. Christison seconded the motion, which was supported by Dr. Macrobin, Dr. Alex. Wood, Dr. Stokes, Dr. Aquilla Smith, and Dr. Storrar, and opposed by Dr. Andrew Wood. The debate was adjourned at the rising of the Council.

Thursday, July 8.

The Council resumed its sittings at 2 o'clock as usual, when, after the minutes of the previous day had been read and confirmed, the Council, on the motion of Dr. Andrew Wood, Chairman of the Business Committee, suspended its sittings with a view of expediting the business of the Session, resolving itself into the following committees:—

On the Amendments of the Medical Acts;
On Preliminary Education;
On the Pharmacopœia; and
On Communications from Dr. John Harley, Mr. Courtauld, Dr. Macloughlin, and Dr. Edwards Crisp.

Friday, July 9.

The Council resumed the adjourned consideration of the Report of the Committee on State Medicine.

Dr. Rumsey believed that some of the misconceptions which had arisen in the Council from defect of information respecting the report and proposals of the State Medicine Committee might have been averted had it been possible for that Committee to comply with the second resolution on this subject, passed by the Council on June 27, 1868:

"That the Committee send in their Report so soon as it may be ready, to the Executive Committee, and that the Executive Committee have power to print and circulate the Report among the Members of Council prior to their next Session." Had the Committee been able to place their Report, with the Appendix, in the hands of members a few days before this session commenced, some part of the debate on Wednesday last might have been spared, with benefit to the Council. Moreover, he was of opinion it would have been better had the first Report of this Committee, which contained resolutions adopted by the Council in the last Session, been carefully examined by members.

Those resolutions, at least the most important of them, were indeed given, in substance, in the letter which our Chairman addressed to many persons of distinction, within a month after the Session, thus:—

"The Committee have decided that such diplomas or certificates ought to be granted after due examination to persons who are already, or shall hereafter be entered upon the *Medical Register*, and to no others."

The resolutions had also been more recently summarised by himself in these words (at p. 81 of the Appendix):—

"Under the term 'State Medicine' the Committee included Legal Medicine or Medical Jurisprudence, and Preventive Medicine or Public Hygiene.

"They resolved unanimously that it was desirable that special certificates or diplomas should be granted for knowledge of State Medicine;—that the proposed qualification should *not* be compulsory on all registered practitioners;—that no one should be allowed to register a qualification in State medicine unless he had previously obtained a qualification entitling him to be on the *Medical Register*;—and that the possessor of the proposed certificate or diploma should be entitled to register it as an additional qualification."

These resolutions had also been read to the Council in detail by Dr. Stokes, which showed that the Committee at once admitted the known fact that a public demand existed for a new and distinct qualification in State Medicine, which they believed the Medical Council was called upon to supply. They also showed that the Committee felt bound to suggest a mode of supplying that demand, and acknowledged from the first that the necessities of the public service could be met only by requiring of candidates for certain medical offices and employment a qualification, certifying to a course of study and preparation whom it would be utterly in vain to attempt to include in the general minimum qualification required of all registered practitioners. The Committee saw plainly, what he trusted this Council would admit, that however the education of all future registered practitioners might be improved in this direction, by better elementary teaching and better methods of study—*ex. gr.*, in the physical sciences, in physiology, in etiology, in the therapeutics of taxicology, and in the first principles of hygiene—there lay beyond all this a wide field of study and practical instruction to be cultivated, and its cultivation to be verified by a special certificate.

The Committee saw that this special qualification and these high acquirements could not possibly be imposed on all students without interfering dangerously with studies, universally acknowledged to be of primary and paramount importance in practical medicine and surgery, and which must be pursued within that curriculum of four years which we require of all medical students.

It had been said that the Committee had decided and prejudged the whole question beforehand. His reply was that it had only admitted a principle, without prejudging any of its details. The Corporation which Dr. Andrew Wood represented had prejudged the question in denying the necessity for any measure of the kind. And he maintained that the Committee merely exercised ordinary prudence and foresight in perceiving—what, he regretted to find, all did not yet perceive—that the present necessities of public medicine were to be met only by fresh legislation. But he denied that, by taking a timely step, they were attempting to force any final measure upon the Council. The Committee asked only for a permissive enactment which might enable the Council ultimately to register, as a distinct and additional qualification, those certificates or diplomas of proficiency in this department of medicine which may be granted by the Universities of the Kingdom, or possibly by other Boards. To postpone a provision for the requisite clause or clauses until after another session would be virtually to invite defeat. For, if the Government should take up the Amendment Bill and pass it minus the proposed permissive clause, the opportunity for legislation of this kind would probably be past.

If proof were required that there existed a public demand for such a measure, he could produce evidence which he thought could not fail to convince the Council. To take at least one branch of State medicine, that relating to the public health, he presumed no one would question the necessity for appointing highly qualified officers of health all over the kingdom. No one would venture to question it if they knew the facts which sanitary reformers had been long accumulating and which were now being produced before the Royal Sanitary Commission. Yet, when those who were working the question, as some of them had worked it, applied to Government or to the heads or advisers of Government departments to organize such a staff, they answered, "True, the thing ought to be done; but where are the men? We cannot insist upon a general appointment of a scientific and specially qualified staff until we know that there is a sufficient number of persons so qualified to complete the organization."

This was the substance of a reply which he had more than once received; it might have been expressed in terms terse enough, but not always flattering to the profession. Would the Council, then, consent to lie longer under the imputation? Should they, by declining to aid in the education and preparation of a sanitary staff, afford the Legislature an excuse for inaction? Would they repudiate what he ventured to call "our public liabilities?" Or postpone this question from year to year until the Government took the matter into its own hands and settled it in its own way, and thus set aside this Council? Of course, if the Council should so please, he would say, "*Fiat justitia, ruat hoc concilium.*"

There were two public documents showing the opinions of the most distinguished men in this country—men, he believed, who were not surpassed in Europe for their mastery of this subject.

The one entitled "An Instructional Minute relative to the Duties and Qualifications of Officers of Health, &c., &c." This was issued so long ago as 1855, and was drawn up by Mr. Simon, F.R.S., in which he remarked, "The most distinguished practitioner of a neighbourhood may indeed happen to be also the person best qualified for a sanitary appointment; but the reverse must often be the case, for not all members of the medical profession can afford equal leisure to cultivate those distinctive studies; and it will imply no disparagement of men actively and skilfully engaged in the treatment of disease if the special qualification in question should sometimes be found in other members of their profession rather than in them. . . . . The branches of knowledge here spoken of are not the parts which have the most direct relation to the treatment of disease."

The other document to which he referred was in the 27th Annual Report of the Registrar-General, containing a most important letter from Dr. Farr, who proposed the general appointment of Registration Medical Officers—men who would be primarily employed in statistical and medico-legal duties, but who would ultimately become the chief sanitary consultants of the districts—who would in fact be officers of health.

He begged also to direct attention to resolutions "passed by the National Association for Promotion of Social Science" last year in Birmingham, in favour of the appointing of these medical officers of health and registration throughout the kingdom.

The third resolution states, "that the *education*, *qualification*, and tenure of office of health officers should be such as to guarantee efficient and beneficial action."

He would ask, were these regulations respecting the education and qualification of public medical officers to be made under the authority of the Council or by the heads of Government departments? He thought the decision gravely affected the honour of the position of this Council. In this matter the eyes of Europe were upon us. He supposed that there was no one who as a scholar, as a promoter of education in all departments, and as a member of Parliament interested in these questions, stood higher than Lord Lyttelton. Any one who had as he had, the gratification of hearing his address at Birmingham in 1868, would acknowledge how thoroughly he grappled with the question of education, not so much for the masses as for the *classes*, and for the various purposes of civilization and pursuits of life.

The Council was being watched by persons of influence who would not fail to notice what they considered to be derelictions of duty.

Then what were the authorities opposed to this movement? There was the College of Surgeons of Edinburgh; there were also the opinions of Dr. Maclagan quoted by Dr. Andrew Wood on Wednesday with much approval. Considering that this document (the Appendix to our Report) had then been only just tabled, and that members had had scarcely an opportunity of examining its contents, it gave him additional proof, if he wanted any, of Dr. Andrew Wood's great acumen and readiness in discovering at once, and unearthing from such a mass of evidence, the only opinion which it contained on his side of the question. He told us nothing of the recommendations of twenty or thirty other gentlemen, some not a whit less distinguished than Dr. Maclagan, and all in favour, more or less, of the project. See what Dr. Alfred Taylor, the chief authority in Medical Jurisprudence we have, says about it; what Professor Rainy and Travers advance, to some extent, in its support; what men actively engaged in practical work, as Dr. Mapother, of Dublin, and Surgeon Hewlett, Coroner and Health Officer for Bombay, so fully recommend; what learned men abroad, as Dr. Pappenheim, of Westphalia, advise with great minuteness as to this special qualification. Above all, hear what Professor Pettenhofer says of the project:—"Your plan of the reform of medical instruction in the interest of the public sanitary measures and police regulations is in accordance with the spirit of the age, and is as thorough as comprehensive. I am envious that England should so far outstep my German fatherland in this matter."

He (Dr. R.) would not occupy longer the time of the Council, but conclude by observing that prompt action in the matter would redound greatly to the honour and credit of the Council, increase its influence with the Government, and enhance its reputation throughout the world.

Mr. **Hargrave** said he objected to the motion on several grounds, but chiefly because the Committee had not favoured the licensing bodies, the members of the Council, and others interested, with the Report as promised, they had not therefore had time or opportunity for giving the matter that consideration to which it was entitled. Since the Report had been placed in his hands, he could detect little but vague recommendations, and ideas so confused and conflicting, that he could not possibly give his adhesion to it. Some advised that the time requisite for proficiency in those branches relating to State medicine should be six months, others two years. He begged to remark that if, instead of passing such imperfect recommendations, each College appointed a Professor of Hygiene, as did the Royal College of Surgeons in Ireland,—which body, he was compelled to say, was far ahead of other Educational Corporations in this respect—it would obtain the object now sought by this permissive clause, with this advantage, that it gave the necessary instruction without any special licence or degree. These lectures, delivered by Professor Cameron at the Royal College of Surgeons in Dublin, had been patronised most extensively by all classes, and with the greatest success. He might further state that there was at the present time a graduate in the University of Oxford, who was preparing himself for discharging the duties relative to such an appointment.

Dr. **Risdon Bennett** thought that at the present advanced stage of the Session, it was desirable to keep to the terms of the motion before them. Whilst admitting that the subject was a most important one, he doubted if it were possible to give it the attention which was due to a measure of such magnitude, during the present Session. Much valuable time and attention had been bestowed upon the question of State medicine, by the Committee who drew up the Report; but the rest of the Council and the Licensing Boards had not had the opportunity of considering the matter. Although himself of the opinion that some kind of diploma should be given to those who by careful study attained to a satisfactory proficiency in State medicine, as a qualification for the office of a State medical officer, the question nevertheless resolved itself into this, supposing a door were opened for the introduction of special qualifications as grounds for admission to the Register, whether many other demands would not necessarily follow. There was a disposition abroad already, to force the Council to admit a knowledge of midwifery, as a qualification for this admission, and on these grounds he deemed it more prudent to postpone legislation upon the question during the present Session. He did not want to throw cold water upon any one desirous of studying State medicine, on the contrary. But he strongly objected that any new qualification should be placed upon the Medical Register.

Dr. **Fleming** remarked that if it were true "That in the multitude of councillors there was wisdom," it was also true, "That in the multitude of opinions there must be confusion." He thought the Council were going too fast in taking up the matter as it had done. He admitted and hoped that something would be done, but he would greatly prefer that the Universities and not the Council should deal with the question, and that they should have power to grant certificates for proficiency in this branch of study.

Dr. **Quain** agreed with Dr. Fleming that the Council was going too fast. If they turned to the motion before them they would observe that the words "*it is desirable*" were placed in italics, and really meant that the Council was *pledged* to something; and what was the pledge? clearly to institute a doctorate in State medicine. He strongly objected to this, being confident that if the door were open, there would soon be a formidable list of claimants for admission to the *Register* on special qualifications. He thought, moreover, the wording of the motion was very obscure, and that under it lay a good deal the Council ought to know. He could not help stating that the correspondence throughout the Report was contradictory, and quoted several opinions therefrom which fully justified the observation he felt bound to make upon it. He (Dr. Quain) would ask the Council where it would stop, if it sanctioned the admission of a single qualification as that for which a place was now sought upon the *Medical Register*. He had no objection to the examining bodies giving a certificate or diploma of special proficiency in State medicine, but he did object to this Council giving the sanction of its authority to this or any other specialty; and he concluded by reading an amendment which he intended to propose at the proper moment:—

"That the Council, whilst expressing their entire approval of an improved education in State medicine, and of a definite recognition of the attainment of individuals in the subject by certificates of special proficiency or otherwise, recommend that the Report and Appendix be forwarded to the Licensing Bodies, with a request that they would favour the Council with their opinions on the following points:—

1. "The facilities that might be afforded for extending and improving the education of persons wishsng to study the subjects comprised in this Report.

"2. As to the desirability of granting the certificates of special proficiency in any or all of these subjects.

"3. As to the desirability of granting a special degree or diploma in this subject."

After a few remarks from Mr. Cooper, Dr. Embleton, and Dr. Macrobin,

Dr. **Smith** said he approved of the motion of Dr. Acland, because it was conditional. It would be of great advantage in any future Medical Act that such a clause should be inserted, as it rested entirely upon a contingency.

Dr. **Sharpey** thought that there was considerable misapprehension as to the objects of this clause. The Council were only asked that means should be taken whereby well-educated medical men should be encouraged to pursue such a course in addition to their ordinary studies. He was against any special qualification being granted for the registration of a degree for this purpose; and it therefore resolved itself into a question of the shape the Committee were prepared to recommend, and if it proposed to provide for this by some special Act, or simply to ask the Council to place the qualification upon the Register.

Mr. **Hawkins** had some difficulty in making up his mind as to which way he should vote. He quite agreed that any man who had studied this special subject would be better qualified to fill the post of Medical Officer of Health than one who had not gone beyond the prescribed bounds of the curriculum; still he objected to any special qualification being granted for the purpose.

Dr. **Allen Thomson** said it could not be denied that the Council were unanimous that the question had now assumed such a shape as to necessitate something being done either now or at some future time. If the amendment of Dr. Wood were accepted, it would again throw aside the question until next session, and to this he strongly objected.

Dr. **Acland** said, as Chairman of the Committee on State Medicine, he had every reason to feel grateful that such an amount of time and attention had been bestowed upon the consideration of the Report. He knew the Council were much divided upon the question under discussion, both as to the time and the manner such a measure had been brought forward; others were of opinion that the plan was not at all necessary. Of the first he could only say, that now was the time, unless the Council abrogated its functions altogether. The opinions of University professors was this. If the Medical Council will give us the cue, if it can be shown that by the adoption of such recommendations we shall be doing a national duty, we will do it. The Committee, had, therefore, determined that now was the right time, and he was of opinion that the permissive clause moved by him would supply every requirement. He objected that it should be thought the Committee had not made up its mind; it had now done so, and he strongly deprecated the desire that they should wait another twelve months before coming to a decision upon the point.

In explanation to some inquiries, Dr. Acland said that it was not sought that this measure, if carried, should become a loophole to the admission of unqualified men upon the *Register*. He thought he had distinctly stated that it was to be an additional qualification for those who were already upon the *Register*.

Dr. **Stokes** said the Council met year after year at great expense. The present was not the first time the matter had been brought forward; an abundance of time and attention had already been bestowed upon the matter, and he considered the present a most opportune time for showing the profession that they were anxious to do all in their power to further such improvements as were deemed necessary in every branch of medical education. He trusted, therefore, the question would be decided at once and without another postponement.

Mr. **Hawkins** then moved the addition of the following words to the resolution before the Council, "In addition to any qualification sanctioned by the Medical Act."

The following amendment, moved by Dr. **Andrew Wood**, and seconded by Mr. **Hargrave**, was then put from the chair and lost by 13 to 9:—

"That the Council come to no decision in the present session as to the desirability of inserting in any amended Medical Bill permissive clauses for registering a qualification in State medicine, but that the matter be delayed till next session; and that during the recess the Report of the Committee on State medicine, with the evidence appended, be transmitted to the licensing bodies for their consideration."

Two other amendments, one by Dr. **Quain**, the other by Dr. **Thomson**, were next read, both sharing a like fate—the numbers for and against being the same as in the preceding amendment.

The original motion by Dr. **Acland**, seconded by Dr. **Christison**,

"That in any amended Medical Bill which may be prepared for Parliament by the Council, it is desirable that the requisite permissive clauses for registering a qualification in State medicine be inserted," with the additional words suggested by Mr. Hawkins, was then put from the chair and carried:—

The **President** here rose and said:—

Gentlemen,—Before quitting this chair, which I have occupied for so many years, I would wish to say a few words. Last year you did me the extreme honour to re-elect me as your President. That distinction I accepted with the reservation that I could not agree to occupy the chair for the usual term of five years, but that I would do so for the present session, or so long as the Council should deem it desirable for the accomplishment of some of the important reforms which had already been begun. Some little misapprehensions have existed on this point, but I need not now go into details, because this was already explained at the beginning of the present session. There are private reasons which necessitated me to wish to resign my seat last year—reasons which are already known to many members of the Council, and which I refrain from mentioning publicly, lest I should be considered egotistical. Those private reasons still exist, and there are also public reasons why I should decline to fill the Presidential chair any longer. I do not think myself that when any man has had the good fortune to occupy such a distinguished post for six years, that he should continue to hold the office, so as to lead any one to imagine that he holds it simply for personal glorification or interest. By your great favour I have been raised to the distinguished position of President of the Medical Council; but I do not see why I should stand in the way of other men who are as good or better than myself attaining that distinction. It is on that ground that I am averse to continue still to occupy the chair. When I resigned last year, I expressed my thanks to the officials and members of the Council for the great aid given me. I renew those thanks for their assistance during the past year. But last year I felt there was an omission, which omission before I leave to-day I am anxious to supply. It is in reference to the public press, and more especially to those gentlemen who sit at that table, the reporters of the press. I cannot retire from this chair without expressing my admiration of the accuracy, fidelity, and impartiality of their reports. I cannot help also expressing my gratification at the extreme prudence, tact, and circumspection with which the conductors of the medical journals have adverted to proceedings which have sometimes taken place in this Council. I hope in leaving you I leave a fair name behind, and trust you will condole and make allowances for any shortcomings which you may have observed in my performance of the duties which devolved upon me—duties which, on many occasions, have been responsible, arduous, and painful. I thank every member of the Council for having assisted me in maintaining order; and I hope that, after conferring among yourselves, you will arrive at a unanimous conclusion as to my successor. With these few remarks I bid you all farewell.

The **PRESIDENT** then retired, amidst the most profound and respectful silence.

On the motion of Dr. **ANDREW WOOD**, Dr. Spokes took the chair, *pro tem.*

Mr. **HAWKINS** rose to express his great admiration for the able and impartial performance of those duties which had devolved upon their late President. He knew he but echoed the feelings of the whole Council, in adding so small a tribute to one who had done so much to reconcile the conflicting opinions of the profession, and to promote the harmony and business of the Council. He would, therefore, move—

"That the warmest thanks of this Council be given to the late President for the able and admirable manner in which he has so long conducted the business of the Council; for the kindness and impartiality which he has uniformly displayed towards the Members of the Council, and the determination he has shown on all occasions to conduct their discussions with the view to the improvement of the Education of the Medical Profession and the welfare of the public: and that this motion be communicated to the late President."

Dr. **CHRISTISON** seconded the vote of thanks, adding that no words of his were necessary to recommend a resolution which must be cordially acquiesced in by every member who had had the good fortune to sit at that table.

The motion was carried by acclamation, and the reporters were requested to withdraw.

The Council then deliberated in private for about an hour as upon whom the choice of President should fall. When the reporters were readmitted,

Dr. **ACLAND** proposed, and Mr. **COOPER** seconded, that Mr. Cæsar Hawkins, who, from his previous history, knowledge of the profession, and of all the questions likely to come before the Council, was peculiarly fitted for the office of President.

Dr. **AQUILLA SMITH** proposed, and Sir **DOMINIC CORRIGAN** seconded, that the representative of the University of Cambridge, Dr. Paget, be elected President.

The vote was then taken, and carried in favour of Dr. Paget.

Dr. Paget and Mr. Cæsar Hawkins were then sent for, and Dr. Stokes (chairman) formally declared Dr. Paget elected as President of the Medical Council for the space of five years.

Dr. **PAGET**, the President elect, who when called to the chair was visibly affected, said:—Gentlemen, I hardly know what to say, or how to thank you, for the honour you have bestowed on me. I do thank you from my heart. It is an honour to which I could never have aspired, or even thought of aspiring. When I look round this table, and see those whom I have held in honour—I should more truly say reverence,—ever since I had any acquaintance with medical science; and those, too, whom I have known since I became a member of the Council, and whose capacity for business and debating powers have been a constant surprise to me—I confess I am astonished at finding myself in the chair. But I have other feelings not less strong than my sense of your kindness. Dignities ever bring with them responsibilities and cares, and this one is no exception. I am very conscious of the difficulties of the position in which your favour has placed me—difficulties peculiarly great under existing circumstances—and I could not, and I would not accept the distinction, were I not quite sure of your kind and constant support and aid. I have every confidence in the future of this Council; and, notwithstanding all that has been said against it out of doors, I can scarcely believe that when the profession delegate twenty-four picked men from the three divisions of the kingdom, to come here to work hand and heart, as I can testify they do work, in order to grapple successfully with the great and important subjects that are continually brought before them, I can hardly believe that their labours will be resultless. There must be some time between seed-time and harvest. Nature tells us so. But I know that the good effects of our labours are manifest to those who are willing to see them. I know, too, that the ground has been well tilled, the ground has been cleared of weeds, the seed has been sown; I know that the crop is growing, and those who do not wilfully shut their eyes may see it; and I am very sure that before long there will be a rich and abundant harvest.

Mr. **CÆSAR HAWKINS**, who had also been put in nomination for the presidential chair, briefly replied, thanking those members who had proposed and supported him, and congratulated the members in the election of so worthy a successor to the chair just vacated by the resignation of Dr. Burrows. Had he (Mr. Hawkins) been elected to so exalted a post he should have accepted the honour with great reluctance, considering that there were many others at the table better qualified to discharge the duties incumbent upon the office than himself. But he would have accepted it upon public grounds, and upon those grounds only. He again congratulated the members upon the excellent choice they had made. The Council then adjourned at half-past six.

SATURDAY, JULY 10.

The Council met this day at one o'clock, and proceeded to elect by ballot the Executive Committee for the ensuing year. The members chosen were Dr. Bennett, Mr. Hawkins, Dr. Acland, Dr. Andrew Wood, Dr. Aquilla Smith, Dr. Sharpey.

The report and balance sheet of the Finance Committee was on the motion of Dr. Sharpey, read and adopted.

Dr. **ANDREW WOOD** then rose to call attention to the great excess of expenditure over the income of the Council, and suggested as a means of reducing the expenses of the Council, that henceforth the members should only be paid for six days' attendance (thirty guineas) however long the sittings might continue; and that any member absenting himself after the six days should forfeit three guineas each day for such absence.

The foregoing motion and suggestions of Dr. Andrew Wood gave rise to a very long and animated debate, in which Sir Dominic Corrigan, Dr. Alexander Wood, Dr. Smith, Dr. Parkes, Dr. Fleming, Mr. Cooper, and others took part. The general tenour of these speeches was decidedly against any reduction being made in this respect, the majority preferring to give their services without any emolument at all, rather than submit to the indignity. Dr. Risdon Bennett was exceedingly warm in denouncing the plan brought forward; maintaining that as the Council had been primarily constituted by the Privy Council, and the utmost faith in its labours had been reposed by Government, upon principle and upon principle only would he vote against such a motion. He believed not one at the table came there from any mercenary motives; he could safely say there was not a member of the Council who pecuniarily gained anything by his attendance. Why, then, continued Dr. Bennett, should they, in the face of what was going on at the present time out of doors to stem the tide of gratuitous services, or services inadequately paid, be the first to submit to this cheese-paring process? It was an indignity that should never have been offered to such a body of men as sat at that Board.

Dr. **CHRISTISON** was of the same opinion, remarking that if certain members practised their oratory a little less, and which he could not help saying was often intended otherwise than for the Council, much valuable time now wasted would be saved, and with it some of the heavy expenses it was now sought to reduce by other means.

Mr. **HARGRAVE** remarked that the quantity of gas expended in some of the speeches that were sometimes delivered there was remarkable.

Dr. **STOKES** was strongly adverse to the proposal of Dr. Wood; but he was equally unprepared to support the proposal hinted at by some members for gratuitous services, although the fees received for attendance was unworthy of consideration to the majority of the members present. It nevertheless acted as a kind of moral compulsion to ensure such attendance. He was in favour of limiting the length of the speeches, the business of the session could thus be got over in half the time, and the reduction of expenses would be obtained in a far more satisfactory and acceptable way than that sought in the motion before the Council.

Dr. Smith considered that as they came there for the purpose of working for the profession they should be paid for their labours. No other profession would work for double the fees paid them, and yet they were asked to work for nothing. He considered such a motion was degrading, displaying a decided wish to pander to certain classes out of doors.

Dr. Quain explained that the reason he seconded the resolution of Dr. Andrew Wood was on the same grounds that a commercial man would, when he found his expenditure exceeded his income, set about reducing the former. The expenses of the Council over its receipts was very considerable, and if by reducing the length to which speeches extended they could confine the business of the session within six days so much the better. Personally he should be very happy, if it were deemed desirable, to give his services gratuitously, and he knew others would cheerfully do the same.

Dr. Andrew Wood, in reply to the severe remarks that had been passed, said he felt bound to vindicate the course he had adopted. Next year, he said, the Council would find itself short of something like £575. Why, then, should he be accused of mean or mercenary views, or of pandering to the wishes of a certain portion of the profession, because he adopted the only course open for reducing the large and yearly increasing expenses of the Council? There had also been some very strong animadversions upon the lengthy and inflated speeches the Council were wont to listen to from certain members; while Dr. Christison went so far as to accuse some gentlemen of speaking to those out of doors, for the purpose of displaying their oratorical powers. He considered this a most unjust accusation. He did not know to whom Dr. Christison alluded, but of this he was certain, that every one sitting there was quite as much in earnest as those who had made the accusations. It was all very well to taunt them with making long and inflated speeches, but had not some of those who made these complaints found their own speeches so highly inflated at times that they came suddenly to a collapse like a balloon? He (Dr. Wood) objected that a gag should be placed upon their mouths, or that they should be limited to five minutes' speech, or any of the propositions that had been made to curtail the liberty of speech. Notwithstanding all that had been said, he should press his motion to a division.

Several amendments were then proposed; ultimately an amendment by Dr. Fleming was carried, "referring the subject to the Finance and Executive Committee."

The following report of the Committee on Medical Education was then presented, and in pursuance of a resolution passed at a meeting on June 26, 1868, the Medical Council passed the following resolution:—

"That a Committee be appointed to consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged."

A committee consisting of the undersigned being appointed, found that the various subjects of medical education deemed requisite by the Council had been fixed by a resolution of Council (June 7, 1867), and were ten in number—viz.: Anatomy, General Anatomy, Physiology, Chemistry, Materia Medica, Practical Pharmacy, Medicine, Surgery, Midwifery, and Forensic Medicine."

The Medical Council had also fixed a term of four years as the period which should be occupied with medical education before the examination for the licence should be undergone.

In accordance with these resolutions, we addressed the following letter to various teachers who, we thought, would give us the best information. We were not able to address it to all teachers, but we endeavoured to obtain answers from all parts of the kingdom, so that every mode of teaching and every large school might have its representative:

Office of the General Council of Medical Education,
32 Soho Square, London, W.
July, 1868.

Sir,—A Committee of the Medical Council has been appointed to inquire "how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged."

By the recommendation of the Medical Council, four years are to be devoted to the study of the ten following subjects, namely:—1, Anatomy; 2, General Anatomy; 3, Physiology; 4, Chemistry; 5, Materia Medica; 6, Practical Pharmacy; 7, Medicine; 8, Surgery; 9, Midwifery; 10, Forensic Medicine. There must, therefore, be a limit to the extent and detail in which the several branches can be taught.

The above inquiry is restricted to the course of study which is necessary to enable students to obtain the requisite knowledge and skill for the efficient practice of their profession, and is not intended to embrace the fuller courses of study intended for the higher qualifications.

Having regard to the nature of inquiry the and circumstances, as above stated, the Committee would feel obliged by your communicating to them in writing the expression of your opinion on the following points:

1. The topics which may most advantageously be included under the subject of ————

2. The period in a four years' course when ——— can be most profitably studied, and the length of time which should be devoted to ————.

3. The manner in which ——— can be best taught—by lectures, practical instruction, or otherwise.

The Committee would also feel obliged by any further observations or information which may occur to you as deserving of attention in connection with the subject of their inquiry.

The Committee beg leave to express their hope that the importance of the subject in question will induce you to forgive the trouble thus proposed, and that you will transmit your reply to me at the above address, on or before the 1st of October, 1868.

I am, Sir, your obedient servant,
(Signed) James Syme,
Chairman of Committee.

Space does not permit of our giving the Report in full; but for the information of our readers we subjoin a brief summary of those recommendations deemed most desirable:

1st. That the ten subjects deemed necessary by the Council be further sub-divided, for the purposes of teaching, as follows:—1, Physics; 2, Chemistry; 3, Medical Chemistry; 4, Anatomy; 5, General Anatomy; 6, Physiology; 7, Pharmacy; 8, Therapeutics; 9, Medicine; 10, Surgery; 11, Pathological Anatomy; 12, Midwifery; 13, Forensic Medicine; 14, Hygiene.

2. That Physics, Chemistry, Medical Chemistry, Anatomy, General Anatomy, Physiology, and Pharmacy (and Botany if included) be studied previously to passing the first professional examination.

3rd. That in the remaining period of the four years, the other subjects shall be studied, viz., Therapeutics, Medicine, Surgery, Pathological Anatomy, Midwifery, Forensic Medicine, and Hygiene; and that the second, or pass examination shall then take place.

4th. That the exact order, number of lectures, and amount and kind of practical instruction be left to the schools, a guide being furnished to them by a definition of the area in each subject over which the examination will extend.

5th. That the schools institute class examinations in all these subjects, and that the certificate of study shall attest that the student has undergone these examinations.

If the Council approve the policy sketched out in this Report, and decide on carrying it into effect, we suggest that a small Committee, consisting of about five members, shall be appointed, and shall receive full powers to enter during the recess into communication with the various Licensing Bodies with respect to the limits of examination; and that this Committee shall present to the Council, at its meeting in 1870, a definite plan showing the extent to which the Licensing Bodies propose to carry their examinations. This Committee should also have the power to enter into the other matters noted in the Report, especially into the possibility of forming conjoint Examining Boards, before which every student shall appear to entitle him to receive a licence to practise. The Council will then be in a position next year to take definite action in the matter.

Andrew Wood, *Chairman.*

The following motions by Dr. Andrew Wood, seconded by Dr. Parkes, were then put and carried:

"That the Report of the Committee on Education be taken into consideration at the next session of Council, and that in the meantime the Report, with the Appendices, be submitted to the various Licensing Bodies for their consideration and remarks, with a request that their remarks be sent to the Registrar on or before the 1st December, 1869."

"That a committee of five members be appointed to whom the comments of the Licensing Bodies on the Report of the Committee on Education be referred, and shall have power to discuss with the Licensing Bodies the various points raised in the Report, and embody the results in a report to be sent to the Executive Committee at least one month before the next session of Council."

The Report of the Committee upon Preliminary Education was then handed in, for which we hope to find space in our next.

The following amendment by Mr. CÆSAR HAWKINS, seconded by Dr. ACLAND: "That the attention of the several Licensing Corporations be drawn to the recommendation issued by the Medical Council in 1859, and their opinion asked, whether the time has not now arrived when this recommendation should be carried into effect, and to point out any difficulty which may exist in the way"—was put as a substantive motion, and carried *nem. con.*

The remainder of the sitting, which was an unusually prolonged one, was chiefly occupied in passing some formal resolutions; and the Council adjourned until Monday at one o'clock, in anticipation that it would be the last day of this session.

Correspondence.

THE SYSTEMS OF ELECTION TO MEDICAL APPOINTMENTS IN THE DUBLIN HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I think that the profession and the public are indebted to Dr. Mapother for eliciting opinions on a point of such vital importance to both as the principles which have regulated the election of medical officers to the Dublin Hospitals. But he would have rendered his able paper of more practical value had he dealt with the subject in a wider range, and especially had he unfolded a plan for the securing of *superlative* merit. He dwells on nepotism, and the purchase-system, condemning both, but leaves untouched the more powerful agencies that have ever been in operation —personal and political interest. More men of brilliant abilities and high acquirements have been unsuccessful candidates for hospital appointments through want of influence with *ex officio* governors, than through the antagonism of nepotism or the want of money.

I can see no difference, as a matter of principle, between influence when exerted by the candidate's father or uncle, and influence when exerted by the candidate himself, directly or indirectly, through his family and friends; nor does it appear to me a more unworthy act to sell an hospital appointment than to bestow it under the pressure of personal or political interest. To make an election to such an office as that of physician or surgeon to an hospital come up to the ideal of purity, *all* influences should be excluded. If electors are to be more or less controlled or biased in their judgment, they exercise a wiser discretion when they recognise nepotism and countenance the money qualifications, than when they allow personal or political considerations to have weight.

With respect to the purchase system, it has presented itself in two shapes. In one case money has been paid to a medical officer to induce him to create a vacancy; in the other, the appointment is actually bought by payment of a certain sum.

The first cannot be viewed as an instance of purchase; it is a transaction between the intending candidate and the physician or surgeon willing to retire, therefore the payment cannot control the election. If the payer is to succeed, he must either depend on the recognition of his merits by the governors, or bring some of the influences specified to bear in his favour.

The other is a perfect example of buying and selling, and, though connected with an hospital in which payment of money in any shape for its medical appointments is discountenanced, I cannot but think that there is unreasonable censure cast upon the purchase system as carried out in some hospitals. No doubt a man conscious of his fitness for an hospital appointment must feel it a hardship to be unable to succeed because he is too poor to buy it; but the grievance is the loss of the office, therefore the inability to command any of the other determining influences is equally a hardship. Fortunately for the public, the loss is more to the individual than to the office, since it cannot be argued that the power to command money or interest makes a candidate the less fit for the post.

We have an analogy in other professions. There are men practising for a long time at the Bar, and possessed of great forensic acquirements, who have no prospect of gaining any of the rich prizes in their profession from want of political interest; and yet, will anyone assert that the unsuccessful men would make better judges than those who have adorned and now adorn the Bench?

There is one advantage in the pay system as noticed by Sir Dominic Corrigan, who always takes a deep and comprehensive, as well as a common-sense view of such questions—viz., that the man who pays his money will value the appointment all the more; he will view it as an investment to be improved, in the same way as the general practitioner in England who pays for his practice will work the business so as to guard against the deterioration of its selling value. This is, no doubt, a mercenary view of the matter; but be it remembered that an hospital appointment is not looked for as a mere honourable title, like some of those distinctions conferred by Government for distinguished merit, but on the cold, hard, *unsentimental* calculation of the merchant, as to how far it may lead to private practice, and thus to the increase of professional income.

To ignore professional attainments, and to make the hospital an auction, where its appointments are open to the highest bidder, would be a most reprehensible proceeding; but I am confident that such a practice has not prevailed, and never will prevail in any of the Dublin institutions for the sick poor.

The governors and medical staffs of our hospitals are too high-minded, and entertain too keen a sense of duty to be satisfied with the pecuniary test only, and if they are not, self-interest would counteract the evil, since one incompetent physician or surgeon would damage the reputation of the institution, and drive the class of students from its wards. But Dr. Mapother makes the startling statement, that to the systems of election which have obtained, he ascribes "the fact that the Dublin School, although eminently sound and practical, is remarkably barren of discovery or scientific research." It is difficult to understand the drift of this observation. Is it meant that we are the less distinguished because we are more practical than theoretical? less fit to be hospital physicians and surgeons because we treat diseases more on sound well-tested than on visionary principles? The inquiry is not concerning appointments to professorial chairs in medical schools, but to posts specially designed for the *treatment* of patients, and the teaching of *sound treatment* to pupils. I know not of any scientific research which strictly falls in the path of practice, save what may relate to pathology and organic chemistry. These subjects ought certainly to be studied, but if excellence is to be attained, a life-time must be devoted to their pursuit, and the active duties of the pure practitioner laid aside. If there be few traces in medical literature on these subjects by the pen of Irish physicians and surgeons, the explanation is that here there is no encouragement to nor reward for devoted scientific zeal, as is the case in London and the large capitals on the Continent. The man who, in Dublin, gives up his time to such pursuits, and the better to do so disregards practice, may starve, if he have no private resources. Is it not a fact that young men who, during the first few years of their hospital career, have distinguished themselves in histology and organic chemistry, and even in the field of mechanical invention, are compelled to relax these studies to give themselves increased time to develope what will more surely lead to private practice, the only true source of professional income? The barrenness referred to arises from no want of intellectual fecundity in those holding advantageous posts for research. There have been those who, not caring for income, and looking higher than the ephemeral reputation belonging to a successful career in practice, feeling only the fire kindled by love of science, have produced fruits as rich as have come from any other country. The opponents to the systems of election which have prevailed admit that the Dublin hospitals are officered by *some men* of great powers, but unfairly argue that their merits are intrinsic and independent. No system can create genius, and none retard its progress; but that system cannot be so bad under which first-rate talent has been procured; at least, it cannot in truth be asserted that it has worked to the exclusion of "men of brains."

But the most zealous supporters of the systems of election hitherto adopted cannot maintain that they are so perfect as not to admit of better. In nothing ought we to rest satisfied with positive quality, but seek what embodies the superlative degree. To act on the principle, "let well alone," is, as Dr. Shaw remarks, to obstruct reform and progress. There is, however, a vast difficulty in finding an unexceptionable substitute for the systems of election which have prevailed. If the question related to promotion from a small to a large hospital, the selection of the candidate would be comparatively easy. Some embarrassment might be felt in determining relative merits, but the task would not be more difficult than that devolving on the Commander-in-Chief of the Army, when he is called on to choose the officer best entitled to be elevated. But it is admitted that at least one member of the medical staff of an hospital should be a junior, and the great difficulty consists in the choice of the *untried* man. The method adopted in some London hospitals, and commended by Dr. Mapother—nomination by the medical officers—is practically as full of faults as any other. Medical men, as Professor Haughton remarks, "are neither better nor worse than their neighbours;" they are actuated by the same motives and governed by the same feelings as other mortals; therefore, the method referred to affords no protection against jobbery, nor security for transcendant qualities. It guards against the election of a downright bad man, but does not ensure success to the best.

It has been suggested by a sound thinker, Dr. Henry Kennedy, and the suggestion has obtained the eloquent advocacy of the distinguished Dr. Shaw, that the tenure of the medical or surgical office should be limited to fifteen years. This method would certainly enlarge the field, but not enrich the soil. It would be to stunt the growth of knowledge, to pluck up the plant before it had reached maturity, and borne fruit. A young man who gets an hospital appointment immediately on his becoming qualified to practise, would, if he have fair ability and industry, gain a good knowledge of disease in fifteen years; but this span is far too short on which to build a solid superstructure. Several years are necessarily engaged in learning; nearly as many ought to be absorbed in testing the results of practice, and thus forming the judgment. We must be careful not to check the full development of practical knowledge in the praiseworthy effort to multiply its recipients.

The plan that naturally occurs to the mind as the most efficient in the case of young unproved practitioners is test by examination: not merely requirements to answer *vivâ voce*, and to written questions, but to display at the bedside in the hospital how far diagnostic powers and other practical qualities are possessed, and in the lecture-room how far instruction can be delivered orally. The candidate, who, if he be successful, must at once undertake to treat patients and teach students, may well be expected to exhibit good qualities in these respects at the starting point; but experience proves that the power to make a good display in the first instance is no evidence of power to subsequently excel. A young man of moderate ability, but with tact, self-confidence, and self-possession, may undergo the testing ordeal in a manner to make a good impression in his favour, and yet be quite incompetent to reach much beyond his first attainment—to turn to full account the opportunities that hereafter fall in his path. All his powers seem exhausted in the trial, and the first two or three years of hospital practice; they then stagnate, and there is no advance. Sterling talent is often talent being drawn out only where there is a field for action, and then it expands under the exciting inducement of opportunity.

I am far from wishing to make a remark calculated to throw a doubt on the general efficiency of competitive examinations, which are a sure barrier to the introduction of ignorance; but they utterly fail to indicate where lie those special qualities which, when fully exercised, produce a high order of professional skill and accomplishments. For this reason I should prefer to appoint a young practitioner who, while a pupil, was under my observation in the hospital, without submitting him to examination, than take one only known to me as having acquitted himself well at an examination. It is satisfactory to find that I am borne out in this view by two excellent authorities, Sir Dominic Corrigan and Dr. Evory Kennedy.

The question is clothed in difficulty. It is, therefore, the more incumbent upon us not to hastily displace existing systems, because, on searching scrutiny they disclose some defects. My object in making the foregoing remarks is threefold: 1st. To show that the systems which have been followed are undeserving the censure heaped upon them; 2nd, That the proposals made as substitutes are practically as faulty, if not more faulty, than any of the prerent systems; 3, The difficulty of finding a good substitute.

I am, dear Sir, truly yours,
SAMUEL G. WILMOT.

5, Merrion Square, Dublin,
5th July, 1869.

THE POPULATION QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The pages of your valuable periodical have, for some time past, been, to a certain extent, occupied by some very interesting communications on the subjects of population, pauperism, and other allied and equally important topics. Malthusians and followers of John Stuart Mill have been dilating upon the egregious folly of the poorer classes having large families, and have triumphantly put forward the French population statistics, combined with the generally diffused prosperity of that people, in support of their views.

Now, fully agreeing with those who believe that over-population is a cause of poverty, and that, consequently, it is desirable that a restraint on the growth of population should be in operation, I submit that the remedies which have been hitherto suggested are all objectionable; some on the score of practicability, others on that of morality, and some again are legally criminal. I except emigration and colonisation, to which objections may be taken on other grounds; let us review the other suggested remedies.

Mr. Mill, in his chapter on the remedies for low wages, dilates at length on the advantages of *continence*, and certainly the practice of continence by married couples would seem to be a very natural and effectual check to overrapid propagation of the species ; but most persons, the "Dialecticians" included, admit that the general adoption of continence by the classes to whom it would be most beneficial, is altogether impracticable ; and Mr. Whittle, with whom I am sure many persons agree, denies its efficacy, and affirms that the inevitable result of a number of married couples attempting to live up to Mr. Mill's idea, would be that "the number of births would in no respect diminish."

Again, the French peasant has been held up as an example worthy of imitation ; his family seldom includes more than two children ; and it results therefrom that his wages are amply sufficient to maintain himself, his wife and his children, in comparative affluence.

But by what means are those very desirable results attained ? Is it by the practice of that continence which J. S. Mill so strongly inculcates ? Dr. Drysdale, in your issue of the 30th ult., and in reply to the very pertinent question of Dr. Nourse, admits that he is unable to furnish "the details of French slow increase in numbers," and he is equally incompetent to decide "how this is accomplished ;" he does not even hint that it results from the practice of that continence recommended by Mr. Mill, whom he so much and so justly admires. Is it, then, by restraining those desires which actuate every man, and are inseparable from his nature, that population in France has been kept at an almost uniform standard ; or is it by the indulgence of these *natural* desires in an *unnatural* manner ? Let anyone peruse the case of Mrs. R., detailed in the Sydenham Society's edition of Lancereaux's "Treatise on Syphilis," vol. i. p. 105, and ask himself whether that case throws any light on the subject of the limitations of the number of a family, and the means by which such limitation is accomplished in France. Is this one of "the prudent and common-sense practices of the French people," which Dr. Drysdale "believes to be the best plan" for preventing "the miseries of over-population and starvation ?"

Another mode of ensuring small families, which is generally supposed to be commonly resorted to by our continental neighbours, is "*preventive copulation* ;" moreover, it is notorious that amongst our Transatlantic cousins, "*habitual fœticide*" is quite an "institution," and lastly there remains Marcus's very effectual plan "*infanticide*."

Here, then, are the much vaunted remedies for low wages, and too rapid propagation,—to wit, (1), Continence ; (2), Unnatural connections ; (3), Preventive copulation ; (4), Fœticide ; (5), Prolicide ; (6), Emigration.

With regard to the first of these measures, it has been remarked that its general adoption is impracticable ; and Mr. Whittle asserts that it would be inefficient. Concerning the second and third remedies, I would ask, is it desirable that the general community of these kingdoms should be initiated in these brutal practices, which, while morally more debasing and disgusting than masturbation, are, moreover, objectionable from a sanitary point of view, as being productive of disease ? No, emphatically no ! better far that the increase of population should continue, with its inevitable train of evils, than that our hitherto comparatively pure people should become familiar with the disgusting details of French "*common-sense practices*."

Very little need be said concerning fœticide and prolicide, both of which may be included in the one category, being simply murder,—as Mr. Whittle forcibly and plainly puts it, "infantile murder before or after parturition." I am sure no political economist, medical or otherwise, will in these days venture to recommend such checks to population, however efficient they may have been found by our French and American friends, in attaining those very satisfactory economical results, so much admired.

Lastly, we come to emigration, and this appears at present to be the only remedy which is at the same time efficient and least objectionable. For that many objections may be urged against it cannot be denied, and amongst these that it is only a temporary expedient, it can only modify and delay the effects of rapid multiplication, for wherever people are they will continue to increase and multiply in accordance with the Malthusian law, so that ultimately a time must come when the population will be too dense for the resources of the earth ; then will commence the struggle for food, and then will the human race improve to an indefinite extent, through the operation of Mr. Darwin's celebrated law of "natural selection ;" so that, were we permitted to live so long, we might expect to see a race of men totally superior to ourselves, in the possession of supernumerary faculties and instruments of sense, entirely exceeding us in stature, and probably differing from us in shape to a remarkable degree.

J. R. McMahon Murphy, A.B., M.B.,
Natural Science, Moderator, Trin. Coll. Dub., &c., &c.

Thurles : July, 1869.

PROFESSOR OWEN'S IDEA OF THE SOUL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Professor Owen, in his "General Conclusions on the Anatomy of the Vertebrates" (vol. iii. p. 820), observes : "Thought relates to the 'brain' of man, as does electricity to the nervous 'battery' of the torpedo ; both are forms of force, and the results of action of their respective organs ;" and, assuming that the theory is "adverse to the notion of an independent, indivisible, immaterial, mental principle, or soul" (p. 821), he asks, "Is the *soul* of the dog other than the personified sum of his psychological manifestations ?"

Here, however, another question arises : What is it that constitutes the distinction in the psychological manifestations of these two widely different species ? Does any mere modification of the cerebral organism, any "affection of the cerebral fibres" bring the mind of man into approximation with that which is spiritual ? What are the laws which govern those complex modes of thinking and feeling which go to constitute our moral and religious sentiments ? Where are the "centres of force" by which the mind is impressed and determined under the influence of these sentiments ? In what way can our ideas of an outer world aid us in forming conceptions of anything immaterial (p. 821), except as they affect our self-consciousness in relation to that world, is not very apparent ; and volitional manifestations, purely religious, can scarcely be affirmed to be "due to the reaction of lines of force from outside centres upon lines of force put into action from inside centres" (p. 823). The comparison supposed points rather to the conclusion that there may be characteristic psychical differences associated with certain phases of psychical resemblance—differences of such a nature as to warrant the inquiry, "Who knoweth the spirit of man that goeth upward, and the spirit of the beast that goeth downward to the earth ?" (Ecclesiastes iii. 21.) That there is something analogous in the two cases is indicated by the form of phraseology applied to both ; but we are not to confound analogy with identity in our reasonings on this subject. The laws of chemical polarity give determinate crystalline forms to substances which so closely resemble each other that they might be supposed to be identical, if, by chemical analysis, they were not found to be composed of entirely different elements.

As the learned and accomplished Professor avers his belief in a Divine revelation (p. 821), he will doubtless be prepared to accept its *dicta* on this important question, that "There is a spirit in man" (Job xxxii. 8), that it is something separable from that which is corporeal. "Then shall the dust return to the earth as it was ; and the spirit shall return unto God who gave it" (Ecclesiastes xii. 7) : and that, whatever may be the essential nature of this animating principle, it is instinct with self-consciousness in its disembodied state. Hence we may not unreasonably suppose that it is the *impress* given to the spirit of man by "the sum of his psychological manifestations," *in his moral relation to the Divine Being*, which gives significancy to the term *soul* as the biological embodiment of the immaterial principle within us.

It may not be deemed altogether irrelevant to the subject under discussion to note that the Hebrew terms, *Ruach* (πνευμα) and *Nephesh* (ψυχη), are employed interchangeably by the inspired writers of the Old Testament, and that, in the oldest cognate language (the Arabic), the correlative nouns, *Ruhhon*, anima, afflatus Dei, from *Ruhha*, respiravit ; and *Nafson*, anima, corpus, persona, from *Nafisa*, peperit, enixa fuit,—are thus distinguished by Golius : Hæc (*Nafson*), anima corporea ; illa (*Ruhhon*), incorporea.

I am, Sir, yours, &c.,

Macclesfield. J. Birchenall, M.R.C.S.

CHLOROFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I send you a few remarks on the administration of chloroform, hoping you will be kind enough to give them insertion in your journal.

For the following reasons I cannot regard the rule which at present prevails with regard to position (the dorsal-recumbent), during the administration of chloroform, as a favourable one for the patient.

1st.—There is the pressure of the abdominal viscera, thrown on the lungs and heart, which, of course, interferes to a certain extent with the functions of these organs.

2nd.—The position tends to produce a sinking, or falling in of the anterior wall of the chest (especially during the muscular relaxation resulting from chloroform), thus diminishing its antero-posterior diameter, and, therefore, unfavourable to respiration.

3rd.—The position favours gravitation towards, and congestion of blood, in the posterior parts of the lungs, especially if the inhalation of chloroform be prolonged, thereby further damaging respiration.

4th.—The tongue is thrown backwards, another impediment to free respiration.

Now, when I consider in connection with what I have stated above, the fact that chloroform depresses and tends to paralyse the muscles of respiration and the heart, I cannot regard that position as favourable for its administration which interferes with respiration. But if the narcotism were necessarily deep, or prolonged, I should certainly regard the position as highly dangerous. I do not at present deal with the question as to which would be the best position for the patient during inhalation of chloroform, but may, after a time, give you the views I entertain on this matter.

There, is, however, another and all-important topic, with which the propositions I have enunciated have the closest possible connection—I refer to the treatment of the apparently dead from drowning, in a word, to all cases in which the employment of artificial respiration is demanded. I am sure it is scarcely necessary for me to state, side by side with the above propositions, that I cannot approve of the method promulgated by the Royal Humane Society for the restoration of breathing in the apparently dead from drowning. I allude to the method called Dr. Silvester's. In my first proposition, I say that in the dorsal-recumbent position (the position enjoined by Dr. Silvester's method), there is the pressure of the abdominal viscera thrown on the lungs and heart, which of course interferes to a certain extent with the functions of these organs. But it is well known that in those apparently dead from drowning, water swallowed during immersion is generally found in the stomach, which, by pressing upwards the diaphragm, must interfere with respiration. If, then, the position is unfavourable to respiration without water in the stomach, it is needless to urge that it is much more so when water is present in that viscus in unusual quantity. I have not, therefore, been surprised to learn, whilst reading a late number of your journal, that Dr. Trollope, of Hastings, in treating a patient apparently dead from drowning, found Dr. Silvester's method *utterly futile*, until by placing his patient in the prone position, the latter was relieved at intervals of the large quantity of water which he had swallowed whilst immersed.

I will leave the remaining propositions to speak for themselves. Time does not now permit me to say more on this very interesting subject. But allow me briefly to add, that in those severe cases of typhus fever where the decubitus is dorsal, I believe much injury to the patient may be prevented by due attention to his position on the part of the physician.

Believe me, Sir,
Your most obedient servant,
WILLIAM O'DONOVAN, L.A.H.I.

3 Shandon street, Cork :
June 4, 1869.

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WEIGHT AND PULLEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In inserting my remarks under the above heading you have made a slight misprint—viz., it should be 28, not 23 years ago I had charge of Sir Philip Crampton's case in the Meath Hospital, and as the adaptation of the weight and pulley to the last case I treated with it, is, so far as I know, *novel*, I give you a brief description of it, should you consider it worthy of notice.

Some time ago I was called to see a young girl, æt. fifteen, suffering from scrofulous disease of the hip-joint of some standing. I found, to relieve the pain in the limb, she had flexed the leg upon the thigh, and retained it so long in this position that no ordinary means could avail to relax it, the muscles being so rigidly contracted. Believing the diseased condition of the hip curable I had to turn my attention to the great deformity I have described, which, if not removed, would render her a cripple for life, and after failing to bring down the limb by all ordinary means, I was compelled to use forcible extension, by which I succeeded in straightening the leg, but the difficulty which then arose was to prevent retraction—she could not bear the pain of any appliance in the way of splint, and I was mortified to see her drawing up the leg again, despite all my efforts to the contrary, when, happily the weight and pulley occurred to my mind as a suitable means to accomplish my object, and immediately I made trial of it with a very small weight at first, gradually increased ; this she bore well, and I had the gratification of finding it acted in every way to fulfil my expectations. The girl is now well, and has perfect use of her limb.

Faithfully yours,
HENRY J. SMITH.

Donaghmore, Borris-in-Ossory :
June, 24, 1869.

Literature.

A TREATISE ON SYPHILIS.*

THIS is an elegantly bound and admirably printed volume ; and, coming as it does from a gentleman whose long acquaintanceship with syphilis and urinary diseases has been almost hereditary, it at once claims the most thorough study and attention. We have been much pleased by the amount of practical information contained in Mr. Coulson's work. The man of practical acquaintance with the disease he writes about cannot fail, if he be not a very bad writer indeed, to convey much of his personal experience in his works ; but it seems to us that Mr. Coulson has been more than usually fortunate in conveying to the mind of the student those points which are the most valuable for him to be acquainted with. Like most of the younger writers upon syphilis, our author at once confesses himself to be an adherent to the school which the illustrious Bassereau initiated in 1852, that is, he believes completely in the duality of the chancre. In this belief, we must say, we entirely concur with Mr. Coulson. Syphilis always arises from some person who has syphilis, not from a person with only soft chancre. This is our own experience, and we are, therefore, able to congratulate both Mr. Coulson and also Mr. Berkeley Hill on coming to the only conclusion which, we believe, is warranted by the facts before the profession, that soft and infecting sores are different poisons.

His first chapters are devoted to the consideration of the soft chancre. A piece of valuable advice is here given to practitioners who come across such ulcers accompanied by phymosis. Mr. Coulson advises us on no account in such a case to have recourse to an operation for phymosis, because, as he points out, the cut surfaces may become inoculated ; and an extensive chancre occur, most difficult to heal. Gangrenous chancres are, it appears, frequently seen among prostitutes at the Female Lock Hospital ; sometimes producing frightful ravages, and even sometimes causing death. Such being the case, we are informed by Mr. Coulson, that carbo-sulphuric paste, or chloride of zinc paste, are admirable applications to such soft chancres. Having full confidence in the doctrine, that soft chancre is merely a local disease, he confines his treatment of it to local remedies, such as *aromatic wine* or solution of sulphate of copper, &c, or sulphate of zinc, &c. frequently changing the applications, when one does not succeed. The local treatment found most useful for gangrene he says is the saturated solution of the potassio-tartrate of iron, kept in constant contact with the sore by means of lint, and changed every four hours, whilst opium is used internally in full doses. Cauterisation often fails in serpigenous sores. Mr. Hutchinson, it appears, has informed Mr. Coulson, that for some time past he has treated patients in the London Hospital suffering from phagedenic chancre, by keeping them day and night in a hot hip bath, at a temperature of from 98° to 100° F., and that, in his hospital experience, he had never found this treatment to fail in arresting the phagedena; healthy action being set up in the part in a week or a fortnight.

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* A Treatise on Syphilis. By Walter J. Coulson, F.R.C.S., Surgeon to the Lock Hospital, &c. London: Churchill, 1869. Pp. 351.

In the next chapter we are told how the true mitral lesion of syphilis is usually a chancre; how a period of incubation of some three or four weeks elapses before the part inoculated with the syphilitic virus shows itself in the part inoculated. The true syphilitic primary symptoms are almost always single, unlike the soft sore, which is usually multiple, and the hard bubo of the former contracts with the suppurating and virulent bubo belonging to the soft chancre. Then soft chancre may come again and again in the same individual. A hard chancre is only once seen on the same individual, and whilst soft chancre is auto-inoculable, hard chancre is scarcely ever so. Mr. Coulson, however, seems to agree with Boeck and Bidenkap that a positive effect with the matter of infecting chancre on the patient himself is more easily obtained than M. Ricord's experiments would lead us to expect. The experiments, he says, performed at the Lock Hospital, in 1866, by Mr. J. Lane, Mr. Gascoyen, and Mr. Coulson, appeared to establish the fact, that there is no apparent difference, as far as external appearances go, between the sores which result from the re-inoculation of matter from the non-infecting and infecting chancre. In both cases the resulting ulcers were free from hardness; the period of their duration was the same, averaging from three to four weeks, and the scars which ensued were of the same appearance. These facts are similar to the observations of Professor Boeck. Mr. Coulson seems to treat indurated chancres rationally and simply, with water dressing; and says truly that the sore will in most cases heal readily enough under this simple treatment, unless excessively indurated. Phagedena and sloughing do not so frequently complicate hard chancre as soft. He "cannot recommend mercury" for the initial sore, neither excision by the knife, nor destruction by caustic will prevent constitutional infection.

Non-infecting chancre in the female requires much more care and attention than in the male, and active cauterization should be employed early. The tincture of iodine, and solutions of tannin, are recommended. The chloride of zinc paste is recommended for phagedena in women. Hard chancre is far less frequently met with in women than in men, and it seems that in the Lourcine Hospital at Paris there are not more than fifty such chancres observed annually; but, as the contagious character of *mucous patches*, as our author calls them, is now universally recognised, there is not much difficulty in seeing whence the large amount of true syphilis in Paris arises. With regard to bubo, the characters of chancrous bubo are given—(1) as seated in superficial ganglia; (2) terminating in suppuration; (3) that the pus is virulent; (4) acute symptoms. It is affirmed that blisters will sometimes avert a virulent bubo; but as a rule they generally burst. When they do so our author advises bark and acids, oleum morrhuæ and the opening of fistulæ. The treatment of indurated bubo is to let it alone.

And now we come to the doctrine of syphilis; and, first of all, it seems that Mr. Coulson thinks that syphilis arose in 1495 or thereabouts as a *new disease*, In this he runs counter to the views of Lancereaux and others; but, after all, the question seems very insoluble. (N.B. We would remark that there are three mis-spellings of words in page 76, which might be corrected in future editions.) In 198 cases of roseola syphilitica, M. Bassereau, our author truly remarks, was able to confront the patients thirty-four times; and in thirty-one of these thirty-four cases he found that the person who communicated the disease was also suffering from constitutional syphilis. M. Ricord, it appears, "enlightened by the labours of his own pupil and the careful observations of several distinguished professors at the Lyons school, has unreservedly adopted the dualistic doctrine, and, with his usual industry, has brought forward many additional facts. 134 confrontations were made under his inspection, and all demonstrated to him a similarity of accidents in the patients infected and in those who transmitted the infection to them. Seventy-five of these cases are summarily given in his last edition of the Lectures on Chancre."

How little has been done in this direction in this country all who know the state of the question will allow. According to Mr. Coulson, in chapter eight, mercury does not invariably prevent secondary symptoms. Does it ever do so? The natural duration of roseola is stated by our author as five or six weeks. Syphilitic pemphigus is so rare that our author has not seen a case of it. He considers that rupia is probably a tertiary symptom; we think, on the contrary, that rupia is distinctly a secondary affection. Under the head of diagnosis, Mr. Coulson points out how difficult it sometimes is to distinguish scrofulous from syphilitic ulceration of the fauces. In such cases he "abstains from the use of mercury." In an interesting chapter on malignant syphilis he states that Mr. Hutchinson seems to think that perhaps hereditary taint may account sometimes for the appearance of this formidable disease. Sometimes such cases follow also after phagedenic chancres.

Half-drachm doses of iodide of potassium have been advised by the author in several cases of the kind, with signal success. "In the treatment of malignant syphilis, the most important point is to avoid the administration of mercury. Under the influence of this remedy, the ulcers immediately spread, becomes deeper, and manifest a tendency to gangrene." The essential character of syphilitic iritis, our author informs us, is that of adhesive inflammation; and we may expect to see iritis up to the sixth month after infection. On its first attack, it generally affects both eyes, or with short intervals between the attacks. Mr. Hutchinson believes that subsequent attacks of iritis are relapses, and mentions that one in every five cases of iritis ocurred in his experience in syphilitic persons. About one in sixteen cases of syphilis are accompanied by iritis. Mr. Coulson asserts, that all surgeons are agreed as to the efficacy of mercury in iritis. Immediately after writing this, we suppose he would perceive that his colleague Mr. Gascoyen asserted in a paper in the Medical and Chirurgical Society, that specific iritis does remarkably well under a treatment by belladonna and hygienic appliances,—just, indeed, as had long ago been ascertained by Williams of Boston, I. Z. Lawrence, and other specialists.

Syphilitic affections of the larynx occur sometimes early, sometimes late. The early ones comprise inflammation of the mucous membrane, mucous tubercles, and superficial ulcerations. These are generally mild. The mucous tubercle does not appear to be frequently seen in the larynx. The superficial ulcerations often occupy the vocal cords and epiglottis, and are seldom troublesome; it is far otherwise with the laryngeal tertiary affections. In some cases the disease attacks the whole internal surface of the epiglottis, the arytenoid cartilages, vocal cords, and lower part of the larynx, giving rise to deep ulcers of the mucous membrane, destruction of cartilages, necrosis of bones, and constriction of the larynx from cicatrices. When the ulcer occupies the upper part of the larynx, or epiglottis, spasm is produced by fluids. The patient is harassed by constant cough, with purulent expectoration, and dies from exhaustion in many cases. Tracheotomy is sometimes indispensable. Iodide of potassium, not mercury, is recommended by the author, and the parts to be touched by solid nitrate of silver according to Dr. M. McKenzie.

When tracheotomy has been performed in like cases, it seems requisite to use the tube for an indefinite time. With regard to the syphilitic affections of the testes, simple orchitis sometimes occurs, but in the commoner form we find the specific lesion, or true gummy tumour. The tumours in the testes vary from the size of a hemp seed up to a cherry, sometimes isolated, sometimes united. There are but few symptoms of inflammatory action in these cases. We can generally merely detect an indolent enlargement of the testes. If not treated the tumours may lessen, and the testes waste away. When both testes are affected, no spermatozoids are secreted. If left to itself, the duration of syphilitic sarcocele seems to be unlimited; but, "if taken early, and properly treated, it is amenable to remedies, and disappears without unfavourable consequences." Mr. Coulson, in his chapter on syphilitic diseases of the bones, mentions the dry caries of the bones of the cranium the remarkable lesion sometimes discovered post mortem.

His 17th chapter discusses the question of mercury or no mercury in syphilis; and the author enrols himself among the ranks of mercurialists. He says truly that many ante-mercurialists have been so rash as to assert that mercury causes all the bad tertiary symptoms seen in the disease; and instances Mr. Syme and Dr. Hermann of Vienna as two gentlemen who have, perhaps, spoken too strongly as to the powers possessed by mercury to produce symptoms in the bones analogous to those of syphilis; but Mr. Coulson hardly attempts to meet the later opponents of mercury, who assert that the disease does far better when mercury is not used; and that the iodide of potassium is the only safe specific to use in syphilis. We shrewdly suspect that our author, just as he seems to know little about the natural history of syphilitic iritis, also knows not much more as to the natural history of roseola, or papular syphilides or other secondary lesions when treated by topical remedies. Perhaps some day he may be inclined to wish to know more about the disease without mercury. Mr. Coulson does not use mercury for primary cases; but, for eruptive lesions, he prefers the mercurial ointment; ʒj. rubbed in, in various parts of the body, every night, Zittmann's treatment, also, finds favour with Mr. Coulson. Some chapters on specific epilepsy, on disease of the liver, lungs, &c., close this most interesting and practical work, which we have no hesitation in recommending all practitioners to peruse carefully, as they cannot fail to learn much valuable information from its pages.

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS—July 9.

MEDICAL EDUCATION AND REGISTRATION.

Sir **John Gray**—I wish to ask the Secretary of State for the Home Department whether the General Council of Medical Education and Registration, appointed under the Act 21 and 22 Vict., c. 90, represented to the Privy Council, with a view to obtaining the co-operation of that body in improving the mode of educating and examining candidates for medical and surgical degrees, that the official reports forwarded to the Council for their information in the years 1865, 1866, 1867, and 1868 by the heads of the military and naval medical departments, complain of the ignorance of a large proportion of the licensed surgeons and physicians who annually present themselves as candidates for medical employment in the army and navy; and that the tabular returns recorded in the minutes of the Medical Council show that, within the period embraced in the reports named, more than 150 licensed surgeons and physicians who were entitled to hold any Poor Law or other civil medical appointment in the empire, were rejected by the military and naval medical boards as persons to whom it would be dangerous to entrust the lives of her Majesty's forces, because of their ignorance of the profession of which they are licensed practitioners; if the Medical Council did not represent to the Privy Council that seventeen various kinds of medical and surgical diplomas, or degrees, were included in the list of those held by the 150 candidates who were rejected for their ignorance of the elements of professional knowledge, and did they represent to the Privy Council the case of any one of the licensing bodies who issued those degrees or diplomas, with a view to put an end to the granting of licences to practise, which the reports and tables recorded in the minutes of the council prove to be delusive as guarantees of practical medical knowledge; and if the answers to the above questions shall be in the negative, to ask is the Government prepared to take means to secure to the general public the same, or similarly effective, guarantees against the licensing of ignorant and incompetent men who are now employed by the military forces of her Majesty?

Mr. Bruce—With respect to the first part of my hon. friend's question, I have to state that no such representations have been made by the Medical Council either with respect to candidates rejected upon examination, or with respect to the granting of licences to 150 rejected candidates. I have reason, however, to know that the fact has come under their notice, and occupied their serious attention. In answer to the third part of the question, I have to say that I am informed that the Privy Council is at present in communication with the Medical Council with the view of considering whether the Medical Act should not be so amended as to insure a greater degree of efficiency in the medical profession in the army.

Sir J. Gray reminded the right hon. gentleman that he had not answered the second part of his question.

Mr. Bruce—No, sir. No such application has been made.

The House then went into committee on the Contagious Diseases Animal Bill.

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Obituary.

JAMES YEARSLEY, M.D., L.R.C.P., &c.

We regret to announce the death of the above gentleman, which took place at his residence in Savile Row, on Friday last. He was well known to the profession through various contributions to the surgery and pathology of diseases of the throat, nose, and ear. He was the originator and proprietor of the Medical Circular previous to its incorporation with the Medical Press. Jointly with two other members of the profession he started the *Medical Directory*, of which Messrs. Churchill and Sons are the well-known publishers. The deceased was sixty-four years of age.

◆

AMPUTATION OF A LION'S TAIL UNDER CHLOROFORM.

The *Madras Times* says—"We mentioned the other day the severe injury sustained by one of the young lions at the park from a mauling of its tail by one of the tigers in the adjoining compartment. At first there was reason to believe that no dangerous results would follow, but on Friday evening it was judged necessary that a portion, if not the whole of the tail should be removed. Mr. Pritchard and Dr. Miller were requested to undertake the operation, which was successfully performed on Saturday morning by Dr. Miller under chloroform, of which five ounces were used, and the tail was removed close up to the stern. At one time during the operation the animal was to all appearance dead, and did not breathe. The chloroform was stopped, and Dr. Miller went into the cage and commenced briskly rubbing, so as to inflate the lungs, a plentiful supply of water being also poured over the animal. After a brief interval he showed signs of life, and the remainder of the operation was completed, and after a little time the cub was sufficiently recovered to walk about the cage. This is, we imagine, the first and only instance of a lion having his tail cut off under the influence of chloroform.

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NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

To Correspondents.—Several communications and reviews of books are unavoidably postponed.

Dr. Robertson, Portsmouth.—Copies were sent to all the addresses given.

Notes on Vegetable Parasitic Diseases of the Skin, by H. S. Purdon, M.D., Physician to the Belfast Hospital for Diseases of the Skin, received. Early proof shall be sent, as requested.

Dr. F. J. Davys, Swords.—Owing to the length of the Council's Proceedings, we are unable to find space in our present number for your communication upon "the Recent Debate of the Statistical Society."

The following Original Communications and Letters are in type, and will appear as soon as space permits:—

On the Treatment of Buboes and their Sinuses (Illustrated), by J. Lamprey, M.B., Surgeon 67th Regiment, Portsmouth.

Obstetric Cases, by J. R. Willan, M.D., Haxey, Lincoln.

An Old Subscriber.—Please see reply to "A Subscriber" below. The authorities of Trinity College do not assist us in publishing the information required, and we do not see that the matter would be so generally interesting as to make it worth while to go beg for the information.

A Subscriber.—The Colleges and Universities whose pass lists are published by us uniformly send us the information, with a request for its insertion. If the University of Dublin think it worth while to do the same, we may, most probably, give them publicity, but we do not consider it our duty to seek out details of information about individual schools.

Communications, Enclosures, &c., received from Dr. Apjohn, Dublin; Dr. Alex. Marsden, London; Dr. R. A. Gunn, Chicago; Dr. Rumsey, Cheltenham; Dr. Palfrey, London; Mr. Cooper, Brentford; Dr. Dalston, Brough; Dr. P. A. Cotterell, West Bromwich; Dr Hardman, Bristol; Dr. Bennett, San Francisco; Mr. J. Cornhill, Birmingham; Dr. Hearne, Southampton; Dr. Moore, Dublin; Dr. Cox, Jersey; Dr. Corrie, Leeds; The Registrar General; Dr. Owen, Liverpool; Dr. Cowen, Kidderminster; Dr. Birchenall, Macclesfield; Dr. Caplin; Dr. Gibbous, San Francisco; Dr. Shinkwin, Cork; Dr. Norris Cane, Waterford; Dr. J. Cresswell, Newcastle; Dr. Birch, London; Dr. Brown; Mr. Cresswell, Norwood; Dr. Robertson, Portsmouth; Dr. Craigie, Reigate; Dr. Harrison, Audlem; Dr. Cowburn, Bampton; Dr. Hardman, Bristol; Dr. Clarke, Scarborough; Mr. J. Winter Jones, British Museum; Mr. Gillott; Mr. Costall, Market Overton; Mr. Wotherspoon; Mr. Tichborne, Dublin; Dr. Purdon, Belfast; Mr. Coster, Hanwell Lunatic Asylum; Dr. Davys, Swords; Mr. Byron Booth, Manchester; Dr. Day, Torquay; Mr. Spurgin, Stratford; Dr. Waring-Curran, Manchester; Mr. J. H. Levy, &c., &c.

◆

VACANCIES.

University College Hospital.—Resident Medical Officer. Applications before the 17th inst. See advertisement.

Margate Infirmary.—Resident Surgeon. Salary £100, with board and residence.

Sunderland General Hospital.—Assistant House-Surgeon. Salary £30, with board and residence.

Royal Surrey County Hospital.—Dispenser. Salary £70 per annum.

Castlebar Union.—Medical Officer. Salary £90, exclusive of fees. See advertisement.

Mullingar Union.—Medical Officer. Salary £90, exclusive of fees. See advertisement.

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BOOKS RECEIVED.

A Physician's Problems. By Charles Elam, M.D., M.R.C.P., &c. London: Macmillan and Co.

Menton and San Remo. By Dr. Edwin Lee. Second Edition. London: John Churchill and Sons.

The Reporter's Guide. By T. Allen Reed. London: F. Pitman.

Bible Animals, Longmans; The Monthly Microscopical Journal; The Chicago Medical Times: New York Medical Gazette; Boston Medical Journal, &c.

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Deaths.

Bolton.—On the 11th of May, at Souillac, Mauritius, J. Bolton, M.R.C.S.E., for many years Government Medical Officer for the District of Savanne, aged 45.

Garman.—On the 5th inst., at Kent House, Bow road, George Bennison Garman, eldest son of H. V. Garman, M.R.C.S.E., in his 14th year.

Godfrey.—On the 4th inst., Nathaniel Godfrey, Surgeon, of Turvey, Bedfordshire, aged 63.

Phillips.—On the 2nd inst., at Exeter, Dr. P. L. Phillips, of Torville, Torquay.

Watson.—On the 3rd ult., at Hounslow, Geo. Henry Watson, M.R.C.S.E., eldest son of the late Geo. Henry Watson, Esq., of Charterhouse square, London, aged 38. Deeply regretted by his family and friends.

Weston.—On the 30th ult., William Weston, M.R.C.S.E., of Battle, Sussex, aged 55.

Advertisements.

NOTICE TO ADVERTISERS.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales, and Transfers of Practices, Surgical Instruments Chemicals, and Trades generally.

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

MR. C. WALL, Surgeon-Dentist, 139 Stephen's Green West (late of Parliament street) ONLY attends Patients (unable to pay) gratuitously bearing a note from Members of the Medical Faculty.

ROYAL COLLEGE OF SURGEONS.

JULY PRELIMINARY EXAMINATIONS.

DR. MURRAY, Ex-examiner in the Queen's University and Royal College of Surgeons, Ireland, prepares Pupils for the Preliminary Examinations in the latter (and the Apothecaries' Hall) at his Chambers, 26 Trinity College, Dublin.

The Points of Advantage which even the most backward Candidate may here secure are sufficiently obvious. Terms ordinary.

N.B.—Logic and a Modern Language are likely to be added to the Course after July.

CASTLEBAR UNION.

CASTLEBAR DISPENSARY DISTRICT.

North Division, comprising the Electoral Divisions of Turlough, Pontoon, Addergoole, Ballynagoragher, Croaghmoyle and Burren.

MEDICAL OFFICER WANTED for the above Division. Notice is hereby given, that the Committee of Management of the above Dispensary District will, at their Meeting, to be held in the Board-room of the Workhouse, on SATURDAY, the 17th July, 1869, at the hour of One o'clock, proceed to the appointment of a properly qualified MEDICAL OFFICER for the above Division (in which he will be required to reside), at the Salary of Ninety Pounds a-year exclusive of Registration and Vaccination Fees.

Candidates must possess the qualifications set forth in the Orders of the Poor Law Commissioners.

Application with Testimonials to be addressed to the Secretary, John C. Larminie, Esq., Spencer Park, Castlebar, up to the hour of One o'clock, on the 17th July, 1869, at which hour Candidates must be in attendance.

By Order,
ROBERT J. NIXON,
Clerk of the Union.

Board-room, Workhouse,
Castlebar, 3rd July, 1869.

MULLINGAR UNION.

CASTLETOWNGEOGHEGAN DISPENSARY DISTRICT.

MEDICAL OFFICER WANTED.

NOTICE is hereby given that the Committee of Management of the above District will at their Meeting to be held at the Dispensary, Loughnavally, on TUESDAY, 20th July, 1869, at Twelve o'clock noon, proceed to the election of a MEDICAL OFFICER for said District, at a Salary of Ninety Pounds per year, exclusive of Vaccination and Registration Fees.

Candidates must possess the qualifications required by the Poor Law Commissioners. The gentleman elected must reside in the District, and enter on the duties on his appointment.

Applications, with copies of Testimonials to be lodged with the Hon. Sec. before Twelve o'clock on said 20th July inst. Candidates requested to be in attendance.

JOHN FALLON, Hon. Sec.

Rockfield, Streamstown.
Dated this 6th day of July, 1869.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 21, 1869.

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EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

BY C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 4.)

REMITTENT FEVER.

THE prevalence of, and mortality by, remittent fever in India appear to be influenced by length of residence in the country, by station, by season, and by the conditions of the different classes of persons borne upon the rolls of a regiment. For my present purpose it will be sufficient to observe that, according to notes in my possession, the occurrence of, and deaths by, this form of disease among soldiers of the 10th Foot during thirteen years the regiment was in India were as follow, namely:—In the first year of its service there the number of cases was 102, of deaths 11; in the second, 26 and 5 respectively; in the third, 14 and none; fourth, 33 and 6; fifth, 11 and 6; sixth, 2 and 1; seventh, 67 and 4; eighth, 12 and 2; ninth, 162 and 4; tenth, 82 and 3; eleventh, 24 and 2; twelfth, 2 and 1; and thirteenth, 13 and 4. The average rate of mortality, which varied much from year to year, was for the whole period to the cases treated 8·90 per cent. among men, 11·76 among officers, 18·87 among women, and 35·29 among children.

From these and other returns we learn, what has frequently been observed with regard to other diseases, that it is not where the affection is most prevalent numerically that liability to death by it is greatest; neither is the class among which attacks are the most frequent that which furnishes the largest proportion of victims. It is well to observe, however, that, under the term "remittent" fever, two distinct forms of disease are included, both depending upon different conditions, distinguished by different characters, and demanding different methods of management. Of these one, in every respect a marsh fever, similar to the paludal fever of the tropics generally, is termed *jungle* fever; the other, described by Johnson and Martin under the name of ardent remittent fever, occurs in the hottest periods of the year, and for the most part in the more inland districts of India.

The malarial form sometimes prevails as an epidemic at certain stations, and it may be in the recollection of some who read these notes, that so severely were *the Buffs* visited by the disease in this form at Kutnal, that the place was in consequence abandoned. Other places also had a bad reputation on the same account, more especially Dinapore, Butanpore, and Lordianah; the latter station built upon the bank of an old river course. Of late years such recurrences do not take place to anything approaching the extent they formerly did; when cases, however, do occur, they generally happen during the rainy and early part of the cold seasons; and the prevalence of intermittents at the same time is one among several indications that both forms depend upon a common cause.

Of late years such outbreaks may be said to have almost entirely ceased, and a modification has even occurred in the characteristics of the affection. At the time of which I write various circumstances, now happily removed, combined with such as have just been mentioned to induce the form of disease then observed. Of such were overcrowding and imperfect ventilation; another was the enforced confinement of the men in their barracks, errors then practised on the plea of protecting them from the influences of the sun. Thus, when, on the subjugation of the Punjaub, our troops held occupation of Lahore, both these causes were powerfully in operation, and produced a severe outbreak in the 9th Lancers and 10th Foot. Then also, and for some time subsequent to that date, the practice permitted in some regiments of issuing spirits to soldiers at or shortly after midday, was a further source of the disease. To obtain them the men often rushed from their rooms to the canteen, exposing themselves to the blazing sun, and, in the North-Western Provinces, to the hot winds then prevailing. Having swallowed their allowance of spirits, they returned to their quarters, where, after dinner, they threw themselves on their cots to sleep away the remainder of the day, and in not a few instances to pass into fever, or the more fatal form of disease, heat-apoplexy. All these conditions have now ceased, however, and one of the most apparent among the results of improved sanitation has been the decrease in this disease among our troops.

In cases of malarious forms of the affection, various complications occur which are calculated to mask the real nature of the attack. Thus, dysentery or hepatitis not unfrequently supervene, the disease then assuming many of the ordinary characters of enteric fever of temperate climates. As, however, medical officers who have been some time in India have to learn that visceral lesions are often direct results of malaria, they have not, as a rule, much difficulty in assigning their relative value to these and other complications which appear.

In the treatment of intermittent fever it is almost needless to observe that large doses of calomel, and the free abstraction of blood, were for many years considered in the light of *sheet anchors*, for so the phrase went. Both had even before 1840 fallen considerably into disrepute, and have gradually been quite abandoned; yet it may, as a professional curiosity, be here recorded at what cost to himself the medical officer who first dared to dispute the merits of calomel in this disease declined to follow what then was the *orthodox* plan. Dr. Mackintosh, in his work on the "Practice of Physic" (vol. i., page 141), writes that Dr. Halliday, of the India Company's Service, was, by order of the Marquis of Hastings, placed in arrest, and for several years deprived of his rank and pay, because he protested against the mercurial system of treating that disease. The fallacy of pushing that remedy, and bleeding to anything like the extent considered necessary towards the end of last century and early part of the present, has long since been acknowledged; yet the episode just related indicates the cost at which improvements in practice may be attended in the persons of their authors.

The following abstract of a case of the disease under notice will best indicate the means usually employed in treatment at the time of its occurrence, namely :—

Cumming, 10th Foot, aged twenty-one, only three months in India, admitted into hospital 22nd September, 1857, suffering from ardent pyrexia and intense heat of the epigastrium; he had been ill three days. There were indications of great congestion of the lower lobe of the left lung; the tongue was brown and dry; he laboured under a sense of general oppression; the pulse was small and labouring. He was freely *soused* with water; calomel and croton oil were administered, and leeches applied to the affected side. On the 26th, he expressed himself as considerably relieved; oppression was manifestly less; the skin had become cooler, although the temperature at the epigastrium continued higher than at any other part of the surface. The state of the bowels continued relaxed. Ordinary diaphoretic mixture was ordered. On the 27th, the appearance and sense of oppression had still further diminished; pulse was small and contracted; the sensation conveyed from the surface was more natural than it had been; the tongue continued somewhat dry. Counter-irritation was now applied to the side, and the other treatment continued. On 30th September was expectorating tenacious mucus of a puriform character; all pyrexia gone. Had now quinine in small doses three times a day. On 4th October, the expectoration had decreased; no pain in the chest. The quinine, in one-grain doses, was continued. On the 10th, he was reported as convalescent; expectoration had ceased; medicine omitted. On the 16th, the sounds in his chest were natural; he felt well in all respects, and was accordingly discharged to duty.

Other illustrative cases might readily be given, but suffice it now to observe that not only is it usual to find the different manifestations of the disease differ at certain stations, but that the characters of the attacks, as witnessed at any locality in one year, are often different from what they are at another. Thus, at one time the head will be chiefly implicated, at another the chest, and at a third the viscera of the abdomen; the disease consequently requiring so many different methods of management.

In conection with the general subject of periodic fevers I would observe that, in so far as my individual experience of quinine has gone, I have not been led to form the superlatively high opinion of that remedy as an antidote or specific which many other medical officers, and, doubtless, of more extended practice than myself, have expressed. I have already given statistics of intermittent fever, which seem to me to indicate that the power of quinine in checking that form has been overrated, and, in my hands, I have never had reason to be satisfied with the advantages of ensuring a state of *cinchonism* over the milder, and, I think, more rational treatment by diaphoretics, evacuants, and free use of cold water externally. I believe that to give to a person suffering from the urgent symptoms of ardent, remittent, or of jungle fever, a half-drachm or two-scruple doses of quinine, and to repeat it after brief intervals, is merely to mask the symptoms which form part of either disease by those induced by the medicine itself; superadding, it is to be feared, the effects of the preparation to those of the influences upon which the disease originally depended; as we frequently see in persons whose inherent powers have enabled them to recover from both; as, for example, in deafness and loss of memory, to which they were for long periods afterwards subject. I have, in my own person, suffered severely from jungle fever and from intermittent fever; but, in neither disease have I experienced much, if any, benefit from the use of quinine, while the effects of even small doses of the medicine, more especially in the latter, were of so unpleasant a nature that to me a paroxysm of the disease was really the less of two evils.

As a prophylactic of malarial fever, however, I join my belief with those who are advocates of its use. Unfortunately for the reputation of medicine as a science, it is a matter of difficulty to establish the direct connection between a particular remedy and effects ascribed to it; but from observation, under a considerable variety of circumstances, I have been led to consider that a judicious use of medicine wards off, if it does not altogether prevent, the recurrence of fevers of these descriptions.

(To be continued)

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A PLEA FOR THE CONTROL OF PROSTITUTION.

By T. C. S.

No. 2.

In a former number of this Journal we laid before our readers a plain statement of facts with regard to the advantages which would be conferred on society, was there such a control exercised over prostitution in Great Britain and Ireland as is carried out on the Continent. We now come to review Dr. Holland's second article on this important subject. He commences it by saying :—

"*Having so far described the means by which prostitution is controlled in Berlin, we are naturally led to inquire into the origin of the system.*" (P. 440.)

"*From* 1700 *up to* 1845, *one or other form of control existed until the latter year, when against the so-called legalization of crime, an outcry was raised by those who looked upon life from a pulpit only, and believe that the actions of men could be regulated conformably with their own dogmas and theories, nor cease to complain until the last day of Dec mber, when all the brothels were closed, and the occupants, with those who lived by clandestine crime, were sent to their native towns, or conveyed out of the Prussian States.*" (P. 441.)

"Has prostitution diminished since 1846?" From the statistics culled from a work by Dr. Behrend, and given at p. 441, it appears, that in 1839 there were known to the police from six to seven hundred prostitutes, "while in 1847, a year after these houses were closed, they increased to about 900;" and in 1850 they amounted to the frightful number of 8,000!!! With facts such as these staring the opposers of the system of control in the face, how is it possible that they could be so dead to all feelings of "truth, humanity, and Christianity" as to wish a system to go on which, instead of putting a stop to this vice, has increased the number of its victims to a fearful extent?

But would there be no other good effect produced on society were the control of prostitution in operation in these kingdoms? Dr. Behrend says, "that after closing the houses in 1845, diseases were increased, became more severe in type, and extended widely into the best families; whilst unnatural crimes became more frequent." We think this is sufficient answer to the question we have asked. The author completes his account of the Berlinian system of control with a just and deserved tribute of praise to Dr. Behrend and Herr von Hinkeldey, the President of Police, whose untiring exertions in, we will fearlessly say, the cause of humanity, deserves the highest praise:—

"*And though the names of those who endeavour to relieve a class scarcely sinning oftener than sinned against may never be heard amongst the fashionable loungers of our drawing-rooms, yet such philanthropists can fearlessly appeal to time and eternity for a judgment.*" (P. 441.)

It would be well for some parties who, when they read the title of these articles, will shrug up their shoulders, and elevate their nicely pencilled eyebrows in surprise at the impudence of any person to bring such a subject before the public, could they look back on the pathway of time and say, We, too, have endeavoured to stretch out the hand of charity to a "forlorn and shipwrecked" fellow-being, who, perhaps by one act of indiscretion, has entailed years of endless misery on herself. By this one act she has been bereft "of all, of every stay." By this one act she has been left in a state of total, unprotected weakness. *For* this one act the world compels her to live on in sin—in misery. Who knows the remorse this class of women suffer but themselves? Who can tell their agonies as, "pinched with cold, and shrinking from the shower," they seek shelter in some hall-door, and strive to drink to keep down the gnawing conscience—the worm that never dies? Tell us not, "they do dot feel the degradation of their situation." Tell us not, "they are insensible to kindness." Tell us not that, even when surrounded by all the luxury with which for a time the seducer endeavours to quiet his victim's conscience, they are happy. They may be justly compared to some bird of the tropics confined in a cage with golden bars, and hung up in a conservatory where he sees the fruit and blossoms of his own clime, but, alas! the captive bird knows full well that his native land is far away; what, then, to the bird is the golden cage when its liberty is gone? what the perfume of those rare and costly flowers when they are placed there but to deceive?

The next city we find is Bruxelles. This city, so justly proud of her "Congrés Général d'Hygiène," does not seem to have pleased our author as much as Berlin; he says that:—

"*As regards cleanliness, general regularity, and respect for the officers of the commisson, there is room for many improvements. We say this reluctantly, for we brought from Bruxelles many pleasing remembrances.*" (P. 445.)

We perfectly agree with Dr. Holland, that the medical man should see no difference between the slipshod and silk-dressed harlot, nor that the officers of a sanitary commission should imagine that the most degraded, the vilest, nay, the very lowest of this class of society should not be visited in their houses if necessary. The medical man should bear in mind that often in the hour of sickness and distress the mind looks back with regret upon the errors of past times, and frequently resolves to try and break off old vices; he should recollect, that at this particular period his counsel and reproof will be listened to with respect, and that in all probability, by strengthening these resolutions, he may confer incalculable benefit upon a fellow-being. But one cannot agree with Dr. Holland that,

"*Even in the practice of British hospitals we have seen such distinctions made.*" (P. 445.)

Having been for some time attached to an hospital in which there was a "Lock ward," we think we are capable of speaking rather confidently on this point, and we cannot call to mind a single instance in which there was the slightest difference made between these women; they were all obliged to undergo the same ordeal before admission; they were all compelled to remain in the common waiting room of the hospital for their turn to be prescribed for, and when in hospital their treatment was in every respect similar.

So much were we impressed with the vast amount of good which might be done to these women by kindness, that, though contrary to the rules of the house, we always admitted their friends (not their companions) to visit them, by which means we were enabled to rescue some parties from becoming more depraved. At the time, the question was brought before the board of the hospital, and we received blame for so doing, yet we can now look back upon that period of our life with peculiar satisfaction.

The next city which the author speaks of is Paris. In this city prostitution is divided into two classes, to either one or the other of which the women can belong. One is termed, "*Les filles isolées*," the other "*Les filles de maison*;" the first have separate dwellings, the second "live in the so called houses of tolerance." On being admitted to the first of these classes, the woman receives a card, the form of which is given at page 447, and on the back of the card rules are printed which she must implicitly obey. We would wish to direct the attention of our readers to a few of these:—

"*They are forbidden to induce to debauchery during the day; they cannot appear in the streets until a half hour after the time fixed for commencing to light the lamps, nor at any season before 7 o'clock p.m., nor remain after* 11 *p.m.*

"*They should wear simple and decent apparel, such as cannot attract attention either by its richness, colour, or extravagant form.*

"*They are forbidden to stop in the public thoroughfares, form groups, walk in companies, go and come within too short limits, or be followed or accompanied by men.*" (P. 447.)

Furnished with this card she appears at the dispensary, where, if found in good health, she receives another card (if not, she is at once conveyed to hospital), which she is obliged to show each time she comes to the dispensary, and which is marked by the medical man in attendance. If our police had the power of compelling any young woman suspected of clandestine crime thus to register herself, and appear at stated periods, an openly acknowledged prostitute, it would be a powerful protection to the virtue of many and many a young girl. We feel not the slightest doubt but that such a course of procedure would diminish clandestine crime more than might be at first supposed.

As regards the opening of a brothel, the office (of police) requires a written declaration from the landlord, to the effect that he consents to his house being let for such a purpose; and it must be situated at as great a distance as possible from churches public buildings, or offices, &c." (P. 449.)

The rules are much similar to those in Berlin.

Engaged in the control of prostitution there is a staff consisting of twelve medical men, one of whom has the title of chief commissioner; and there are always three of these officers in the dispensary at the time the women attend; besides these there are a great number of police agents, to see that the parties attend regularly at the dispensary. Either class wishing at any period to give up her course of life, and try to obtain a livelihood by legitimate occupation, on stating to the office that such is her intention, she is kept for some time under the *surveillance* of the police, and, if found to be going on satisfactorily, she is then released from control.

Though the internal management of the houses in Paris differs somewhat from Berlin, yet everything appears to be conducted very regularly.

In the third-class houses, drink is permitted to be sold.

"*And though at first sight this appeared to us a most unwise permission, we were informed that it was tolerated in order to prevent the incessant egress for liquor that occurred when it was forbidden to make sale of drink on the premises.*" (P. 450.)

We certainly agree with the reason given for permitting the sale of drink in these houses. If any of our readers ever passed the "Coal Quay," they would have seen, some few years ago, the inmates of what in Paris is looked on as a third-class brothel, drinking in the most shamefully disgusting manner at the counter of a public house not many yards from the beautiful "Athenæum." On passing that house we have witnessed sights which would shock the most hardened immodesty; we have heard language which has made our flesh actually creep; we have seen old and young, male and female, going from that house, in the most obscene and disgusting manner, to the wretched hovels in which they eke out their miserable lives. This house became such a nuisance to the neighbourhood, that the police *at last* were obliged to take cognizance of it, and to have the license of its owner taken from him.

For the control of prostitution in Copenhagen,—

"*The police have formed a series of regulations in many, respects so similar to those already described as enforced in Berlin that we will only allude to the leading differences between them.*" (P. 541.)

The principal one appears to be, that in Berlin all the women reside in one house, and the keeper of the house is responsible for their conduct; whilst in Copenhagen they are permitted to live either separately or together, and no person, save themselves, is responsible for their good behaviour. In the police report of that city it is stated "that neither are there in Denmark brothels in the ordinary sense of the term, and as they are found in other countries." This appears to us in the same light as to Dr. Holland. He says:—

"*We can see no difference between four or more women living in Denmark, in what they and the chief of the police call a private lodging, and the same number resident in Berlin, in what they and the State call a brothel.*" (P. 452.)

Our readers will immediately perceive the "palpable evasion" which is tried to be carried out by this statement.

In speaking of "prostitution as it existed and exists in Spain," our author says:—

"*To Spain, then, belongs the merit of having been the first to endeavour to control prostitution, and prevent, by medico-sanitary regulations, the spread of disease.*" (P. 454.)

We regret we cannot agree with Dr. Holland in giving Spain the credit of being the first country where the "control of prostitution" was enforced, for, on referring to Sir Astley Cooper's Lectures on Surgery, vol. iii., page 26, we perceive him quoting from a curious document published by Astruc, in 1347, where, in speaking of the "Countess of Provence and Queen of the Two Sicilies," Astruc says, "She seems to have exercised a very maternal kind of care over the subjects committed to her charge, for this ordinance establishes a public brothel, and lays down regulations for its conduct and management." The regulations were four in number; the most important of which were, that the women should confine themselves within the house, and, by way of distinction, wear a red epaulette on their left shoulders, and that on every Saturday they should be singly examined by the abbess and a surgeon appointed by the directors.

About the same date we are informed, that "there was a public brothel in Southwark" (the part of London where Guy's Hospital now stands), "under the care of the Bishop of Winchester, the rules and regulations of which are still extant." But we can go still farther back, for in 1162 a Parliament was assembled in Westminster, and an Act passed for confirming the several ordinances, statutes, and old customs of these places, which rules were in force until the reign of the eighth Henry, who, by sound of trumpet and public proclamation, finally suppressed an establishment which, as far as we are capable of judging, must have been a less disgrace to his reign than most of the acts of his own life.

We think these facts prove that Spain is not to be lauded as much as our author would wish; for further information we beg leave to refer our readers to Sir Astley's Lectures, vol. iii., pages 22 and 30.

Neither in Lisbon or Madeira are there any regulations in force. As regards the "Imperial City," "*there exist no statistics on this subject, as the government in every way prevents the actual amount of crime being known; and, as a part of this system, the hospital reports are not published.*" (P. 453.) Dr. Holland concludes by stating, that, from the reports of the Dublin Metropolitan Police for 1851, it appears there were 297 houses, frequented by 1,170 of these unfortunate women, and that in our native city, in the year 1847, there were 200 prostitutes dispersed through 80 brothels, besides 100 who were indulging in clandestine crime.

We have now laid before our readers, in as concise and delicate a manner as we possibly could, the leading features of this system. It is a subject which has always had our warmest sympathies; but, until we read the articles we are reviewing, we were not aware of half the good such a system would confer on mankind.

"*How many unhappy creatures go down to their graves uncared for and unpitied we tremble to think; how many drag on a base and hopeless life, may be guessed at by any one who will penetrate into their filthy dens. A police control would at once ensure the lowest prostitutes what we give to our felons—cleanliness, pure air, and some sort of order and discipline. It would give also at all times an outlet from their wretched life, if they wish to avail themselves of it; and it would afford benevolent individuals incalculable aid in their attempts, now, alas! most feeble and ineffectual, to withdraw these women from the inevitable consequences of moral and physical decay.*" (P. 458.)

"To wipe all tears from off all faces," says Dr. Johnson, "is a task hard for mortals; but to alleviate misfortunes is often within the most limited power."

CASES IN COUNTRY PRACTICE.

By J. R. **Willan**, M.D., Haxey, Lincolnshire.

The following cases having come under my care lately, may be interesting to some country *confrères*:—

Birth without pain.—Mrs. Evans, a healthy young woman, in labour with seventh child A midwife had been with her from 10 a.m. I was summoned about 10 p.m.; found the membranes ruptured, and the arm protruding. There had been a total absence of pain throughout, though the woman was exhausted. I immediately turned and delivered the woman of a male child (dead), though, she informs me, without pain. The placenta came away, and the woman progressed favourably.

Another case I would wish to mention is that of a Mrs. Bedford, who slipped downstairs, and was soon after flooding severely. When I saw her she was almost in a state of syncope; everything drenched with blood. On vaginal examination, the os firm and not dilated. Ordered ice to abdomen, gave acetate of lead, and plugged the vagina. Premature labour was induced; the child born in the bed, without any pain to the mother. Ordered a generous diet, and the woman soon recovered, though still weak.

PROSTITUTION AND THE CONTAGIOUS DISEASES ACT, 1866.

By Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.,
Formerly Honorary Secretary to the Harvein Society, V.D. Committee, &c.

In a recent article on this subject I ventured to express my opinion that the notion, which now appears to be a very popular one in the medical profession, viz, that the only way of diminishing the extent of venereal contagion in this country was to be found in the extension of an Act passed in 1866 for the Army and Navy to the general population was erroneous. I asserted that it was not the only solution of the difficulty; nay, more, I contended that it was a very inadequate and rough mode of meeting the question, and that, in short, I was on the whole quite opposed to the extension of the provisions of the Contagious Diseases Act to the general public.

The result of my observations has been to call forth several interesting letters from one or two eminent members of the profession, with whom I had formerly the honour of associating in the Harveian Society Committee. As I much respect the arguments of all who differ from me I shall endeavour to reply to them *seriatim* in this place. Thus, one surgeon of immense experience writes:—"I believe the present Act, if extended, would be of immense service in diminishing disease, infinitely more so than the French system, for many reasons. . . . I also think that in this case, as in all others, personal liberty should not be permitted to stand in the way of general welfare, and that we are perfectly justified in preventing persons when diseased, from following a calling for a livelihood, which necessarily involves the spread of that disease."

I readily enough admit the general rule that the greatest happiness of the greatest numbers ought to be the guide to all sound legislation; only I demur to including this infringement of the Habeas Corpus Act among the cases to which this axiom is applicable. No doubt "utility" is the grand end at which we should aim; but then justice is the highest of all utilities, and I am convinced that my most respected correspondent will perceive that it is quite impossible to reconcile with equal social justice the shutting up of a woman in a hospital for months against her will, whilst the man who infected her is allowed to go away, and infect as many other women as he pleases. None know this rent in the measure better than the Parisian medical men; hence, Auzias Turenne's remark that the women there are nothing but "white slaves." Mr. Berkeley Hill, one of the most ardent admirers of the extension of the Contagious Diseases Act of 1866, is, in common with several of his able family, far more enamoured with police interference than I am; and in a letter in a morning paper from Mr. J. S. Mill, that gentleman thus adverts to the topic under consideration:—"I believe many of those who wish for the permanent surveillance of criminals are desirous also of establishing prostitution on a legitimate basis. I think them completely wrong in principle, and mistaken as to the practical benefits which seem to arise from such a plan." Such is the assertion of Mr. Mill as to the practical result of putting prostitution under the surveillance of the police. Having resided much in France, that gentleman is well aware of all the arguments used for and against the French system of surveillance. Of which more anon. In the meantime I desire to notice another private letter from a most distinguished and amiable surgeon, who thus writes me:—"I quite disapprove of putting the girls under the surveillance of the police for purposes of medical examination. Such a practice is most demoralizing; but I would have hospitals where they could readily and quietly get cured when ill. These hospitals should be so arranged that a girl once admitted should be compelled to remain until well. They should not be received as 'sinners,' nor should the treatment differ from that of usual hospital patients. I see that some time ago at the Lock Hospital, some of the patients broke windows, &c. . . . I should not allow 'visitors,' because the women who keep the houses of reception follow these girls into the hospitals and never give them the chance of getting free. I think that all brothels should be inspected and visited by the police, also registered." This gentleman adds, "You have rightly pointed out the poor girls who make only three shillings a week, or even less. They must, of course, live by occasional prostitution. I had some time ago a quiet and good-looking young married woman under my care, with a little child of three years. She was a needlewoman, but could not maintain herself and child properly without prostitution."

Such are the observations of gentlemen, than whom none in this country are more able to offer a clear and well-grounded opinion as to what should be done for the prevention of venereal diseases, those wide-spread and terrible pests of the human species. And I must now set forth my reasons for opposing, as I do, the extension of the Contagious Diseases Act. In the first place, then, the police system is another of the instances of the subjection of women, and the most offensive of all. The theory of modern society is, of course, that women are to live chiefly by the exercise of one function, namely, the reproductive one. Otherwise, of course, the employments for women would not have been so restricted as to leave that sex scarcely any refuge from destitution save that of becoming wives and mothers. Now, is it not rather hard, that when women cannot get married, and are obliged still to use the generative function as their means of livelihood, almost all others leading, as shown in this last letter, only to 2s. 6d. to 3s. 6d. a week, or to bread, starvation, and tears, the woman should, in addition to this, become thereby a felon, since it is only felons hitherto who could be deprived of their liberty for an indefinite period, whilst the male sex, in addition to its numerous other privileges, should possess this of using these functions with impunity? Still, I know well, that to many this argument is not a telling one. They answer, "All of this is true; but we must try to stamp out venereal disease." Well, now I reply to this, that the experience of foreign States is entirely opposed to the conclusion, that you can thus stamp it out. I have already stated in a former article, that a personal inspection, in 1867, of the Parisian Hospitals convinced me that venereal diseases were even more widely spread in that city, with its police system, than it is in London; that I stated this conviction in the Congrès International, and that far from any *negatur* being made to my assertions, M. Lefort stated to me his conviction that I was quite right. The fact is, the Parisian inspection of prostitutes only leads to a wide-spread clandestine system of prostitution. The same gentleman, M. Léon Lefort, in a recent communication to the Academy of Medicine of Paris, states that the number of tolerated houses has diminished in Paris from 233 in 1840, to 165 in 1867, and that the number of girls attached to them had decreased from 1,976 in 1857, to 1,306 in 1867, whilst this decrease, he adds, has been accompanied by an immense increase of clandestine prostitution, estimated by another authority, M. Lecœur, the chief of the Bureau de Mœurs, at 30,000. Is it to be wondered at that syphilis and other venereal diseases are still so commonly met with in Paris? Indeed, I have no hesitation in avowing my belief, that the French system, which, after all, is identical in most respects with the system so admired by my respected correspondents, (at least, they would, I am convinced, laud in finding the whole of the French details necessary,) tends to ruin the idea of truth and honour among women, and thus to produce the result so well expressed by the above statistics of an immense clandestine sale of their personal attractions to all comers for hire.

In my opinion, and in this I entirely concur with a most learned *confrère* writing in the *Westminster Review*, July 1st., 1869, the getting rid of prostitution and its afflicting contagions is one of the deepest social problems which can engage the attention either of the Legislature or of the medical man. The remedies to which I have before pointed in a former article are early marriages, very small families (so as to improve the condition of the labour market by preventing it from being overstocked by candidates for wages) and lastly the custom of facility of divorce, as advocated by Mr. Conway, at the Dialectical Society, when I had the honour of reading a paper before that most enlightened society of able thinkers.

Mr. Conway on that occasion mentioned that he had in no part of the world witnessed so much domestic happiness or so much freedom from prostitution as in Indiana, U. S., where divorce, it appears, is free to either party, a certain notice (I think six months) being given by one or the other of their intention to separate. On these points my respected correspondents speak as follows:—The last quoted correspondent says,—"Unfortunately, even early marriage will not do away with prostitution. How many married women are there with real or supposed uterine complaints? How many with vaginismus? How many also, who from preference for some one else, or other causes, scarcely let their husbands touch them? Some time ago a gentleman consulted me on other matters, when he mentioned accidentally, that after he had connection with his wife she was seized with uncontrollable sickness and vomiting.

Another told me that he lived apart from his wife because the act made him faint. I think the sooner, he adds, "young people of both sexes marry and emigrate to some rising colony (if not otherwise tied to home) the better it will be for all here." My reply to the latter desire urged by the author of this letter is, that emigration may and does often benefit those who emigrate; but that owing to the power of doubling our numbers in twenty-five years, emigration never does those who remain in old countries any good, *i.e.*, never raises their wages, or abbreviates one hour of their ceaseless toil. For my part I prefer the early marriages and small families, so prevalent in France, to the attempt to carry off our surplus to the colonies, which never can go nearly fast enough; but it seems that my respected first cited correspondent dislikes this plan. He writes, "Further, I think that early marriages with contrivances to limit increase of population to be generally advocated and adopted, combined with facility of divorce, would be a remedy infinitely worse than the disease, and would be far more mischievous to the moral health of the people, than syphilis is to its physical health." Now, in this sentence my respected correspondent, after commencing his letter by utilitarianism, appears to me to have slid insensibly into theology and dogmatic assertion. For my part, morality and utility, or the greatest happiness, are synonymous, and I believe that early marriages with small families and facility of divorce would conduce to the greatest happiness. I call these remedies moral, and repudiate. The doctrines which in my opinion have led, and still lead, to poverty and syphilis as immoral.

Finally, my plan for stamping out syphilis in the establishment of hospitals for venereal patients of both sexes on the voluntary principle. I would invite all persons with contagious diseases to enter them, and implore them to remain there until cured. Force I would not attempt. It is not necessary. There are scarcely any prostitutes who could not be persuaded to remain until cured, if threatened with denial of aid at another epoch. In fact, the true genius of Christianity (not its *simulacrum*) would lead us to prevent and cure these terrible contagions, not, as hitherto, to deny admittance to almost all sufferers from them to our hospitals and dispensaries. How absurd, too, to say the prostitute *must* enter hospital when there are no beds provided for them! Try the voluntary system first, and preach early marriage and small families, and in my opinion you will not need the Contagious Diseases Act of 1866.

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

FEMORO-POPLITEAL ANEURISM CURED BY COMPRESSION.

Under the care of Mr. Porter.

Thomas L., æt. forty-two, a housepainter by trade, a man of worn and exsanguine appearance, was admitted into the Meath Hospital, under the care of Mr. Porter, June 13th, 1869, suffering from an aneurism of the lower part of the left femoral artery where it becomes popliteal.

He stated that, with the exception of having had cholera and fever, he had always enjoyed good health, although he had been in the habit of drinking large quantities of whiskey. About two years before his admission, whilst working, he felt a sudden numbness in his left leg, accompanied by a shooting pain from hip to foot. He took off his boot, and saw that his leg was "quite white." He put his leg into warm water, which gave him relief. From that period until last March, he was from time to time subject to a stinging pain in his knee, which ran down to the foot. On the 17th of March, he went out to row, and, while doing so, missed his stroke, and fell backwards, striking his leg violently against the thwart. Immediately afterwards he perceived a pulsating tumour, somewhat larger than a walnut, above and to the inner side of the left knee. Except an occasional pain in the hip and knee he suffered no further inconvenience until June 6th, when the tumour suddenly became enlarged and painful, and he observed his leg to be swollen.

On his coming into hospital he was found to have an aneurism of the lower part of the femoral artery; it was the size of a large orange, and could be felt pulsating violently on the inner side of the thigh immediately above the knee joint. The circumference of the diseased limb at the situation of the aneurism was fifteen and a half inches, while the measurement of the right thigh at a corresponding point was but twelve and a half inches.

June 14th.—He was ordered a diet of the most nourishing description, meat and eggs being freely allowed, and a moderate quantity of stimulants, to the liberal use of which he had been accustomed. The following mixture was also directed to be given to him, its use being continued through the course of his surgical treatment, with a view to induce coagulability of the blood,—

℞ Acidi gallici gr. xxxij.
Glycerini fl. dr. j.
Aquæ fl. oz. viij.
Sumat ℥j. ter die.

Digital pressure on the femoral artery was commenced, and kept up on this and the following day, from 11 a.m. till 10 p.m.; but the tumour having only become very slightly, if at all, hardened by the treatment, Mr. Porter, on the morning of the 16th, determined to substitute instrumental pressure. A flannel roller was applied to the extremity from the toes up to the seat of disease, and Read's compressor placed on the femoral artery immediately below Poupart's ligament, Liquoroni's tourniquet being applied a little lower down, at the apex of Scarpa's angle. Directions were given to tighten them alternately, so that the patient might be relieved from the distressing pain caused by the constant pressure upon the artery at one point. The stoppage of the arterial current was only persevered in during the day, the instruments being removed at night, so as to allow of the man obtaining his natural rest.

17th.—Salt's tourniquet tried to-day, but not found to answer, Reid's being the only one which can be borne for any length of time. The tumour is sensibly consolidating, and the pulsation becoming lessened. Each night when the instruments are removed, he gets thirty-five drops of Battley's sedative.

18th.—Pulsation in the tumour has become imperceptible.

19th.—Slight pulsation can again be detected. Does not complain of the pain which is usually indicative of the establishment of the collateral circulation.

July 6th.—From the last date up to this day the same plan of treatment has been persisted in, and the tumour has now become most perfectly consolidated. It pulsated slightly at times, between this and the last date, being, however, for the most part quite free from any beating whatever. The circumference of the limb has diminished an inch since the commencement of the treatment, and this although the man has been gaining flesh during his stay in hospital. He is now perfectly cured, the aneurism —or the remains of it—being readily felt as a hard tumour, which is evidently quite solid, the coagular not yet having had time to be absorbed. During the entire course of this case Mr. Porter endeavoured to stop as completely as possible the current of blood through the sac, as he considers that such is the most essential point in the treatment of aneurism by compression, disagreeing with those authorities who look upon a partial stoppage of the stream as sufficient, and thinking that the more effectually the current is obstructed, the more certain will be the success of the surgeon.

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Literature.

THERAPEUTICS.*

The author of the work before us tells us in his Preface that the work "is designed for students and young practitioners." That to such Dr. Ringer's book will prove most valuable and instructive is a fact that becomes more and more evident the more the work is studied; and, further, it soon becomes equally plain, that the value of the work is by no means confined to those who are young in their knowledge of the art of physic, for we find all that is practically useful in the most recent researches of Buchheim, Stillé, Parkes, and others, set forth in a way that cannot but be most interesting and most useful to those who are quite veterans in the profession.

Early in the book our attention is arrested by a most complete article from the pen of Mr. Clover, on the use of nitrous oxide as an anæsthetic. The remarkable and complete success which has attended the administration of this gas as an anæsthetic in dental surgery is now fully recognised. Mr. Clover explains its action by its preventing oxidation of the nervous centres, for the inhalation of the gas deprives the blood of oxygen in an available form, though it does not prevent the escape of carbonic acid, as evidenced by the analysis of the expired air.

The first part of Dr. Ringer's work treats of alkalies, acids, and certain minerals and their salts, and the way in which these are grouped is well adapted for practical experience. At page 232 we come to the article on alcohol, which, from the pen of one who has devoted so much research to the action of this body on the system, we read with deep interest. The author is one who believes in the value of alcohol in small quantities as an aid to weak digestion, and when given to those who are prostrate with illness, we are recommended to try and give with the alcohol a small amount of food also, the digestion of this being promoted by the alcohol.

Alcohol is stated to be rapidly absorbed, owing to its high diffusive power; and not to pass far down the intestine. That alcohol in the form of port wine does pass into the intestine, we were able to prove in the case of a woman shown to us many years ago, who had a fistulous opening into the small intestine; port wine taken by the mouth appeared as such after a short interval at the fistula.

With respect to the action of alcohol in diminishing the preternatural heat of fever-patients, it seems that little is to be hoped from it here, for it is only when alcohol is taken in a poisonous dose, that a fall in the temperature of the body, of 2° or even 3° Fah., is observed; hence, while alcohol is of great use in the treatment of fever, and does in a measure reduce the heat of the body, it is dangerous to give it in such immoderate doses as to lower the temperature in the degree above indicated.

As a remedy to control inflammation and subdue the accompanying fever, aconite is a drug to be very highly esteemed, and its power over inflammation is stated to be little less than marvellous, so that it will at times cut short an incipient inflammation.

We fully believe all that Dr. Ringer says in his most valuable chapter on the use of aconite internally, but we cannot help thinking that though all that is said is true, it is not so entirely new. We have ourselves occasionally employed aconite in erysipelas, since the year 1856, and the very great value of small doses of the tincture of aconite, in cutting short an incipient attack of tonsillitis, has been long ago fully demonstrated by Dr. Prosser James. In the appendix to Dr. James' work on "Sore Throat," are accounts of several cases of inflamed and ulcerated sore throat, cured entirely by aconite, and the body of that work contains full accounts of the drug as a febrifuge, &c. Several years ago the value of small doses of aconite in pericarditis was specially pointed out to us by Mr. Bulley, now consulting surgeon to the Royal Berkshire Hospital. Dr. Fleming's use of it is well known.

The drug treated of next in order to aconite is digitalis, and the pages devoted to this remedy are full of interest and information. It seems that Drs. Fagge and Stephenson, experimenting on the effect of digitalis upon the heart of the frog, came to the conclusion that the action of the digitalis was certainly not to weaken, but to strengthen the heart's contractions, and at last to tetanize the organ.

Two other experimenters, Eulenberg and Ehranhaus, found digitaline to strengthen the contractile force of the heart.

As a remedy in heart disease, Dr. Ringer finds digitalis to act with most advantage when the pulse is quick, irregular, and intermittent, and he lays much stress on using at first a very small dose of the medicine. This precept in our own experience is worth much, and is, to a great extent, the real secret of doing certain good and avoiding unhappy accidents when using digitalis in cases of heart disease.

The article, towards the close of the book, on aloes is not so complete as many of the others; sufficient distinction is not drawn between the different preparations of the aloe, for powdered aloes is an undoubted purgative, yet irritant and pile, causing action is far less in well made ext. aloes aquos., than in the coarser powder form of the drug.

At the close of the book, we find a useful chapter on poultices, and another on enemata, but it seems an omission that in such a work nothing should be said regarding blood letting, and the different ways in which this is accomplished; for we can hardly think that so advanced a therapeutist as Dr. Ringer should have no experience to give or advice to offer on this matter.

The dietary table appended seems well drawn up and judiciously chosen; and the posological table is very complete and easy of reference.

The index of diseases and their appropriate remedies, too, is arranged in a way calculated to save time and trouble to the busy practitioner. The index of diseases seems more accurate than the final one of medicines. Seeking there for any remarks on "counterirritation" we do not find the word; and on falling back to the word "blisters" we are referred to page 176, but on turning to this page, we find an account of the preparations of zinc.

This apparent anomaly arises from a small typographical error, which is obvious when at page 276 under the head of "cantharides," we find all necessary observations on blisters and counterirritation.

These are but small errors easily corrected, and there remains no doubt that Dr. Ringer has furnished us with a most serviceable handbook on modern therapeutics.

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* A Handbook of Therapeutics, by Sydney Ringer, M.D., Professor of Therapeutics in University College, Physician to University College Hospital: London: H. K. Lewis, Gower street. Pp. 485.

TROUSSEAU'S LECTURES.*

If not the most valuable volume issued by the New Sydenham Society, this, now before us, is certainly one of them. It contains a great mass of highly practical matter, and on subjects and diseases most of which are of much consequence to the physician with which to be familiar. The whole, too, is written in the plain strong language for which the lamented author was so remarkable; nor does it seem to us to have lost anything by the translation, which is free and easy, and, we would add, pleasant reading. Amongst the clinical teachers of modern times, none, to our mind, surpassed, if they ever equalled, Trousseau. He must have been naturally endowed, and largely, with what, for want of a better expression, has been called the "medical mind," and this again brought by training to the highest degree of perfection. His natural gifts must have been far above the average, and his memory one of the very strongest; and with an innate love for his profession, and physician to a very large hospital, it can be understood how he reached the highest pinnacle of his art. In many points of view, he must have been singularly like our own Graves; and as Trousseau set up Graves for his model, so we may safely take Trousseau for ours. But it is time to notice more particularly the contents of the volume before us. The volume consists of twenty-one lectures; besides a very valuable introductory lecture, entitled "What is clinical medicine?" The reader will find this an excellent study in itself. It is full of profound observations and reasonings, and a very good sample, if we may so speak of it, of our author's powers. The necessity for constantly seeing disease, and habituating one's eyes to all its variations, is strongly dwelt upon. It is quite true that some will learn from the same number of cases much more than others. But this does not affect the general principle. The first three lectures are occupied by small-pox; the lecturer taking Sydenham for his model, as it were, in describing the disease, and on this model superadding his own experience. And here we may observe that almost all of the old English writers of note are well known and appreciated by our author, who left no stone unturned to make himself the accomplished physician. His description of small-pox, with its varieties and complications, is excellent. One of these is a complication we do not recollect to have seen—we mean orchitis, to which the author draws attention, having met with it himself frequently; but only after he had read an account of its occurrence given by Bereaud, and published in the *Archives Générales*. We may observe, too, that the range of the temperature displayed by the disease is also given. But we must refer our readers to the work itself, where they will find a most graphic account of the disease and its complications. We may notice here that the subject of treatment is very briefly—too briefly we must say—described. The remark applies not only to the lectures on small-pox, but to the entire volume. Indeed, the deficient part of these lectures lies in the treatment. It seems to have been the writer's object more to give a correct account of the disease in all its phases, than to teach any line of treatment. Now, if there be any one of the specific fevers which more than another is benefited by treatment it is small-pox. Over the fever itself we admit our control is very trifling; but when complications arise - and in this affection they are very marked and frequent, often involving life—well-directed treatment is of the greatest value. Besides, at certain stages of the confluent disease, opium in one form or other is invaluable, as laid down long since by Sydenham.

This account of confluent small-pox is followed by two lectures, one on variolous inoculation, and the other on cow-pox. These are each of curious interest, full of valuable material, and show how well versed the author was in all the general literature of the day bearing on the subject. We were not aware till we read it here, that several years before the discovery of Jenner a party (Benjamin Jesty) had inoculated others with cow-pox, for the express purpose of preventing the invasion of small-pox. This comes on authority that cannot be questioned. Yet it does not appear to us to take away in the slightest form the merit of Jenner. Had it not been for Jenner the great discovery might have yet been hidden from the world. For it was he who saw its great value and worked it out to as full a completion as we believe the subject admits. It was just the same with the vast improvement in the treatment of external aneurism by pressure. This had been accomplished by several before; but it remained for Bellingham to establish it on a basis which cannot now be shaken. One other point in the lecture on cow-pox we cannot pass over. It is the statement that vaccine matter frequently carries with it the syphilitic taint. This is truly a formidable statement, and would appear to be founded on ascertained facts, as given by the author. It has not come under our notice, and we venture to hope that such an occurrence is rare. The signs of syphilis in children are usually so marked that they can scarcely be overlooked. Still, as a tainted child may appear healthy, the utmost caution is requisite. Nor would we place any confidence whatever in the statement that if the pure lymph only—as distinguished from a mixture of lymph and blood— be inoculated this might be done with safety. It would require strong reasons indeed before we could give our adhesion to such an opinion. There remains still another subject, of very great practical importance, to notice. We mean whether a single inoculation is sufficient to protect the system, or whether a greater number renders it still more safe. We confess for ourselves we always thought one vesicle quite enough. Our author, however, states otherwise, and we must allow he gives very strong reasons for what he states. But we must refer to the lecture itself for these reasons. The last lecture connected with this immediate subject is on chicken-pock, which the author believes is a totally distinct disease from small-pox. On this point we must say we have doubts, having seen many cases where the pustules were identical, or seemed so to us, with the form of small-pox known as the discrete. Still the author's opinion is of great weight.

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Summary of Science.

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., ETC.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

MR. CROOKE'S PAPER ON THE MEASUREMENT OF THE LUMINOUS INTENSITY OF LIGHT.

THIS subject is susceptible of two divisions—the absolute and relative measurement of light.

A relative photometer is one in which the observer has only to determine the relative illuminating powers of two sources of light. In the ordinary Act of Parliament a standard candle is defined as a sperm candle of six to the pound, burning at the rate of 120 grains per hour. This standard, from which the estimates of the value of illuminating gas are deduced have the terms 12-candle and 14-candle gas. Mr. Crooke points out in his paper the variability of these candles, and has endeavoured to devise a source of light which should be at the same time fairly uniform in its results, would not vary by keeping, and would be capable of accurate imitation at any time and in any part of the world by mere description. The absence of these conditions seems to be one of the greatest objections to the sperm candle. Experiments were made to ascertain whether the electric current could be made available. In practice it was, however, found that many things interfered with the uniformity of the results, and the light being much feebler than it was advisable to work with. The method ultimately decided upon is the following:—alcohol sp. gr. ·805, and pure benzole boiling at 81° C. are mixed together in the proportion of 5 volumes of alcohol to 1 of benzole. This burning fluid can be accurately imitated from description at any future time. A glass lamp is taken of two ounces capacity, the aperture in the neck being ·25 inch diameter, another aperture at the side allows the liquid fuel to be introduced, and by a well-known laboratory device, the level of the fluid in the lamp can be kept uniform. The wick-holder consists of a platinum tube 1·81 inch long, and ·125 inch internal diameter. The bottom of this is closed with a flat plug of platinum, apertures being left in the sides to allow free access of spirit. A small platinum cup ·5 inch diameter and ·1 inch deep is soldered round the outside of the tube, ·5 inch from the top answering the three-fold purpose of keeping the wick holder at a proper height in the lamp, preventing evaporation of the liquid, and keeping out dust. The wick consists of fifty-two pieces of hard drawn platinum wire, each ·01 inch in diameter, and 2 inches long, perfectly straight, tightly pushed down into the platinum-holder until only ·1 inch projects above the tube. The height of the burning fluid in the lamp must be sufficient to cover the bottom of the wick-holder; it answers best to keep it always at the uniform distance of 1·75 inch from the top of the platinum wick. A slight variation of the level, however, has not been found to influence the light to an extent appreciable by our present means of photometry. The lamp with reservoir of spirit thus arranged, with the platinum wires parallel, and their projecting ends level, a light is applied and flame instantly appears, forming a perfectly shaped cone of 1·25 inch in height, the point of maximum brilliancy being ·56 inch from the top of the wick. The extremity of the flame is perfectly sharp, without any tendency to smoke, without flicker or movement of any kind; it burns when protected from currents of air at a uniform rate of 136 grains per hour. The temperature should be about 60°F., although moderate variations on either side exert no perceptible influence. Bearing in mind Dr. Frankland's observations on the direct increase in the light of a candle with the atmospheric pressure, accurate observations ought to be taken only at one height of the barometer. To avoid the inconvenience and delay which this would occasion, a table of corrections should be constructed for each ·1 inch variation of barometric pressure.

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* Lectures on Clinical Medicine, delivered at the Hôtel Dieu, Paris. By A. Trousseau, late Professor of Clinical Medicine; Physician to the Hôtel Dieu, &c., &c. Volume II. Translated from the edition of 1868; (being the third revised and enlarged edition). By John Rose Cormack, M.D., Edin., F.R.S.E., &c. The New Sydenham Society, London, 1869. Pages 630.

There can be no doubt that this lamp is much more uniform than the sperm candle, and will ultimately replace it in photometric determinations. Mr. Crooke says, "Tested against a candle considerable variations in relative illuminating power have been observed, but on placing two of these lamps in opposition no such variations have been detected." The remainder of the paper is devoted to a description of a photometer, in which the phenomena of polarized light are used for measuring the intensity.

ON THE SOURCE OF FREE HYDROCHLORIC ACID IN GASTRIC JUICE.

Professor Horsford, of America, has endeavoured to solve this important question. The long-disputed position of Prout, that the gastric juice contains free hydrochloric acid, was established by C. Schmidt, who, in an absolute quantitative analysis of the juice, found twice as much hydrochloric acid as was required to neutralize all the bases present. Then comes the question, how could free hydrochloric acid be secreted from the blood, which is an alkaline fluid?

The mucous membrane of the stomach presents, on its inner surface, the mouths of numerous microscopic tubes, which are blind sacs. These tubes as a whole dip into the spongy tissue that underlies the mucous coat, where they are surrounded by the fluid pouring from the net-work of nutritive capillaries, which fluid, as remarked above, contains acid phosphates and chlorides. Now, by pressure and osmosis a portion of this fluid will pass through the walls of the gastric tubes, and the question is, whether the fluid that goes through will contain free acid. The experiments that Professor Horsford performed seemed conclusive. He employed an acid phosphate of lime of specific gravity 1·117 of a constitution of 3 $(Ca\ OPO_5)$ $\times 2\,PO_5$ with an amount of phosphate of peroxide of iron, present as 1 to 28 of the acid phosphate of lime. The various other solutions employed were the ordinary reagents.

The author used parchment paper to represent the walls of the capillary sacs, also goldbeaters' skin. The parchment paper was made from Swedish filtering paper. In all these experiments the author obtained the same kind of evidence of increased acidity on one side, and increased alkalinity on the other. The same effect took place from a mixture of acid phosphate of soda and chloride of calcium. It follows from the above that if these experiments fairly represent the case, and from the known composition of the blood, its condition in the walls of the stomach, and the structure of the gastric tubules, that free or undecomposed hydrochloric acid must find its way to the bottom of the gastric tubules, and thence into the cavity of the stomach.

Professor Horsford says that he has shown that the acid phosphate pressed from the corpuscles more than neutralizes the alkalinity of the plasma present. In reply it may be said, that the author presents a condition of things in which there is not the kind of physical change required going on, namely, relative augmentation of the corpuscles under pressure, the concomitant of increased supply of blood to the gastric mucous membrane. Its degree must be inferred from the effects on the secretions which he has endeavoured in his paper to point out by conducting an experiment, under what he conceives to be essentially like conditions, and obtaining the results due to identical conditions. The secretion of hydrochloric acid is, of course, mixed with acid phosphate and alkaline chlorides. These results had been predicted from Graham's researches on dialysis. Phosphate of lime and soda are colloidal, relatively to more crystalloidal hydrochloric acid. Graham found that bisulphate of potassa by dialysis was resolved into two salts or mixtures of greater or lesser acidity than the original bisulphate. So he found that acetate of peroxide of iron was resolved by dialysis into hydrated peroxide of iron and free acetic acid. It is possible and probable that the albuminoid bodies present take part in determining the contrast between colloid and crystalloid bodies. Graham found that by dialysis he could separate free hydrochloric acid from the gastric juice thrown up in vomiting.

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SCOTLAND.

Glasgow has been very busy speculating what changes would occur should Professor Lister vacate his present appointment by being called to succeed to the Edinburgh chair which Mr. Syme has resigned. There will not be any lack of candidates to succeed Mr. Lister. It is almost certain that Dr. G. H. B. Macleod (brother of Rev. Dr. Norman Macleod), and Dr. George Buchanan, Professor of Anatomy in Anderson's University, and for eight years Surgeon to the Glasgow Infirmary, will come forward, while some think that Dr. Joseph Bell, of Edinburgh, may expect the Lord Advocate's influence to help him, as he is related to him. Dr. Macleod held a high appointment as Civil Surgeon in the Crimean War, and since then he has practised as a surgeon in Glasgow. He is one of the surgeons of the Infirmary, and for about nine years has been Professor of Surgery in Anderson's University. He is a gentleman of great attainments, an excellent lecturer, and a great favourite with the students. His works, "Notes on the Surgery of the Crimean War," and "Outlines of Surgical Diagnosis," are well known, and show how well he has availed himself of his advantages, and how thoroughly he has devoted himself to the study of surgery. Should he be transferred to Edinburgh, the majority of his professional brethren in Glasgow are animated with the hope that Dr. Macleod may be called to succeed Professor Lister.

The Scottish Registrar-General's Report.—The returns from the eight principal towns of Scotland show that the deaths last month, 2,686, were by far the greatest number recorded for June since the present system of registration was begun; they are 546 above the average of the last ten years, allowing for increase of population. As throwing light on the causes of disease and on the high mortality which has prevailed during the month, it is worthy of remark that, excepting during the first week of June, not a day passed but the wind blew more or less from the north or east. This unusual prevalence of cold northerly and easterly winds not only reduced the temperature far below its mean, so that over the greater portion of Scotland the hilltops were covered with snow on the 15th, 16th, and 17th of this month, but largely increased the mortality. This increase was not confined to diseases of the respiratory organs, but in almost the same proportion extended to all classes of disease, and especially to those considered as epidemics—viz., fever, scarlatina, measles, and whooping-cough. Zymotic diseases caused 28 per cent. of the mortality, fevers 6·9 per cent., whooping-cough 5·9 per cent. Consumption caused 12 per cent. of the mortality of the month; inflammatory affections of the respiratory organs (not including whooping-cough) 18 per cent. Forty-four per cent. of the deaths were of children under five years of age. The marriages, 1,299, were 73 above the June average. The births registered were

3,393. The mean temperature was 54·4 deg., being 2·2 deg. below the average; the rainfall 2·41. or 0·25in. less than the average. A great storm occurred at all the stations on the 15th of June, with violent wind and rain from the north-east. It was preceded by a remarkable depression of the barometer during the three preceding days.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 21, 1869.

THE MEDICAL COUNCIL.

THE Medical Council has sealed its own doom. Called together to consider two questions, it has wasted ten days in talk, and relegated both to the limbo of next year. It will surprise few if for it that long-talked of to-morrow never comes. Look for a moment at these questions. First of all, Education has been the watchword of its promises year after year; and what is the result? A miserable *fiasco.* We are presented with a huge volume of answers to a set of questions circulated at random amongst the teachers of ten subjects in the three kingdoms. The Council, if it contain competent teachers, or if it represent the flower of the practical men of the three kingdoms, ought to have been able to do without the mass of opposite opinions from persons of very varying degrees of ability. If previously ignorant on the subject, it ought to have digested it. To print it and refer it to the licensing bodies is an inexcusable waste of the money contributed by the hard-worked practitioners of the land. A crude, undigested mass of material which, so far as we can judge from the amount we have at present read, it is absolutely worthless. Why, some of the answers are little better than advertisements of the individuals who were invited to answer the questions. Professor Syme is to be pitied for having this book thrown at him at the conclusion of all his labours.

Then, as to the second question,—the reform of itself—the Council has proved emphatically how little it represents the profession. The Birmingham Memorial, signed by more than a fourth of the registered practitioners of the Kingdom, that of the Lothians Association, that of the Garioch Association, were all quietly ignored—referred to a committee, the report of which was not adopted; and no wonder either, for that report was, in the light of these memorials, a positive insult to the profession. If societies like these were ignored, no wonder the representations of individuals were similarly of no effect. Dr. Prosser James asks the Council not to wait for legislation, but forthwith to pass a resolution to the effect that it is desirable for its members to be elected by those who hold the diplomas of the bodies for which they sit.

Such a small instalment of reform as this cannot be got out of the Council. It is therefore fit for nothing but a strong measure at the hands of Parliament. In the letter of Dr. Prosser James it was alleged that some of the members at least sat *illegally.* Is this so? It was hinted in the letter in question that an appeal to the law courts would be effectual, and that the writer would be supported by his professional brethren if he commenced such a contest. We have no doubt of that; but it requires much work, much determination, much money. Whether the Council is worth all this may well be doubted. At any rate, it has proved itself utterly incapable of appreciating the wants of the profession, and the best thing to do with it would perhaps be to abolish it. It has raised expectations it makes no attempt to fulfil, it is inflated with its own self-sufficiency, is deaf to the cry for justice raised by those whose money it has squandered, and year by year is becoming a greater incubus on the profession, while the public neither respects it nor expects any result from it. Would it not be better if it could be dissolved, and a new Council on a broader basis take its place?

Let us hear what our contemporaries say on the subject.

The *Globe* of the 15th, having likened the Council to King Log, goes on to say:—

"Can any enthusiastic advocate of the regeneration which the profession underwent a few years ago point to a single substantial advantage which has resulted from the existence of the Council? The *British Pharmacopœia?* Unquestionably a convenience to prescribers who do not care to carry their knowledge of *Materia Medica* and chemistry so far into detail as to be able to write an intelligible recipe for the particular kind of medicine they may please to use; a wonderful help to men of little knowledge; an immense boon to chemists and counter-practitioners generally, who are in a better position than ever to dispense with, or rather without, physicians' prescriptions; and no mean help to the legion of practitioners whose information in the department of pharmacy is infinitesimally small. Registration under the Medical Act, again, is only an equivocal, and certainly an expensive luxury. Quacks have not been crushed out of existence by the Act, and as a matter of fact it is seldom called into operation except to satisfy some professional spite. The last case that came before the court served to show its weakness. A man can be prosecuted for *calling himself* a physician or surgeon, but not for practising as such, although it may be notorious that he is an arrant impostor. The changes which have been effected in medical education and examination are by no means great, and, such as they are, it is only by a charity which believeth all things that they are attributed to the Council. What has the Council done in the matter of vaccination? Has it devised any scheme by which the public can be assured against the danger of having its infant life poisoned with the *virus* of the most intolerable diseases? Has the Council represented to Government the deplorable condition in which the law with respect to the registration of 'cause of death' remains? Has it brought under consideration the important fact that not in one case of ten does the certifier know of his own knowledge that his patient is really dead? much less whether the death, especially in the case of young children, was natural in the method as well as cause? Has the Medical Council suggested any improved system of treatment for the poor? Has it done anything to prevent the spread of disease?"

The *Daily News* of the 17th thus summarises the session of the Council:—

"This body has recently held its annual session at the College of Physicians. The debates extended over ten days. Much was expected of it by members of the profession, as it was known that Government had made some communication as to an amendment of the Medical Acts, and that individuals and societies interested in the matter had memorialised the Council to imitate the House of Commons by seeking to place its constitution on a basis satisfactory to all parties. Nothing has, however, been done. The great question of medical education to which Sir John Gray lately called the attention of Parliament has been postponed till next year, and the Council has voted by a small majority that its present constitution is satisfactory, although some of the most influential members refused to join in the discussion, or to take any part in the responsibility of such a resolution. A petition for reform was presented, signed by upwards of 5,000 practitioners, and we are informed that a similar one, more numerously signed still, will be laid before the Ministry. The Council consists of persons chosen by the universities and licensing corporations. It seems that these institutions have allowed their ruling committees to select the representatives. One section of reformers—a very powerful one—demands that each member of the Council should be 'chosen' by those who hold the degrees or diplomas of the bodies. This seems natural, inasmuch as at present a member might be elected by a dozen or a score individuals, not one of whom need of necessity be a medical man. The demand, then, is for an extension of the franchise. This view was strongly urged last year by Dr. Prosser James, when a candidate for the Parliamentary suffrages of the Scotch Universities. He and his followers assert that the member of Council should be elected by as wide a constituency as a member of Parliament, and many hundreds of medical men have supported the plan. Another mode of reform has lately been brought under the notice of Government. It is proposed that some only of the councillors should be elected by the direct votes of medical practitioners. This is called the direct representation of the profession, to distinguish it from the indirect or collegiate. It is not so simple, and there are many obstacles to its being tried. Besides, it would leave the representatives of the universities and corporations, as they now are, the delegates of such infinitesimally small constituencies, that no Liberal Government can look favourably upon it. What is wanted is a compact, strong body, in which the public, as well as the profession, would have confidence. The public would never thoroughly trust the elected representatives of constituencies of twenty or thirty persons. Whether at first or at a later period, an extension of such franchises is sure to be insisted on. It is, therefore, perhaps to be regretted that the Medical Council has not adopted the resolution which in a well-reasoned letter Dr. Prosser James submitted for its approval."

The *Observer* of the 18th inst. remarks: "This body, whose proceedings last year we fully reported, concluded another annual session last Monday. Two great questions were brought before it. First, that of medical education, on which Sir J. Gray lately commented in the House of Commons; secondly, the composition of the Council itself. Both questions were referred to Committees, and shelved for another year. It is likely, however, they will occupy public attention before then, for we understand that this determination to do nothing has surprised not only active reformers who desired to see something at once done, but even many members of the Legislature.

"More than 5,000 practitioners petitioned the Council, but with no effect, and they will now memorialise Government.

"Last year we stated the constitution of the Council, and the plans proposed to reform it. Our readers will remember that it is composed of delegates from those Universities and corporations which can authorize men to practise. These delegates are chosen not by those already licensed as graduates, or members of such Universities or corporations, but by self-elected committees; so many close boroughs, in fact. Some gentlemen desire to add to the number of councillors a few persons elected by the practitioners of the three kingdoms. This plan is cumbersome, and at variance with all British institutions. The majority of reformers have adopted a scheme first proposed by Dr. Prosser James, and again brought under the notice of the Council this year, but, like the petition already mentioned, shelved by means of a committee.

"This gentleman wishes the representative of every university, college, or other corporation in the Council to be elected by those who hold the medical diplomas of those respective bodies. Besides having been accepted by large numbers of the profession, we are aware that this scheme is heartily endorsed by several eminent statesmen, and shall be much mistaken if it does not form part of any change that may be effected. No Liberal Government can perpetuate the power of a whole series of close boroughs, even on so minute a scale as those which compose the Medical Council. Each member of that body must sit as the representative of a much larger constituency than the twenty or twenty-five persons who look after the details of the corporations. We observe that the balance-sheet of the Council has already got into an unsatisfactory condition; so that the idea of postponing such a reform as has been demanded to satisfy the profession cannot much longer be entertained."

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Notes on Current Topics.

Amalgamation of Hospitals.

It has lately been suggested, though on grounds that seem to us very inapplicable, that it might be a good thing for Westminster Hospital to amalgamate with new St. Thomas's, when that magnificent structure shall have been placed at the disposal of the sick poor of the metropolis. There are those among us who entertain the idea that one great [monopoly of teaching would be a good thing, and who would, therefore, encourage any institution to merge itself in a larger or more showy one. They have faith in the competitive principle for examinations, but no faith in competition among schools of medicine. What has been lost to science by the separation of Guy's and St. Thomas's? Has not the gain infinitely exceeded the loss? and so we may fairly conclude that amalgamation is not to be desired. It would, moreover, be attended with many difficulties. Why should one set of men proclaim the worthlessness of their own instruction, or rather their inability to maintain their school in the efficient condition in which it was bequeathed to them? Of course if it were shown that the staff at any school had become effete, if it were clear they could not impart knowledge to students, that their pupils had little chance of passing their examinations, and less of becoming good practitioners, it would be right and proper for them to give up the attempt, and we should commend their so doing. But no such facts are forthcoming, and no plea for amalgamation exists save the longing for big hospitals and big schools, which is doing so much mischief. Scarpa found an hospital with fifteen beds large enough to occupy him, and his teaching was such as few will gainsay. Let not the mere vanity of those connected with large institutions incite others to hunger after similar appointments. A little work well done is more durable than a mass of routine duty. Small hospitals well administered may yet become the popular model. It will be well for doctors and patients when they do.

Another Personal Attack.

Our "trumpeting" contemporary cannot exist without personalities, and is too obdurate to take warning from the quotation from the *Times* which we submitted last week to its notice. In its last number—which, by the bye, received a dozen "trumpetings" in the advertising columns of the *Times*—it makes a mean attack on another esteemed member of the profession, under the pretence of criticising the appointment of Ophthalmic Surgeon to St. Mary's Hospital. One of the surgeons to that charity, as our readers are aware, is Mr. Haynes Walton, who has also long been surgeon to an ophthalmic hospital. The governors of St. Mary's, upon the sudden vacancy, confide the ophthalmic department to Mr. Haynes Walton, who thereupon resigns his special hospital. For this our contemporary takes every one to task, and, in spite of brilliant examples to the contrary, maintains "it to be absolutely impossible for any man, who practises general surgery conscientiously and well, to keep himself *au courant* with the progress of ophthalmic work during recent years, and that the attempt to do so can end in nothing but failure." There, Mr. Haynes Walton, reflect upon that! Of course every one knows that you have kept yourself so *au courant*. No one doubts you have also practised general surgery conscientiously and well, though the would-be interpreter of professional opinion thus publicly insults you and predicts your failure. For anything that appears in our contemporary's article on the subject, Mr. Walton might be an untried man in any capacity. Disdain your enemy, Mr. Walton. Your name cannot be mentioned without the profession being satisfied that it is all right. People will only laugh and say that the "trumpeting" paper has been up to its old tricks, and is riled because it could not get the place for some personal friend, who would then have been "trumpeted" to a tune that would have made modest men blush. Mind, however, you keep "*au courant* with the progress of ophthalmic work," lest you should come under the lash of that disappointed rival, and be assailed more virulently than ever. But, even then, "practise general surgery conscientiously and well," though you do it without "trumpeting." See if it may not end in something better than failure. *Nil desperandum.* With colleagues who fear not to trust the department to you, thousands of readers of your writings in practice, many pupils who remember your instruction, the great "trumpeting" purveyor of libel may be again all wrong. But what a curious commentary this outburst is on the virulence with which the same journal has for two or three years treated specialists! It seems it is no use to achieve both a general and a special reputation unless you can make it all right with the "trumpeting" people. A specialist in such a case can be whitewashed. What consistency!

Yellow Fever at Rio.

An official notification has been received by the various Collectors of Customs to the effect that considerable mortality has taken place at Rio Janeiro from yellow fever, which had attacked the shipping in the Bay. The British Minister at Rio attributes the outbreak of the fever to an unusually prolonged drought and the extreme heat of the weather.

Small-Pox in Sardinia.

A letter from Siniscola, in the *Courrier of Sardinia*, states that the small-pox is making terrible ravages in that locality. The epidemic attacks both children and adults, even those who have been vaccinated. The mortality is assuming enormous proportions, and a general feeling of discouragement prevails.

Adulteration of Antiscorbutics.

The recent legislation adopted for the purpose of putting an end to the disgraceful and inhuman falsification of limejuice, has proved so perfectly efficient, that adulteration of the article is now, after the lapse of two years, almost unknown. The following report of the Inspector of Limejuice for the Clyde District of Ports for the six months ending June 30, has reached the Board of Trade:

"Limejuice Inspection.

"Sir,—I beg leave to submit for the information of the Board of Trade the report of the inspection of lime and lemon juice for the Clyde district of ports, for the six months ending the 30th day of June, 1869. The juice inspected was entirely that obtained from lemons, all of it being of excellent quality and generally much above the required standard. None of it was fortified with spirits. The quantity examined was 76 casks, or 7,249 gallons, each of which was subjected to a separate analysis. The average specific gravity of the 76 samples was 1038·6, the average dry residue from one ounce by measure was 40·8 grains, or 28·77 grains in 20 cubic centimetres; and the average proportion of anhydrous citric acid was 31·43 grains per ounce, equal to 34·38 grains of crystallised citric acid. It thus appears that of the dry residue, or solid matter, in the juice, 84·3 per cent. consisted of crystallised citric acid. It must be satisfactory to observe the gradual improvement in the quality of the juice inspected since the Act came into operation. During the first half-year, ending 30th June, 1868, the proportion of juice rejected was nearly 30 per cent. of the whole; for the next six months the proportion was 15 per cent.; and during the last half-year all the juice has been of the required strength. The condition of the juice has also improved very much, the whole quantity inspected during the period of this report being fresh, and in every respect of first-class quality."

This result of well-advised and carefully-framed legislation is a convincing proof that adulteration in other products is perfectly preventible. But it seems it is not accordant with Mr. Bright's "Progressive Liberalism" that we should have commercial honesty, unless it be found convenient to the shopkeeper, and so we must "rest and be thankful" without the security which seems to be so easily attained.

A Public Prosecutor for the Quacks.

We are happy to announce that there is now some prospect that the measure we have so long and persistently advocated, is likely to assume some definite shape. On reference to the proposed Medical Acts Amendment Bill, it will be seen that a clause was introduced by Dr. Storrar, and unanimously agreed to by the whole Medical Council, "That provision should be made for instituting prosecutions by a public prosecutor, instead of leaving the enforcement of the law to the voluntary action of individuals." If the Government can be induced to take up this matter, and consent to the appointment of a public functionary, as in France and other countries, we shall probably hear no more of those practices which so seriously affect the welfare of the profession and the public at large. As it is, we have almost exhausted the vocabulary in our denunciations of the villainy of quacks, and the subject is now worn threadbare. We have no sooner the satisfaction of seeing one establishment closed, than its occupier crops up in a fresh place, with new trimmings, titles, appointments, and a new name, so that at first we are unable to recognise our old enemy. Occasionally, but, alas, too seldom, they become intimately acquainted with some of Her Majesty's prison warders. But "still they come," and low newspapers teem with their sensuous advertisements, and the post becomes the medium for disseminating their stuff throughout the land. In proof of this, we need but mention, that a highly respectable firm of printers, well known to the profession as the compilers and publishers of "The Visiting List," handed to us some few days since a filthy pamphlet with a letter from the pseudo "Dr. Watson, of South crescent, London, W.C.," requesting an estimate for printing the moderate number of 50,000 copies. Notwithstanding the natural indignation expressed by this firm at being thus insulted, we doubt not that this man, Watson or Hill, or whatever his *aliases*, had little difficulty in getting his dirty production printed elsewhere. At present these quacks carry on their vile but lucrative traffic with impunity; and we hail with delight the prospect of the speedy collapse of a system of plunder and intimidation, for which the Government will receive the sincere thanks of all.

Dr. Thorne Thorne has been appointed Assistant Physician to the London Fever Hospital.

Mr. Spencer Watson, whose name will be familiar to our readers, is candidate for the Assistant Surgeoncy at Westminster Hospital. The election is to take place on the 30th.

A medical student who has been acting as an assistant to his father, a physician, but who had not yet been registered as a member of the College of Surgeons, was on Friday convicted of having unlawfully practised as a surgeon, and fined £5, with heavy costs.

The Lords of the Admiralty have, at the recommendation of the Director-General of the Naval Medical Department, resolved that in future the entries of assistant-surgeons into the Royal Navy shall only be decided by competitive examination, in a manner similar to that which exists at Chelsea in connection with the sister service. This is, we understand, only one of the numerous beneficial changes which are to be introduced by Dr. Armstrong.

M. Landrin has recently communicated to the Academy of Sciences of Paris a statement to the effect that the poisonous effects of *corralline*—the latest mare's-nest of the *Lancet*—are perfectly imaginary. Our contemporary, it will be remembered, gave the signal some months ago for a general denunciation in the daily press of this dye, and human vanity was threatened with all the penalties of poison if it yielded to the impulse to adorn its legs with red stockings. M. Landrin reports:—(1) Corralline is not a poison, even in very large doses; (2) it may be freely used, therefore, in processes which admit of its employment without admixture with other poisonous agents. These conclusions are the result of very numerous and definite experiments made on animals and men under the most varied conditions. In discussing M. Landrin's communication, M. Chevreul remarked that the matter had occupied the attention of the administration of the tapestry works at Les Gobelins, and that, for the purpose of settling it, one of the workmen had not hesitated to cover one of his arms with the pigment. The result of this experiment, like those of M. Landrin, was to prove its absolute harmlessness. Thus it seems that the poison of red stockings may be relegated to the same depository to which the gregarine craze has been consigned. Perhaps the human race will be just as well without either them or chignons; nevertheless, it is unfortunate when a journal hastily gives a scientific stamp to statements which are nothing better than sensationalism.

MEETING OF THE GENERAL MEDICAL COUNCIL.

Monday, July 12.—Tenth Day.

The President, Dr. Paget, in the chair.

After the Minutes of Saturday had been read, the Committee appointed to consider the subject of the Medical Acts Amendment Bill brought up their Report, which was as follows:—

Report of the Committee on Amendment of the Medical Acts.

Committee.

Dr. Paget, *Chairman.*
The President, (Dr. Burrows.)
Dr. Bennett.
Mr. Hawkins.
Dr. Andrew Wood.
Dr. Apjohn.
Sir D. Corrigan, Bart.
Dr. Parkes.
Dr. Quain.
Dr. Christison.

The Committee on Amendment of the Medical Acts appointed July 1, 1869, in considering the subject remitted to them, have reviewed the various Medical Acts, and also the clauses of the Medical Acts Amendment Bill, agreed upon in former sessions of the Medical Council; and have paid particular attention to the suggestions in the communication from the Lord President of the Council, dated May 14, 1869, and to the several documents referred to them by the Medical Council in the course of its present session, viz. :

Memorial from the Garioch and Northern Medical Association.
Letter from Dr. Prosser James.
Memorial from the Lothians' Medical Association.
Letter from the Parliamentary Committee of the British Medical Association.
Letter from Dr. Bulmer respecting Canadian degrees.
Letter from Dr. Forster respecting registration in the Channel Islands.
Memorial from Dr. Bell Fletcher and numerous other members of the medical profession.

The amendments of the Medical Act, which have been already much discussed and agreed to by the Council in former sessions, consist of clauses which relate—

To the qualification of members of Council.
To regulations concerning the Register.
To the registration of foreign and colonial qualifications.
To additions to the list of qualifications.
To the assumption of titles by unregistered persons, &c.

The Committee recommend that all these clauses, except Clause XI., should be retained in their present form, in any Bill for amendment of the Medical Acts.

With respect to Clause XI., which is as follows, the Committee are of opinion that it should be reconsidered :

"XI. It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with such part of any regulations made by authority of the said Acts, as to them shall seem fit, in favour of persons who shall make applications to be registered under the said Acts on foreign or colonial diplomas or degrees : provided such persons shall have resided in the United Kingdom for a period of not less than *twelve months* immediately previous to making application to be registered : provided the holders of these diplomas or degrees have a right to practise medicine or surgery in the countries where they have been granted : and provided the Council shall receive satisfactory evidence that those degrees or diplomas, or licences to practise have been granted after a course of study and examinations such as to secure the possession by persons obtaining them of the requisite knowledge and skill for the practice of their profession."

The Council are aware that the Secretaries of State in successive Governments have, on former occasions, pressed upon the Council the necessity of dispensing with, or greatly relaxing its regulations (by which those who obtain British qualifications are bound) in favour of persons holding foreign or colonial diplomas or degrees. The Council are aware that this condition appeared on former occasions as a *sine quâ non* to the consent of the Government to introduce any Bill for amending the Medical Acts.

The Committee are of opinion that the object aimed at may be attained most simply and safely by a slight modification of sect. 46 of the Medical Act of 1858. This section empowered the Council to dispense with its regulations in favour (*inter alios*) of "persons practising medicine or surgery within the United Kingdom on foreign or colonial diplomas or degrees, before the passing of this Act."

Adopting the form and provisions of the section now cited, the new clause would be as follows :

"XI. It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with such parts of any regulations made by the authority of the said Acts as to them shall seem fit, in favour of persons applying to have their names entered on the *Medical Register*, in virtue of foreign or colonial diplomas or degrees." The following is the remainder of this clause as it now stands: "Provided such persons shall have resided in the United Kingdom for a period of not less than *twelve months* immediately previous to making application to be registered : provided the holders of those diplomas or degrees have a right to practise medicine or surgery in the countries where they have been granted : and provided the Council shall receive satisfactory evidence that those degrees or diplomas, or licences to practise, have been granted after a course of study and examinations such as to secure the possession by persons obtaining them of the requisite knowledge and skill for the practice of their profession."

If this clause should become part of an amended Medical Act, it would then be the duty of the Council to consider how far and in what way its regulations should be relaxed in favour of any person or persons applying to be registered on foreign or colonial diplomas or degrees. The Council would have to consider what is due out of professional comity to graduates of trustworthy and distinguished colonial and foreign Universities, and at the same time not to forget the regard that is due to the rights and privileges of the holders of British diplomas and degrees, which have been obtained after courses of study and examinations supervised and approved by the Council.

The communication from the Lord President of Council invites the consideration of the Medical Council to two points ; and on one of these an opinion is expressed that the Medical Act is defective. In this opinion your Committee concur.

They agree with the Lord President in considering that the Act is seriously defective, in that it allows a minimum qualification in surgery to be registered without any qualification in medicine, and similarly a minimum qualification in medicine without any qualification in surgery. The Act indeed not only permits, but requires, the Medical Council to place upon the Register any applicant possessing one such single qualification. The Council has no option or discretion in regard to such applications, but is bound by the Act to comply with them.

The Committee agree with the Lord President in regarding this state of things as open to serious objection, the more so as the number of persons thus practising both medicine and surgery on a single qualification is undoubtedly very large.

It appears, however, from the analysis of titles alluded to in the Lord President's communications, that the number of such persons is decreasing at the rate of about sixty a year, although the total number of persons on the Register is increasing in much larger numbers.

The Committee think that the Lord President should be made acquainted with what the Council have already done in endeavouring to remedy this defect in the Medical Act.

The Council have included both Medicine and Surgery in a list of subjects, which they have recommended to the Licensing Bodies as "subjects without a knowledge of which no candidate should be allowed to obtain a qualification entitling him to be registered."

But the Committee doubt whether the Medical Act would enable the Council to enforce the recommendation on any one of the Licensing Bodies that might refuse to adopt it.

The Medical Corporations and Universities have (chiefly within the last few years) made regulations which, by combining examinations of different bodies, or instituting separate examinations in both medicine and surgery, have done much towards ensuring that persons shall not in future be placed upon the Register without an adequate knowledge of both subjects.

But the Committee are of opinion that the only adequate remedy for this acknowledged defect would be for the Council to accept, under an Amended Medical Act, such powers as would enable them in the future to refuse registration to any person, whatever his legal qualification may be, who has not passed sufficient examinations both in medicine and surgery.

On the other point on which the Lord President's letter invites the consideration of the Medical Council, his Lordship expresses no opinion.

This point, as stated in his lordship's communication, is, "whether, if new legislation is to take place, it would be desirable to change in any respect the constitution of the Council."

In discussing this question, the Committee have fully considered the views and wishes expressed in the memorials and letters which have been received by the Medical Council from members of the Medical Profession.

In reporting on a matter of so much importance as this—whether any, and, if any, what change should be made in the constitution of the Council, the Committee think it their duty not merely to lay before the Council the result of their deliberations, but to indicate also the principles and chief reasons by which they have been guided. There is one principle which is obvious and indisputable, viz., that the constitution of the Council should be such as may best fit it for the discharge of its duties, whatever these may be. In the Medical Act the Council is styled "The General Council of Medical

Education and Registration." The duties imposed on the Council by the Act are four, viz., the supervision of medical education, the registration of qualified medical practitioners, the publication of a national Pharmacopœia, and a certain judicial function, by the exercise of which the name of any registered practitioner "who shall be judged to have been guilty of infamous conduct in a professional respect," may be erased from the Register.

With regard to two of these duties, little need be said. The registration has been made in accordance with the Act, and with an accuracy which has never been questioned. A British Pharmacopœia has been published, which has been universally acknowledged to be one of the best in existence. In this work the task has been accomplished of reconciling the different views and varying practice of the three sister kingdoms. The new British Pharmacopœia is acknowledged in England to be an improvement on the old London Pharmacopœia; in Scotland it is preferred to the Edinburgh Pharmacopœia, and in Ireland to that of Dublin.

In regard, therefore, to those two duties of the Council, there is no reason (but rather the contrary) for proposing any change in its constitution.

With respect to its judicial function thus much must be said—that a Council elected by the suffrages of the profession, as advocated in the memorials, would be entirely out of harmony with the constitution of other courts of justice in the United Kingdom, or, indeed, in any European State whatever. A Council which should be in any considerable part elected by popular suffrages would not be allowed by the Legislature to retain the judicial power which is exercised by the present Council.

With regard to the last and most important of the four duties of the Medical Council—viz., the supervision of medical education, the Council would observe that the powers and means by which this supervision is to be exercised are defined in the Act, sections 18, 20, and 21. These are, in general terms, a power of requiring from the licensing bodies information as to the courses of study and examination to be gone through in order to obtain a qualification entitling a person to be registered, and a power of visiting the examinations; and, lastly, a power of representing to the Privy Council any serious defects in the course of study or examinations of any licensing body, and so depriving the said body of its privilege of granting qualifications until it shall have amended what was faulty or defective.

It is seen, therefore, that all the powers possessed by the Medical Council in respect to education are exercised on or through the medium of the medical corporations and universities, which confer the qualifications entitled to registration. Through supervision and visitation of examinations, and the communication of recommendations, a certain degree of control over the licensing bodies is conferred by the Act on the Medical Council.

Your Committee are of opinion that these bodies, which are in a certain sense and degree governed by the Medical Council, are, for that very reason, entitled to be represented in the Council. This seems no more than is required by justice. Experience has also shown its usefulness in facilitating the adoption by the licensing bodies of the views and recommendations of the Medical Council.

The Committee would observe also that the universities and medical corporations are all, in various ways, peculiarly conversant with education, and with the best methods of testing the acquirements of persons seeking to enter the medical profession, and are thus peculiarly qualified for choosing the fittest persons for discharging those (the most important) functions of the Council which concern medical education and examinations.

The Committee are of opinion that Crown nominees are a requisite element in any body which, like the Council, has not only occasionally to discharge judicial functions, but also to watch over and protect the interests of the profession at large, and secure the welfare of the public.

The Committee are therefore of opinion that the Council as constituted by the Medical Act is well and suitably constituted for performing the functions with which the Council was invested by that Act. The Committee thinks it right to add their opinion that the Council, thus constituted, has, in discharging its duties, met with a degree of success which is large in proportion to the period of its existence, and in relation to the work that had to be done, and the difficulties that had to be overcome. The variety in the views and practice as to medical education and examination which prevailed in the three divisions of the United Kingdom before the establishment of the Council has, of necessity, added greatly to its labours.

The Committee have very fully discussed certain suggestions contained in the memorials which have been received by the Council. One of these is, that in any Amended Act the control of the Council over the Licensing Bodies should be strengthened and enlarged. If such additional powers were conferred on the Council, the Committee are of opinion that this would be an additional reason for maintaining the representation of these Bodies in the Council as at present.

Another suggestion is for the extension of the powers and functions of the Council over a variety of objects relating rather to professional practice than to education. At present the Council has no powers in such matters. Its powers are defined in the Medical Act, and, as already mentioned, are confined chiefly to medical education. The Council has no power to control the relations either between members of the profession or between them and the Government, nor has it any means of regulating or interfering with in any way the remuneration of the profession, whether for private or public services. It may be a question whether it would be advantageous for the profession that such power should be vested in the Council, whatever the constitution of the Council might be.

But the Committee are (unanimously) of opinion, that if the Legislature should think proper to invest the Council with such extended powers and fresh duties, the members of the profession at large, who would in that case be brought more within the sphere of action of the Council, should have a more direct influence than they have at present in the election of its members. In expressing this opinion, the Committee are fully aware of the many inconveniences that would be incurred, and the many difficulties that would have to be surmounted in any plan for representing the profession in the Council otherwise than as it is now represented, whether by the plan suggested in the memorial presented in the last session from the Committee of Council of the British Medical Association, or by the plan alluded to in some of the documents referred to this Committee, or by any other measure.

The Committee observe that the Lothians' Medical Association complain "that the funds by which the whole machinery of the Medical Act, including the General Council (is carried on), are derived . . . from a tax imposed upon each graduate or licentiate in Medicine and Surgery registered under the Medical Act," and "that such taxation, without commensurate representation of the body of practitioners, is an act of injustice to the great body of registered medical practitioners throughout the country."

The Committee would remark that there can be no difference of opinion as to the principle that liability to taxation entitles to representation in the taxing body. But they would further remark that the fee paid once for all by medical practitioners for entering their names on the Register cannot, in the ordinary sense of the words, be called a tax; and that the Council possesses no power whatever of taxing the registered practitioners.

In the numerously signed memorial from Dr. Bell Fletcher and other members of the medical profession it is suggested that "in any future Act of Parliament provision be made for instituting prosecutions under it by a public prosecutor or other public functionary, on behalf of the General Medical Council, instead of leaving the voluntary enforcement of the law to individuals." The Committee are of opinion that this is a suggestion to which the attention of the Government should be drawn.

The Committee recommend that the letter of Dr. Forster respecting registration in the Channel Islands be remitted to the Executive Committee, with instructions to institute further inquiries on the subject, and, if they think proper, make a suitable representation to the Secretary of State for the Home Department, or other Government authority.

G. E. Paget, *Chairman.*

Dr. Alexander Wood moved, and Mr. Cooper seconded—"That the Report of the Medical Acts Amendment Committee be received and entered on the Minutes." Agreed to.

The Council then entered into a long and critical discussion upon the various points of importance in the proposed Bill, which was brought up as an appendix to the Report. The following was the first motion, which was moved by Dr. Bennett, and seconded by Dr. Christison—

"That Clause XI. in the proposed Medical Amendment Act shall stand as follows:—

> "'It shall be lawful for the General Council, by special orders, to dispense with such provisions of the Medical Acts, or with such parts of any regulations made by the authority of the said Acts, as to them shall seem fit, in favour of persons applying to have their names entered on the *Medical Register* in virtue of foreign or colonial diplomas or degrees.'"

To this Sir DOMINIC CORRIGAN moved the following amendment:—

"That it appears desirable, before any further attempt is made to introduce amendments of the Medical Acts, that a Royal Commission of Inquiry should issue, to take evidence from such members of the Medical Council, and such other persons as the Commission may see fit to examine, with the view of furnishing a report to serve as the basis for legislation."

In moving the foregoing amendment, Sir Dominic Corrigan said he strongly deprecated the course proposed by the Committee, to send the Bill as it then stood to the Lord President of the Privy Council, as though it came with the sanction and recommendation of the Medical Council, which until then had no opportunity of studying its provisions. He thought it would be far better that the Council should have time to consider the matter, and that it should not be asked to give its decision upon a Report which had but just been presented. It would also be more courteous to the profession at large that its members should be allowed to see and have a voice in a measure peculiarly their own, before the Medical Council gave its decision. He said there was no disguising the fact that the Council were at loggerheads with the profession, and the present was an opportunity that should not be lost of reconciling those conflicting opinions out of doors which had hitherto rendered the proceedings of the Medical Council so unpopular. After the proposed Royal Commission had gone through such evidence as it was able to collect, the whole question of representation and registration had been thoroughly sifted, and the opinions of the licensing bodies and the profession obtained, the Council would then be in a position to send in to Her Majesty's Government a well digested and efficient scheme, drawn up by commissioners appointed by the Council and sanctioned by the Privy Board, upon which to base future legislation. He had heard it objected to, that Royal Commissions were very slow in their operations. He, however, was of quite the opposite opinion; from personal experience he could testify that they did their work well, and that when delays did occur it was generally through committees having, in many instances, to be brought from long distances. These he knew often caused the most vexatious delays. The Council would remember that, in the letter of Mr. Simon (see this Journal, July 7th), it was said that the Government required a measure of a more comprehensive sort as the basis of any future Amended Bill. As far as he (Sir Dominic) had had the chance of studying the proposed Bill, it was far from a comprehensive measure. The Council well knew his opinions also upon the reception of foreign degrees. He had stated before, and would repeat, that diplomas were obtained throughout the whole of Germany, from Denmark downwards, with the greatest facility, and that the Medical Council was asked to recognize the holders of such diplomas, although it had no guarantee by what means they had been obtained, or that any examination had been held previous to granting such diplomas. This would be another subject the Royal Commission would be able finally to dispose of. It was all very well to hold out the right hand of fellowship to the profession of other countries, but then it should be reciprocal, which it unfortunately was not; for in France, if any Englishman dared to practise without having first passed one of the recognized colleges of the country, he was hauled up before the Correctional Tribune and heavily fined. With reference to the qualifications required before a man should be allowed to practise, he would refer the Council to Clause XX. of the Medical Act, which ran thus—

"In case it appear to the General Council that the course of study and examination to be gone through, in order to obtain any such qualification from any such College or body, are not such as to secure the possession, by persons obtaining such qualifications, of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty's most honourable Privy Council."

If the Report were passed, he looked forward to its results with the most gloomy forebodings; and he did not consider he should be doing his duty to the body he represented, or to the profession at large, if he did not state thus publicly his objections to such a resolution. The appointment of a Royal Commission was not a hastily-conceived idea, but the result of long and serious study. The opinion had been formed many years since, and all that had been done and said only confirmed his first impressions. Before sitting down, he (Sir Dominic) begged to offer the Council one or two suggestions: the first was, let the Licensing Bodies alone, and leave them to adopt such measures as had been proved to work well; the second was, to have State Examiners, and let the examinations be conducted by a body appointed for the purpose in London, Dublin, and Edinburgh. These Boards should be made responsible for the efficiency of those students whom they should pass. Let them determine the competency of men in whose hands the lives of so many thousands of the poor were placed. He mentioned the poor more particularly, because the rich were able, and well knew how to take care of themselves, and to call in the best advice when needed; but with the poor it was not so. As to the time at which these State Examinations should take place, he was of opinion that they should be after the Preliminary Examinations by the Licensing Boards, as such examination would be a guarantee to the State Examiners that a certain course of study had been already gone through before a competent Board. He then formally moved the amendment of which he had given notice.

Dr. AQUILLA SMITH, as seconder of the amendment, reminded the Council that in 1866 a similar resolution had been proposed, which he then, as now, seconded; and with the additional light of experience, he had not, and could not, alter his views. He was more than ever impressed that, even if the appointment of a Royal Commission was not now agreed to, it must eventually come to it. He admitted that much good had been done by the Council in exposing those Licensing Bodies in Scotland, whose examinations and diplomas were not formerly to be depended upon. On the other hand, much improvement had taken place with other Bodies, without the aid of the Council. He did not believe in the statement that was being continually made, that the Council could do nothing for want of funds. If money were wanted, he need only remark that in 1860 the large surplus of £25,000 was invested in the Funds to the credit of the three Branch Councils; and that, in the Parliamentary returns of the present year, they had the same amount to their credit. The remarks of Dr. Andrew Wood, on the poverty of the profession, were therefore entirely erroneous. The appointment of a Royal Commission would also put an end to the misrepresentations that were being continually made, by different associations, upon the pretext of improving the profession. This was most strikingly shown in Ireland by the ludicrous recommendations and suggestions of the British Medical Association some time since, which showed its utter ignorance of the state of the profession in that country. He cordially endorsed all that had fallen from Sir Dominic Corrigan.

Dr. ANDREW WOOD said that, although he could not agree with some of the remarks of Sir Dominic Corrigan, he nevertheless considered he was entitled to the thanks of the Council for the very temperate way he had brought the matter forward. It had been remarked that the Council were very tardy in its proceedings; but if they calmly reviewed the course taken since its establishment, he thought it must be admitted that much good had resulted from its labours. Large measures like that before the Council required time,—the Medical Act of 1858 took twenty-four years to mature; and this was one cause why he objected to the resolution proposed by Sir Dominic Corrigan, because it would take them back twenty-four years, and be a virtual admission that the Medical Act had been a failure; whereas this could only be said in part. Upon the question of Foreign Degrees, he would only remark that their admission was first proposed by the Privy Council, to which Sir Dominic now desired to entrust the appointment of a Royal Commission of Enquiry. The visitations of Examinations, upon which Sir Dominic had endeavoured to throw cold water, had been of great service to the Council. Such visitations had never failed in their operation, they were a guarantee to the Council that the examinations had been properly conducted, and wherever any abuse existed they had been prompt in applying the remedy. For the appointment of a Royal Commission he was not at present prepared, although he contended that the Council and the profession at large should have the opportunity of studying the provisions of the proposed Amended Act before it passed into the hands of the Privy Council.

After a few remarks from Dr. ALEXANDER WOOD,

The amendment was put from the chair, and negatived by 13 to 4. The original motion by Dr. Bennett was then put, and carried by the same majority.

The following motion by Dr. CHRISTISON, seconded by Dr. BENNETT, "That in the opinion of this Council it is desirable that power be given to the Medical Council to refuse registration to any one who has not been sufficiently examined both in medicine and surgery," was then put, to which an amendment was proposed but negatived, and the motion agreed to.

Dr. BENNETT then moved, and Dr. APJOHN seconded, "That the Council are of opinion, that if the Legislature should think proper to invest the Council with extensive powers and fresh duties, by which the profession at large would be brought more under the direct influence of the Council, then in that case the profession at large should have more direct influence in the appointment of members of Council."

Dr. ALEXANDER WOOD said, after the remarks that had been made he should decline to express an opinion upon a measure of the kind proposed, but would be prepared to state his opinions when the proper time should arrive.

Sir DOMINIC CORRIGAN said, the statement of Dr. Bennett, "that the profession was already sufficiently represented upon the Council," was extraordinary when taken in connection with the motion he proposed—which said, *if we get*, &c., they might as well say, "If the sky were to fall, they would do such and such things." He would, however, do as Dr. Alexander Wood intended doing, and decline to pass any further comments upon the proposed Bill until it was brought before Parliament.

After a few remarks from Dr. QUAIN and Mr. COOPER,

Dr. ANDREW WOOD proposed an amendment, which was of such extreme length that Sir DOMINIC CORRIGAN objected to its reception.

The PRESIDENT ruled that the objection of Sir Dominic Corrigan must stand, as the amendment contained not only a series of propositions, but was the embodiment of a long speech.

The amendment was therefore refused to be received.

Dr. STORRAR said, there was one resolution he should like to propose before the final vote on the Bill was taken, which was in reference to the nefarious system of imposture carried on by the quacks, and the difficulty experienced by private individuals in prosecuting them. With a view to obviate this difficulty in future, he proposed, "that in any future Act provision should be made for instituting prosecutions by a public prosecutor, or other authorized functionary, instead of leaving the enforcement of the law to the voluntary action of individuals." This was seconded by Dr. SMITH, and unanimously agreed to.

Dr. BENNETT then moved, and Mr. HARGRAVE seconded, "That the Report of the Committee be adopted." For this motion 8 voted for and 8 against, the rest declining to vote. The Report therefore stands *in statu quo*.

Upon this Sir DOMINIC CORRIGAN proposed, and Dr. SMITH seconded, "That the President be requested to write to the Lord President of the Council, to the effect that, on the receipt of his lordship's communication of the 14th May, it was referred to a committee of the General Council appointed to consider the amendments of the Medical Acts; that the enclosed was the report submitted to the Council by the said Committee, but not as a whole adopted; but that the following resolutions were adopted :" agreed to.

Dr. BENNETT next moved "That the President and Executive Committee shall be authorized (if it shall appear necessary) to confer with the Government upon the subjects referred to in the Lord President's communication, and report the results of any such conference to this Council at their next meeting." This was seconded by Sir DOMINIC CORRIGAN, and carried.

The Report of the Committee on communication from Dr. JOHN HARLEY, Mr. COURTAULD, Dr. MACLOUGHLIN, and Dr. EDWARDS CRISP was next read, and ordered to be entered upon the Minutes. This Report stated that the matters referred to in the several communications did not fall within the province of the Medical Council. A similar answer to that given to Dr. Crisp in 1868 being again agreed upon, "The adoption of the Report of the Committee on returns from the licensing bodies of professional examinations and their results, and on the registration of students for the year 1868," was next agreed upon, and the following motions were agreed to by Dr. ACLAND :—

"That it be referred to the Executive Committee to consider with Mr. Ouvry the resolution of the Council with respect to the Report on State Medicine, and to take the steps necessary for carrying the resolution into effect."

"That the State Medicine Committee be re-appointed, and that the Report and Appendix on State Medicine be forwarded by the Committee, with the resolution of the Council thereon, to the Licensing Bodies and persons interested in the subject of State Medicine, requesting their observations thereon; and that the Committee present those communications, or a digest of them, to the next meeting of the Council."

The following Report of the Pharmacopœia Committee was then agreed to, and the Committee re-appointed, consisting of Dr. Christison, Dr. Sharpey, Dr. A. Smith, and Dr. Quain :—

"The Pharmacopœia Committee appointed by the Resolution of the Council, July 7, 1868, have to report that in accordance with the directions of the Council, they caused to be printed a slip copy of certain slight typographic and minor errors, which required correction in the Pharmacopœia of 1867. These slips were inserted in the unsold copies of the Pharmacopœia, and were issued to those who had already purchased copies of the work. A re-issue of the Pharmacopœia having since been required, those slight corrections have been introduced into the work, which is in all other respects identical with the copies previously issued. The Committee have engaged during the past year the services of Dr. Redwood, in watching over the progress of pharmacy, and in making record of such corrections and additions as would hereafter facilitate the preparation of a future edition of the Pharmacopœia. In that duty he has received various suggestions from the members of the Committee, and has submitted a Report to the Committee which has been reserved for future use. He has, however, been requested to bring before the Pharmaceutical Society the substance of his first two reports to this Committee, with a view to the discussion of points needing inquiry or investigation.

"The Committee have expended £30 from the sum of £50 placed at their disposal. It is recommended that the Committee be re-appointed, and that the sum of £50 be again placed at their disposal for the ensuing year.

"R. CHRISTISON, *Chairman*.

July 8th, 1869."

Three communications were then read, the first of which caused considerable merriment, Dr. SMITH suggesting that shortly the dentists and others would make application to be represented upon the Council :

1.—A memorial which had been presented by the Obstetrical Society of London to Her Majesty's Secretary of State for the Home Department.

2.—A memorial from the Medico-Ethical Association of Manchester on the subject of the Medical Act.

3.—A communication from the President and Council of the Royal College of Surgeons of Edinburgh.

The remainder of the business consisted chiefly in passing the customary votes of thanks to the President, the Treasurer, the officials, &c., and the Council concluded the Session of 1869 in the usual manner.

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Correspondence.

DR. EWING WHITTLE *v.* DR. C. R. DRYSDALE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps you will allow me, as a member of the London Dialectical Society, to say a few words in reply to Dr. Whittle. That gentleman (MEDICAL PRESS AND CIRCULAR, June, 1869) is very indignant because Dr. Drysdale does not enter the lists with him. But he should recollect that as he has thrown down the gauntlet, his opponent ought in fairness to have the choice of weapons. If he can so far forget Doubleday as to put aside such insinuations as that "the Malthusians of to-day disregard *in toto* the appeal to the authority of revelation, if they even admit an overruling Providence," and the use of such terms as "disgusting," "vile," &c.,—Dr. Drysdale will, I am convinced, be glad to discuss the matter with him.

Opponents of practical Malthusianism may be divided into two classes :—1st, Those who consider any restraint on population an interference with the will of God; and, 2nd, Those who hold that poverty is caused by the method of distribution of wealth at present established. In answer to the first it may be remarked that they ought in consistency to denounce lightning-conductors, vaccination, chloroform, life-boats, and all other remedies for natural evils. Indeed, the prevention and cure of syphilis are often resisted on this very ground. The second class, the communists—to which class Dr. Whittle, judging by his denunciation of what he calls our "system of land and capital monopoly," seems to belong—have, I must acknowledge, shown an acute sense of the fitness of things in selecting Doubleday's theory as a foundation on which to build one of their numerous castles in the air. That theory asserts that the fertility of human beings varies inversely as the quality and quantity of their food. According to this, the early colonists of the United States, who had plenty of good food, ought to have multiplied very slowly: whereas the very reverse was the case. The fact is, Doubleday mistook cause for effect. The people are not numerous because they are poor, but they are poor because they are too numerous. It is true that poverty tends to reproduce itself; but that is because it makes its victims reckless, and dependent on sensual pleasures. If Dr. Whittle will read the economical works of Mr. Mill and Mr. Thornton, he will find abundant recognition of this fact. It may also be true that a plethoric condition caused by over-feeding is unfavourable to fecundity; but, if so, this must be considered as equivalent to disease, and resolves itself into what Malthus would call a positive check to population.

In conclusion, allow me to say that it must be evident to all candid persons that Dr. Drysdale is actuated in this matter by no other feeling than pure love of the human race. This being so, he may well treat with a contemptuous silence imputations of immorality and impiety—imputations which fall very harmlessly on the holders of a doctrine first propounded by one of the purest divines who ever graced the Anglican Church, and advocated by such men as Archbishop Whately and Dr. Chalmers. Denunciations of this kind are apt to remind us that Christ was put to death as a blasphemer and Socrates as a corrupter of youth. At all events, they are out of place in a scientific discussion; and are nothing short of insulting when addressed as arguments to a noble, generous, and learned profession.

Very respectfully yours,

J. H. Levy.

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TREATMENT OF FRACTURE OF THE THIGH BY THE WEIGHT AND PULLEY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—My attention having been called to the correspondence on this subject, which has lately appeared in the Medical Press and Circular, I beg to refer to the fact, that, in or about the year 1852, I forwarded to the Surgical Society the particulars of a very remarkable case treated by me on this plan, and, to the best of my recollection, my report appeared in some of the subsequent numbers of the *Dublin Medical Press.*

The case and its results were so instructive that I shall here briefly recapitulate the leading features of it.

In or about the date referred to, a collier received a simple fracture of the femur.

Severe diffuse erysipelas, of the character known as diffuse "phlegmonous erysipelas," shortly afterwards seized on the entire limb, imperilling the life of the patient. All appliances for the purposes of extension and counter-extension had necessarily to be utterly abandoned, and every effort directed toward saving the life of the patient. By the time that the state of his health and the condition of the limb were such as to permit of the application of any apparatus for the adjustment of the fracture, shortening had (*unavoidably*) taken place to a great extent, and *union* of the overlapping fragments had proceeded so far, that in the unhealthy and disorganised condition of the soft parts, any attempt at rectifying the deformity which had occurred was utterly out of the question; and he left hospital, after a sojourn of some months, with the limb shortened a couple of inches.

In the course of many months afterwards, this man fell, and broke the same thigh again. He now came under my care in Kilkenny County Infirmary. He at once most earnestly importuned me, if at all possible, to restore the limb to its original length. I was disposed at first (considering the amount of deformity, and the time which had elapsed) to regard the proposal as chimerical. However, I tried the weight and pulley; he bore it with great fortitude, and the result was that he left hospital with the limb, to his great delight, restored to its full original length, and free from all deformity.

Owing to the confirmed contraction of the powerful muscles, which had adapted themselves to the shortened condition of the femur, a much heavier weight had to be used than is requisite under ordinary circumstances, and much greater fortitude was required on the part of the patient; the result was most remarkable.

It matters little to science or mankind who was the originator of this plan. The question of "*priority*" seems to me of little moment. The great question at issue would seem to be, is the plan useful and effectual, and that it is so seems established by the fact of its being advocated by so many practical surgeons, most, if not all of whom, were probably "inventors," so far as originating it for themselves. In this sense, I invented it in 1852, never having seen or heard of the plan before. Dr. David Jacob invented it for himself in 1856; Sir Philip Crampton, probably also, in 1846. But Dr. Smith, of Donaghmore, has taken the wind out of all our sails by showing that Dr. Daniell, of Georgia, U. S., recommended it so far back as 1829.

In my case I effected two points of extension, one by broad adhesive straps above the knee; the other, by similar means, attached to the calf of the leg and forming a loop below the foot. By this means great relief was afforded, by alternating the point of extension, and especially by relieving the traction on the ligaments of the knee joint. But in this particular case an unusually heavy weight was required to overcome the permanent contraction of the muscles.

I was much amused last winter by seeing the same plan of extension which I had used in 1852, and which others, no doubt, have used before and since, lauded in some of the journals as the invention of an American Professor, and dignified with the high-sounding title of "*Pancoast's stirrup.*" If there be any truth in the maxim, "*Cœlum, non animum, mutant, qui transmare currunt,*" it seems hard to divine why that should obtain credit as the assumed invention of our transatlantic cousin which met no praise or recognition as the frequent practice of Irish surgeons. But, Dr. Smith has shewn that Professor Pancoast, as well as ourselves, must yield the palm of *originality* to his countrymen, Dr. Daniell and Dr. Dugas, who respectively advocated the plan in 1829 and 1854. I shall only add, "*Palmam qui meruit ferat;*" and am, dear Sir,

Yours very truly,

Zach. Johnson, A.M., T.C.D., F.R.C.S. &c.

Kilkenny: 30th June, 1869.

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PROSTITUTION AND ITS CAUSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The letter of Mr. R. J. Kinkead criticizing the able and philanthropic paper of Dr. Charles R. Drysdale, the accomplished and well-known London physician, contains remarks which demand reply. My quotations from the letter in question will suffice, without occupying your columns by comment.

Mr. Kinkead states "*prostitutes are well fed and clothed*"—"*are exposed to no hardships or privations,*"—"*that many may be seen in the day standing behind counters who at night act the harlot.*" The latter statement is as slanderous upon the young women of our times, employed in shops and warehouses, as his remarks are foolish and untrue. Mr. Kinkead's experience of the subject upon which he writes, has not been the result of observation gained outside the College library, or Dublin has deteriorated within the last few years.

I am in many instances unable to comprehend how Mr. Kinkead's graphic history of prostitution during early periods affect the arguments advocated by Dr. Drysdale; on the other hand, in many instances I believe it confirms them.

"The only true way for the abolition of prostitution," recommended by Mr. Kinkead, is suggestive of the fact that the Irish Church labours under a loss so long as Mr. Kinkead is not enrolled among its members.

I am, Sir, your obedient servant,

J. Waring Curran.

PURCHASE OF HOSPITAL OFFICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your leader on this subject induces me in the first place to beg your readers to peruse the report of the discussion, and my reply, which I have published through Fannin, and of which your pages gave them no opportunity of judging. You impeach my statement of facts, without offering any specific refutation; I therefore repeat a few of my charges, which, if untrue, can be denied, as all the parties are living. In one hospital the following transactions occurred:—1. An officer dying, his successor paid £750, all of which was divided amongst the five medical electors. 2. A retiring officer, previous to his resignation, voted for a gentleman who paid him a large consideration sum. I freely acknowledge that the purchaser was a highly qualified surgeon, just such a man as election by merit would have promoted. 3. According to an unrefuted letter from Mr. O'Grady (*Saunders*, August 1, 1868) a vacancy was filled at the same meeting at which it was declared, notwithstanding his objection that he "had only then learned the names of the candidates." There were then four applicants, of 15, 8, 4, and 1 years' standing respectively; there is usually but one who has completed arrangements.

In another hospital three surgical vacancies arose within a year. Many first-rate men who desired the office did not apply, believing the election had been forestalled; but, according to your Journal, the candidates included six Fellows of the College of Surgeons (four of them being amongst its leading officers) and a new Licentiate. The last-named was elected on the third occasion, and had received an almost effectual support on the second, and even on the first election. The allegation that he bought the support of one elector, if unfounded, remains uncontradicted, and is currently believed. To particularize and characterize more fully the purchasers would be cruel, and, for most of your readers, would be unnecessary.

I must demur to your proposition that the medical men who founded "the City of Dublin Hospital, and what we may call proprietary hospitals," have as clear a right to sell their shares as a railway shareholder, so long as these places for the cure of the sick are supported by public taxes and subscriptions. The selection of men of proven competency has been a good feature in the City of Dublin Hospital, but the want of £800 has excluded men who might, perhaps, be still more able.

In your last paragraph you impugn my taste and my loyalty to my profession. In reply to this, I must observe that the competition for hospitals was running downwards as regards merit, upwards as regards price. Juniors, full of talent, but wanting money or interest, were losing hope; students were indignant at the selection of their teachers by purchase; and the interests of the poor were threatened; and the *Lancet* was calling attention to these evils. I knew not who sugested or wrote the articles in that journal; but, in the interests of the poor, the profession, and those junior members of it who chose to rely on their merits alone, I felt called on to set forth the electoral systems of all the hospitals, and all the more as the blameless were condemned with the faulty. My paper and my future efforts will, I trust, lead to reform; and meanwhile my conscience acquits me of having acted through resentment or other unworthy motive.

I must further ask you, by whom are reforms to be effected in any profession whatever? If they are proposed by members of the profession, the reformers are met, as I am, by the cry that they are disloyal to their brethren. If the reforms are proposed by a man outside the profession, he is met, as Mr. Shaw was, with the cry that he is talking upon a subject of which he must needs be ignorant.

I have few comments to make on Mr. Wilmot's gentlemanly and deductive letter. If he will study the *concours* as described in several articles in the *Medical Times and Gazette*, 1867, and the medical officers' recommendation system as detailed in the University College Calendar, he will be convinced that by these modes of estimating merit all unworthy influences—pecuniary, personal, political, or sectarian—are excluded as completely as possible. Sir D. Corrigan and Mr. Wilmot defend the purchase system as if it were a safeguard against election from personal or political motives; now I attacked it as, besides corrupt in itself, especially injurious in promoting the success of those who seek hospital appointments on those very grounds. Mr. Wilmot refers to my opinion of the Dublin school. Let me reproduce the whole passage:—"In the Dublin Hospitals, where nepotism or purchase prevail, a young man is at once thrust into the highest office, and although he with ability often becomes an expert practitioner, he just as often becomes a mere routinist, owing to the amount of important practical duty forced upon him. In this way I would account for the fact that the Dublin school, although eminently sound and practical, is remarkably barren of discovery or scientific research. I would then urge the appointment of assistant physicians and assistant surgeons to all the hospitals." The Dublin Hospital physicians and surgeons are as able as those of any other city in the treatment of disease, but they have not enlarged the bounds of medical knowledge by working at such useful subjects as urinary pathology, morbid histology, experimental therapeutics, or the improvement of surgical apparatus, as earnestly as they would have done had the first seven years of their hospital service been spent as assistants, not equals of their seniors. Men thus trained should alone obtain physiciancies and surgeoncies; and, as after twenty years' service in these last named positions they would cease to benefit themselves and to serve the poor as efficiently as younger men, they should be advanced to the consulting ranks. Mr. Wilmot remarks, "no system can create genius, and none retard its progress;" an argument which may be regarded as a compendious way of justifying bad systems in every department of human action. I quite admit that a good system will not create genius, but it may foster it. As to the second part of the assertion, I hold it to be entirely false. The fact which misleads Mr. Wilmot into this view is probably this, that under no system, however bad, provided only it is such as society can allow to exist, can *all* men of genius be excluded from success. A great many, however, are, and the worse the system the more it excludes.

Yours truly,

E. D. Mapother.

125, Stephen's Green, July 17.

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RED TAPE.—HOW NOT TO DO IT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I lately saw that copies of the "Nomenclature of Disease" were to be distributed by Government to the profession. I concluded that medical institutions, where registers and records of disease are kept, ought to be supplied at least as soon as any other claimants. Wishing to co-operate with the authorities, but not knowing where to apply for it, on the 5th July I addressed a letter to the Secretary of State for the Home Department begging that a copy might be sent to the Kilkenny County Infirmary, of which I was an officer. The reply which I received appears deserving of publication, as a specimen of Routine and "Red Tape."

(Copy.)

"Whitehall, 8 July, 1869.

"Sir,—I am directed by Mr. Secretary Bruce to acknowledge the receipt of your letter of 5th inst., applying for a copy of the 'Nomenclature of Disease,' for the use of the Kilkenny County Infirmary; and I am to inform you that the Secretary of State has no copies of such work for distribution.

"I am, Sir, your obedient servant,

"A. F. O. Liddell.

"Z. Johnson, Esq., County Infirmary,
Kilkenny, Ireland."

To have informed an applicant, anxious to co-operate with the authorities in furthering the cause of medical science, where he ought to apply for a work espoused by the Government and to be had only from them, would seem to be a stretch of condescension not to be thought of by the well-paid Red-Tapists of the Home Office.

Dear Sir, your obedient servant,

Zachariah Johnson, A.M.T.C.D., F.R.C.S.,
Kilkenny.

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As a contribution to the statistics of operative surgery, I beg to submit the following cases which have occurred in my practice.

Primary.

Two amputations at surgical neck of humerus, circular; successful.

One amputation at junction of lower and middle third of humerus, circular ; successful.

One amputation of hand, cutting through the metacarpal bones about their middle flap ; successful.

Secondary.

One amputation, thigh, for long-standing disease of knee-joint at junction of lower and middle third ; circular. Lived for seven months, disease setting in in the stump two months after operation.

Portlaw. JAMES MARTIN.

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Medical Gleanings.

CAMPHOR AS A PREVENTIVE OF OXIDATION.

Mr. George Wellborn (*Journal of Applied Chemistry*) finds that a small lump of camphor placed in a bottle of recently crystallized protosulphate of iron preserves it from oxidation, the salt remaining as a transparent solution after it had been kept three months. If the odour of camphor acquired by the salt is objectionable, it may be exposed awhile before using, or it may be removed by alcoholic washing and dried.

GUYOT'S CONCENTRATED TAR SOLUTION.

Dr. Jeannel (*Journal de Pharmacie*), from an analysis of "Guyot's Concentrated Tar Solution," has deduced the following formula for its reproduction : bicarbonate of soda, 22 parts ; tar (from wood), 25 parts ; water, 1,000 parts. Macerate together for eight days, shaking the mixture several times each day.

This preparation, diluted with sixty or eighty times its volume of water, forms a clear tar-water for internal administration ; in a less diluted condition it is also employed as a lotion.

SYRUP OF IODIDE OF IRON AND ITS PRESERVATION.

M. Jeannel (*Journal de Pharmacie*) approves of the following combination for the manufacture of a solution of iodide of iron which shall remain unchanged by exposure to the air : iodine, 8·2 parts ; iron filings, 4·2 parts ; distilled water, 20·0 parts ; honey, 70·0 parts ; tartaric acid, 0·5 parts. Mix the iodine, iron, and water in a flask, and when combination is complete, filter the green solution, and add the honey and tartaric acid. The product will contain 10 per cent. of iodide of iron.

He also observes that the addition of one five-thousandth part of tartaric acid to syrup of iodide of iron which has become bad, renders it clear, and, at the same time, notably diminishes its inky taste.

TUBERCULOSIS OF THE CHOROID.

In the session for Dec. 9th of the Berlin Medical Society, B. Fränkel (*Boston Med. and Surg. Journal*) reports two cases where meningeal tuberculosis was diagnosticated by the aid of the ophthalmoscope. In the first case, that of a girl of six years, vision and consciousness remained unimpaired until death, and no subjective symptom that could prove the existence of meningitis was observed. The second case, in a boy of eight, was so similar, that the physician was enabled from the appearance of the eye alone, to establish the diagnosis, which otherwise would have been entirely uncertain.

Hyperæmia of the retina was observed, and close to the papilla a white roundish spot of about one-sixth the diameter of the latter. Three other such spots were afterwards seen, all fully exhibiting the characteristics of tubercles of the choroid. For four weeks the patient made no complaint whatever of his eyes ; he read, wrote, and saw as usual, had neither sparks before his eyes, nor photophobia. Six weeks after the diagnosis of general tuberculosis was made, appeared the first distinct symptoms of tubercular meningitis.

UNGUENT FOR BRONCHOCELE.

Prof. JAMES R. WOOD, of New York, extols the following formula as an ointment in bronchocele and other glandular tumours :

℞ Ung. stramonii	℥ ij.
Ext. conii	ʒ ij.
Iodid. potassii	ʒ ij.
Iodini	gr. x.
M. Ft. unguent.	

POISONING BY ARNICA.

A CASE occurring in a woman of thirty-three years of age, is reported in *Schmidt's Zahrbucher*. She had drunk two glasses of infusion made from a large handful of the leaves. The symptoms of poisoning lasted seven days, and the patient was not quite well till the 12th. The prominent symptoms were violent vomiting, intense headache, choleriform diarrhœa, with very severe gastro-intestinal colic, followed by collapse, cold extremities, and remarkable depression of the pulse. The treatment consisted principally of the use of extract of thebaine and of morphine.

PHENIC ACID IN SYPHILIS.

Dr. MINTEFORTE (in the Italian *Journal of Venereal Diseases &c.*) recommends the application to syphilitic ulcers of a solution of phenic acid in water, five parts to 100. Dr. Fidele de Fieri extols the deuto-phosphate of mercury, one grain a day continued for two months, in tertiary syphilis.

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Medical News.

Two coloured physicians of Washington, complained that the Medical Society of the District of Columbia will not admit them as members, after having granted them licences to practise.

THE Director-General of the Medical Department of the Navy, Dr. Armstrong, paid his first official visit to Chatham on Wednesday, the 14th inst., and made a minute inspection of Melville Hospital, and subsequently visited the dockyard.

WILLS AND BEQUESTS.—Mr. James Sturm, of North Villa, Hampstead, has bequeated a legacy of £500 to the National Lifeboat Institution, and directs that a boat should be named "James Sturm" and be employed on the northern coast of Scotland. He bequeaths to the senate and governing body of the University of Aberdeen a sum of £2,000 to found two scholarships for five years, to be called "James Sturm's Scholarships," for natives of Mortlach, of the age of fifteen years, who had been taught in the parish school of Mortlach ; also £500 for the education of females of Mortlach in the principles of the Established Church of Scotland ; and a further sum of £500, a portion of the interest of which is to be expended for the relief of infirm poor persons of the village of Dufftown. There are the following contingent charitable bequests, payable on the discharge of a claim or debt due to his estate—viz., to the Foreign Missions of the Established Church of Scotland, the Society for the Propagation of the Gospel in Foreign Parts, London Missionary Society, Royal Society for the Protection of Life from Fire, Queen Adelaide's Dispensary, City of London Truss Society, British Orphan Asylum, and King's College Hospital, each £500.

FEMALE MEDICAL EDUCATION IN SWEDEN.—It is announced that the Swedish Government purposes next year to establish a Medical College at Gothenburg, to ladies not under seventeen years of age may be admitted to a complete course, lasting three years, with clinical and anatomical lectures, &c. ; the graduates of this College being allowed to establish themselves as physicians all over the kingdom. The practice of midwifery is already almost entirely in the hands of women and institutions for teaching it in all its branches have been long established.

CHARING-CROSS HOSPITAL.—The prizes to the students of the medical school attached to this hospital were distributed in the presence of a large number of ladies and gentlemen interested in the welfare of the institution. Professor Owen presided. The following prizes were awarded :—The Governors' clinical silver medal to Mr. Kidd ; in the class of botany, a silver medal to Mr. Noakes, and certificates of honour to Mr. Leigh, Mr. Drake, and Mr. Graham ; in the class of materia medica and therapeutics, a silver medal to Mr. Atkinson, and certificates of honour to Mr. Leigh and Mr. Noakes ; in the class of midwifery, a silver medal to Mr. Towt, and a certificate of honour to Mr. Conolly ; in the class of pathology and morbid anatomy, a silver medal to Mr. Hyde, and a certificate of honour to Mr. Conolly ; in the class of forensic medicine, a silver medal to Mr. Conolly and a certificate of honour to Mr. Rix ; in the class of practical chemistry, a silver medal to Mr. Leigh, and a certificate of honour to Mr. Noakes ; in the class of senior anatomy, a silver medal to Mr. Leigh, and a certificate of honour to Mr. Walker ; in the class of junior anatomy, a bronze medal to Mr. Routh, and a certificate of honour to Mr. Taylor ; in the class of chymistry, a silver medal to Mr. Lea, and certificates of honour to Mr. Taylor and Mr. Whitelam ; in the class of senior medicine, a silver medal to Mr. Gosse, and a certificate of honour to Mr. Towt ; in the class of junior medicine, a bronze medal to Mr. Gravelle, and a certificate of honour to Mr. Leigh : in the class of senior physiology, a silver medal to Mr. Noakes and certificates of honour to Mr. Drake and Mr. Burroughs ; in the class of junior physiology, a bronze medal to Mr. Chittenden ; in the class of surgery, a silver medal to Mr. Hyde, and certificates of honour to Mr. Towt and Mr. Kidd.

A CLEVER LUNATIC.—The intellectual activity of a certain class of lunatics is curiously illustrated in the report on the lunatic asylums in Ireland which has lately been printed and laid before Parliament. A man named Joseph Langfrey escaped from the Central Asylum with two other patients, none of the party being looked upon as lunatics by the medical officers, although confined there as criminal lunatics. Mr. Langfrey was the leader of the fugitives, and is described as being of an extraordinarily clever and ingenious mind. He could do things quite beyond what men in general can perform, and his cleverness was even exceeded by his versatility. He was a good shoemaker, a tailor, a weaver. He made from a scrap of iron a key by which he could open the door of his division. He put together a wooden sewing-machine of his own contrivance, with which he made clothes for himself ; and his mind just before his escape seemed so intent on improving this machine that there was little apprehension of his attempting to escape. His career, it is stated, before he came to the asylum was most extraordinary. He had been in the British army, in the French army, and in the French navy ; and had been in British, German, and Russian prisons. He had a fair grammatical knowledge of French, knew something of German, and was completely self tought ; his age, although he had passed the various phases of existence above described, was only twenty-seven. He spoke well and reasonably, the great defect in his character being a fickleness of purpose. He had that rambling disposition that is never sated with travel and adventure ; and if his principles were good and upright he would in all probability have had a distinguished career in life. Langfrey was, in fact, not unlike one of Ouida's heroes. No trace of him has yet been found.—*Pall Mall Gazette.*

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NOTICES TO CORRESPONDENTS.

DR. DAY, Torquay.—We are obliged for your note, but cannot possibly comply with the terms proposed.

DR. EWING WHITTLE, Liverpool.—Your paper on "The Population Question" is to hand, but owing to its length is unavoidably left over to our next. In future you would greatly oblige by sending in any except very short communications before Monday, as the Journal is made up for press on the evening of that day in order to secure the postage of subscribers' copies on the following evening.

COMMUNICATIONS, Enclosures, &c., received from Dr. Day, Torquay ; Dr. Patrick Heron Watson, Edinburgh ; Dr. Rumsey, Cheltenham ; Dr. Pearson, Kensington ; Dr. Pearce, Bodmin ; Dr. Thos. Matthews, Manchester ; Dr. Annandale, Edinburgh ; Dr. Mapother, Dublin ; Mr. Walter Rivington, London ; Dr. Palfrey, London ; Dr. Maunsell, Dublin ; Dr. Ewing Whittle, Liverpool ; Dr. Johnson, Kilkenny ; Dr. Dudley, New York ; Dr. Ross ; Mr. Yearsley, London : Mr. Hamilton, Mr. W. L. Scote, London ; Dr. Purdon, Belfast ; Dr. Gordon, Portsmouth ; Dr. Collard, Bishopwearmouth ; Mr. Newton ; Mr. Clarke ; Dr. Henry ; Dr. Burrows ; Mr. Stewart, Edinburgh ; Dr. Williams : Mr. Tichborne, Dublin : Dr. Stoker, Dublin ; Dr. Cleland, Galway ; Dr. Lamprey, Portsmouth ; Dr. Willan, Haxey ; Mr. Shinkwin, Cork ; Dr. Waring-Curran, Manchester ; &c., &c.

THE NOMENCLATURE OF DISEASES.—"TRICHINA."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Looking the other day into a recent medical lexicon, I met with the term *trichina*, as employed to designate the microscopic hair-like animalcule which infests the muscles of people who have fed for a long time on measly pork. Will you allow a non-medical man to point out the violation of correct nomenclature with regard to this topic ?

First of all, *trichina*—and it is exactly so in the book to which I allude—is manifestly a false quantity, for the adjective *trichinos*, formed from *trichos*, the genitive case of *thrix*, *hair*, has its penultimate short ; and *trichina*, being the neuter plural, would simply mean *hairy things*. Now, these microscopic worms are not hairy, but as *fine as hairs*, or, *curled like very fine hair*. If so, we should perhaps call this creature *trichoid*, *hair-like*, just as we say *typhoid*.

I conceive that, strictly speaking, we might designate the worm, *trichinia*, making in the plural *trichiniæ*, and we might say, "this patient has *trichiniæ* ;" or it might be *trichinides*, from *trichinis*, which would also be a correct form, and would follow the analogy of *ascarides*, by which we designate *thread-worms*. Then, why not *trichinides* for *hair-worms?*

As to the disease itself, it strikes me that the correct form would be *trichinosis*, just as we have *sycosis*, *tuberculosis*, and the like. This would violate no rule of the nomenclator's art, and would easily convey its own meaning. But against *trichina* with *i* long, which is abominable, and *trichina* with *i* short, which is unclassical, I must be allowed to protest.

If these remarks are of the least value, please let your medical readers have the benefit of them, and oblige your occasional reader,

Queenborough, July 17, 1869. PHILOLOGUS.

◆

VACANCIES.

University College Hospital.—Resident Medical Officer. See advertisement last week.

Queen Charlotte's Lying-in Hospital.—Physician-Accoucheur. Election 19th inst.

◆

BOOKS RECEIVED.

Diseases and Injuries of the Eye. By George Lawson, F.R.C.S. London : Henry Renshaw.

On the Supply of Animal Food to Britain. By W. Lascelles Scott, F.C.S.

Fourth Annual Report of the Belfast Hospital for Diseases of the Skin.

The Signs of the Times. By A. T. Macgowan, late Assistant-Surgeon 52nd Foot.

Medical Experience and Testimony in favour of Total Abstinence. London : William Tweedie.

The Western Journal of Medicine ; Australian Medical Gazette ; Gazette Médicale, &c., &c.

◆

Deaths.

BURNSIDE.—On the 7th inst., at Delaune road, Kennington Park, Matthew Burnside, Surgeon R.N. (1st July, 1813), retired list, aged 74.

CRANKE.—On the 2nd inst., R. Cranke, L.R.C.P.Ed., L.R.C.S.Ed., of Ulverstone, Lancashire, aged 29.

FROYSELL.—On the 14th inst., at the residence of Mr. Henry Gibbons, Stafford street, Wolverhampton, Joseph Froysell, M.D., formerly of Willenhall, Staffordshire, in his 63rd year.

ROBERTSON.—On the 10th inst., at Woodside place, Glasgow, G. Robertson, M.D.

SNAITH.—On the 7th inst., at Boston, Lincolnshire, Frederick Snaith, B.A., M.D., in his 63rd year.

STEPHENSON.—On the 14th inst., at Mile-end road, James Stephenson, M.R.C.S., L.S.A., aged 42.

WHITFIELD.—On the 7th inst., Henry Whitfield, M.R.C.S.E., of Ashford, Kent, aged 63.

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Vide page 1075, "Medical Directory," 1869.

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WILLIAM WILSON, Secretary.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 28, 1869.

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ON THE TREATMENT OF BUBOES AND THEIR SINUSES BY MEANS OF CARBOLIC ACID AND SMALL VERTICAL INCISIONS.

By J. Lamprey, M.B.,

Surgeon 67th Regiment, Portsmouth.

In the Appendix to the Report of the Committee appointed to inquire into the pathology and treatment of the venereal diseases in 1867, it appears that among the troops serving in the United Kingdom in 1864, of the average strength of 73,252 men, there were 2,011 cases of bubo admitted to hospital. The mean daily sick of this disease amounted to 199·3, and the average duration of the cases under medical treatment amounted to 36·17 days per case. From this extract it will be seen that army surgeons have considerable experience in the treatment of this disease, indeed, they are seldom if ever without one or more cases in their hospitals, so that they are but too familiar with the length of time it invariably takes to heal a suppurated bubo, associated with sinuses leading to other buboes, occurring in a large proportion of cases of the soft suppurating syphilitic ulcer, as well as in cases of sympathetic bubo unconnected with syphilis. According to the practice commonly observed in the treatment of such cases the suppurated bubo was generally first freely laid open in its longest diameter, and subsequently the sinuses leading from it to other buboes were opened up by means of the director and bistoury. The agony and suffering of the patient while this was being done are too well known to require description, as we have all seen such cases and noticed how the strength of the patient was wasted by protracted confinement to his bed, while the process of filling up and cicatrizing the deep ulcers with undermined edges made by the incisions were accomplished.

The importance of a method which would expedite the cure of this disease, and at the same time save the patient the suffering from extensive incisions, cannot be over estimated; and, however much beneath our notice such cases may appear to be at first sight, none reward the care and attention bestowed on their treatment with better results. A bubo which, under the old method of treatment, might take months to heal, may be cured in a few days by a more judicious mode. The importance of making the first incisions in a particular direction, always taking care that the bubo has well suppurated beforehand, is much greater than what it would appear to be. If it is made in a line parallel with Poupart's ligament every movement of the thigh will keep the edges of the wound in a constant state of motion; whereas if it is in a vertical direction the motion of the thigh will disturb the coaptation of the sides of the wound much less. This does not appear to be sufficiently dwelt upon in works on surgery, on the contrary, the recommendation of one of the ablest surgeons, in a work just published, is that the bubo should be laid open by a free incision throughout its longest diameter, either horizontal or vertical to Poupart's ligament. (*See* "Erichsen's Surgery.") Bumstead, in his work on syphilis, states that Langston Parkes, an American surgeon, treats buboes by opening them in several points and injecting sulphate of zinc, and using a compress; in every case he succeeds in making a cure in a few days. He punctures the bubo with a grooved needle, and takes care that the walls of the abscess are not too thin. From my own experience I prefer, for the reasons stated, a vertical incision in the centre of the suppurated gland, just sufficiently large to allow the free escape of the collected pus; and from the experience of repeated trials, I find that by injecting a solution of carbolic acid, diluted to one in ten, into the bubo, it has the effect of preventing the formation of pus in the bubo sack, and causes the secretion of what would otherwise be pus, to become a clear and serous looking fluid. The injection is done by a common glass urethra syringe, the nozzle being inserted into the opening into the bubo. This causes some amount of pain at first, but it soon passes off. Care must be taken, however, that none of the solution gets on to the scrotum or on the skin of the thigh or nates, as it acts as a powerful escarotic on some individuals. This accident may be easily avoided by sufficient carefulness. The injection should be squeezed out of the sack by using moderate pressure, and it need not remain in it longer than a few seconds. I prefer injecting on the day following the incision, as this allows the pus to be freely discharged and the bubo sack to contract somewhat. I repeat the injection after an interval of three days, applying in the meantime over the bubo a piece of lint wet with carbolic acid, diluted to 1·40, and covered with gutta percha tissue. The interval of rest is of importance, inasmuch as it allows the reparative process of nature to be developed, as, after all, it is this that heals and not the applications.

Should another bubo form in the vicinity, and a communicating sinus establish itself between them, or should the extremity of the sack of a bubo be found to extend into the inguino-scrotal angle or in an opposite direction, none of which are of uncommon occurrence, instead of introducing the director, and slitting up the sinus or bubo to its full extent, I find a better plan is to introduce a probe to the furthest limit of the sinus or bubo sack, and make a small opening in the integuments so as to allow the extremity of the probe to pass through; by doing this a course is made for a free current of the carbolic acid injection to pass through, and in a few days the healing process is more satisfactorily established than if the sinus was laid open throughout its whole extent. Why this should follow it is difficult to explain, but one sinus treated in this way will be sufficient to show that it has this effect.

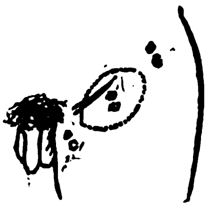

Fig. 1.

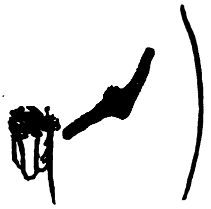

Fig. 2.

By the aid of the illustration representing one of these cases and exhibited to the Society, it will be seen what a formidable wound I avoided making. In this case (fig. 1) I introduced the probe at *a* till it reached *b*, when I cut down upon its extremity till it projected; and in the same manner I introduced the probe at *a* and extended it to *c*, when I cut down upon it also; so that by injecting at *a* I was able to send the fluid through either *b* or *c*. In this case the man made a recovery in ten days after the first injection. Had this man been treated after the old method of free incisions, there would have been an undermined ulcer of the size and shape depicted at *d* (fig. 2), and a length of time would have elapsed before it would have granulated and filled up from the bottom. In five other cases I brought before the Society to exhibit the results of this mode of treating bubo, the same satisfactory results were observable.

In cases where the bubo has been allowed to remain in a state of suppuration for too long a period, when the integuments become thin and of a purple tint, and almost beyond hope of saving them from spontaneous rupture, I have found the use of carbolic acid injection and lotion of great service in the treatment, saving the integuments from sloughing or ulceration.

The cases of simple bubo which are opened in the proper stage of suppuration and treated with small vertical incisions and carbolic acid injections get well in a few days, unless when the opening assumes the character of the soft chancre which originated it, in this instance there is no help for it but to wait for the usual period for such a chancre to heal, though the original chancre which gave rise to the bubo has already healed, as it invariably is the case when once suppuration in the bubo has been fully established. Of the preparatory treatment of bubo with the view of preventing the formation of suppuration, it is not intended to enter into any discussion here; but knowing how difficult it is for art to accomplish this object—if, indeed, remedies avail much—it is satisfactory to know that the treatment of the already suppurated bubo we can now successfully adopt, makes the resolution of buboes of little moment, comparatively speaking. Should fomentations and poultices be found of no use after a fair trial of them, the better plan is to expedite the suppurative process by directing the patient to walk about, if he can do so without causing pain or constitutional disturbance, and that no chancres should be in the way, otherwise there is no help for it but to continue poulticing till suppuration has fully taken place.

In cases where the contents of a bubo are found, on opening it, to be composed of an indurated glandular structure partially suppurated, the carbolic acid injection and lotion will only prove useful in suppressing the secretion of pus without influencing the induration; in these cases the mercurial vapour bath will be found most effectual in causing absorption of the morbid induration without injuring the system.

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ON THE THERAPEUTICAL EFFECTS OF STEAM UNDER HIGH PRESSURE.

By William Bennett, M.D., Harrogate.

We find very many chronic affections of the skin annually resorting to Harrogate as a last resource; many of these have run the gauntlet of both hospital and private practice with but temporary benefit, and many others seem to have resisted every local and constitutional treatment within our reach. When we can succeed, therefore, in any cases, by any means hitherto unused, it is a pleasing duty to call the attention of our professional brethren to these, in the hope that a more extended application of such means may tend to alleviate the sufferings of many, and place at our command a most powerful agent for good—viz., the use of the Steam douche under high pressure. I have selected a few cases, which strikingly illustrate the benefits to be derived from this line of treatment.

J. G., æt. about thirty-six, married, tall and well made, rather pallid, with an anxious countenance, but not suffering much pain, was admitted into the Harrogate Hospital. About two years previous to his admission he had been laid up with a sore on the inside of the calf of the right leg, which, he said, was caused by a boil which he irritated, and which gradually enlarged. For this he entered the Leeds Infirmary, and after a long sojourn there this ulcerated surface healed, but leaving a cicatrix of such a character as induced me to ask him if he ever had syphilis at any former period of his life; this he denied. The whole inner surface of the right thigh, from a little above the knee to about three inches below Poupart's ligament, now presented an immense ulcerated suppurating surface, with deep excavations and sinuous passages extending through the thickness of the skin down to the fascia. The borders of these excavations were swollen, shining, and of an unhealthy appearance. The portions of skin not yet involved had a dark bluish appearance, the ulcerative process going on underneath so as to engage those portions of the hitherto healthy skin.

He had been under treatment for a very long time, both in different hospitals and under different private practitioners; was put under all kinds of treatment, both constitutional and local, and from a small ulcerated spot at first it gradually reached its present extent, and now appeared as if there never had been any attempt at healing. He was sent to Harrogate, impressed strongly with the idea that the sulphur waters and sulphur baths would promptly restore him to health and strength. My first and important duty was evidently to improve the man's blood, and to give him a generous diet. He was now at head-quarters for obtaining iron in its best form of administration, and I allowed him the free use of the sulphur baths, so as to alleviate the irritability of such an extensive ulcerated surface. He had tried a host of applications of a soothing kind, then both stimulant and astringent; and, to use his own words, every change seemed to do a little good, but no satisfactory progress had been made towards cicatrization. He had been put under a course of mercury previous to his admission into our hospital, but with no benefit; and I confess I began to despair of success in such an obstinate case.

The case began to improve a little; the general health seemed better, but the appearance of the ulcerated surface was little changed. What we gained by the soothing treatment of baths was lost by the increase of suppuration, and by the relaxation of the whole surface, and bandages could not be borne. It was evident I wanted a stimulant of such a nature as would increase the circulation of all the cutaneous vessels, allay the irritability of the exposed nerves by such an amount of heat and moisture as would not be followed by too great relaxation, and yet which would rouse the vitality of the part, and thereby set up a more healthy reparative process. I conceived that I possessed in the steam or vapour douche not only two of the properties which I required, but also when used under high pressure I knew I had the command of a very great quantity of electricity, not of very high tension, which, by proper management and regulation of the pressure, would give me a stimulant very different from any that had been before applied. Persevering steadily with the vapour douche, I had the gratification, in a very short time, of observing a great change in the appearance of the entire ulcerated surface. The whole limb became more comfortable to the patient; the suppuration was greatly diminished; the swollen borders of the ulcers were flattening down, and it was evident the process of absorption was going on rapidly. Suffice it to say, after a residence in the hospital of about two months, I had the pleasure of dismissing this patient, capable of moving about without suffering, freed from all discharge from this extensively diseased surface, and cicatrization going on rapidly; and, after a month's residence at home, he was able to take a situation as toll-keeper on one of the southern roads in this county. I lost sight of him for more than a year, when I heard he died of typhus fever.

The case was altogether a remarkable one; it was supposed by those who treated it to have had a syphilitic origin. Appearances were strongly in favour of such an opinion, but it bore a very great resemblance to a former case of Radesyge exedens, or Norwegian scurvy, described by Dr. Hjort, and represented by Alibert and Willis as under the Tubercula. After J. G.'s death I found that a sister died of consumption who was unmarried, and who had this disease on one of her thighs. Whether of a syphilitic origin or not, it was very evident that the steam douche under high pressure removed this obstinate affection.

We meet with many cases where we can have no doubt of the existence of a syphilitic taint. In many such we find the lower extremities the seat of very troublesome ulcerations; the skin, particularly of the calf of the leg, becomes thickened, hard, and immovable; the circulation is much impeded, and motion rendered painful. It is very difficult to effect the healing of these burrowing ulcers, for pressure by bandages will not always be borne. Warm baths give but temporary relief; and under almost any treatment we fail in making the integument pliant and moveable under the fingers. In these cases I have found the vapour douche most beneficial. It produces comfort and ease, and in a short time the patient finds that he can take walking exercise with less difficulty and less pain; the indolent ulcers put on a more healthy appearance, while the ulcerated cavities gradually fill up without any accessory aid, and absorption goes on so rapidly that the leg day by day diminishes in size.

We have occasionally to deal with cases of a still more obstinate character, where the vapour douche comes in to afford us some hopes of alleviating, in a marked manner, a disease which hitherto has baffled all our best resources. I allude to cases of Elephantiasis, such as we observe in these climates. It is, properly speaking, a skin disease, generally appearing in the lower extremities, but also attacking the face and hands; in this country we do not see it very often in any other form than that of swelled leg. In warmer climates the great relaxation of the skin goes on, *pari passu*, with its increasing hypertrophy, and large folds are formed, which often hang over the ankles and toes, so that the foot and leg form a large shapeless mass. In three cases which I have lately met, the foot and leg were swollen to a very great size, the calf of the leg measuring over twenty inches in circumference. Knowing the hopeless character of this affection, I was not very sanguine of any success by any line of treatment open to me, so I determined to persevere with the vapour douche, even though I could detain such patients in the hospital but for a short period. I had the satisfaction of seeing, at the end of a month, a decided change for the better in the appearance of the legs; in one of the cases, where there were fifteen small ulcers, the healing process had set in, and the leg was reduced by five inches in circumference—an effect which, I think, could not be procured by any other means.

I could scarcely have selected three more unpromising cases to show the benefits arising from the use of the vapour douche. In these cases I purposely abstained from all other local applications, as of ointments or medicines of any kind, while under the douche, giving all a good and generous diet under our invigorating atmosphere. I allow the fullest credit to these latter important adjuvants, but I think the rapid diminution in the hypertrophied state of the skin must force us to conclude that some more potent power was at work than heat and moisture. Heat and moisture will, in many cases, promote a healthy state of diseased parts, but there is generally a limit to improvement; and we find a state of relaxation of the vessels and soft parts following the continued use of these two applications, and then some other stimulant besides heat becomes necessary to give tone and energy to complete the reparative process.

In referring to the first case, that of J. G., we must admit that the electrical state of the vapour constituted the stimulant which was directly necessary to secure a more vigorous circulation in the entire vascular system of the diseased part; and, as a consequence of this, not only the absorption of effete matter, but the deposition of more healthy materials to rebuild such a disorganized structure. It was also remarkable that I had no necessity for bandages or any medicated applications; the extensive sore went on progressively healing until perfect restoration took place. We know that a positive current of electricity will cause the circulation of fluids in capillary tubes, so, when it is united with heat and moisture, we have three great principles forming a powerful agent, which, from the results obtained in the few cases I have given, may yet be of important service in many formidable diseases that have hitherto resisted the most scientific treatment.

I am aware that I am going out of the beaten track in thus recommending this form of electricity combined with heat and moisture, and some may have strong doubts that such a combination of forces can be brought into action. No doubt we cannot utilise the power of electricity by depending upon any of the forms of apparatus for producing galvanic and magnetic electricity. In these latter we have to deal with the interrupted current which generally cannot be applied to delicate inflamed surfaces without giving pain; but when we can insulate the patient, we know we can make his frame the medium of a current of electricity, which becomes a continuous one, and which, when carried by the steam douche to any particular part of the body, can there expend its influence in the most beneficial manner.

In using the term steam, or vapour douche, I must not be understood to mean a jet of steam forced through a simple tube, for in that case the steam itself, when pure, has nothing to do with the phenomenon of electricity; this latter is manifested only when water is at the same time present, and is altogether the effect of the friction of the globules of water against the sides of any substance opposed to its passage, as the water is rapidly moved on by the current of steam. Accordingly, the electricity is found to be increased in quantity by increasing the pressure and impelling force of the steam. Faraday found that the immediate effect of this friction was, in all cases, to render the steam or water positive, and the solids, of whatever nature they might be, negative. My object, then, was to utilize this current of electricity, so that it should pass with heat and moisture to any part of the body requiring it, and, by insulating the patient, and, if possible, the boiler, or generator of the steam, take advantage of the combined effects of this powerful continuous current, so beautifully exemplified by the hydro-electric machine, invented in 1845, by Mr. Henry Watson, of Newcastle, and the present Sir Wm. Armstrong. This machine was first exhibited at the Polytechnic, where it was the wonder of the day, as showing the enormous quantity of electricity that could be produced by effluent steam under high pressure; but, strange to say, notwithstanding the eager search after novelties at this present day, this wonderful machine has been consigned almost to oblivion. I am not aware that steam under high pressure has ever been used as the means of applying electricity in a medical point of view to such cases as I have mentioned, with such remarkably beneficial effects.

If I am sanguine that great good must follow its use, I am so on the foundation of actual experiment; and in opening this new field of observation to the profession, I see no reason why others should not obtain the same good results, and thus give stronger proof that we are at last on the straight path for utilizing this powerful agent to the great benefit of suffering humanity.

To Mr. Henry Watson, of Newcastle, I am very much indebted for his readiness in affording me every information on the construction of his hydro-electric machine, and for his kindness in placing it at my disposal.

It would, indeed, be most desirable that such a powerful agent as the high-pressure steam douche could be brought within the reach of the profession at large. Most of our hospitals find it necessary to have a high-pressure steam boiler to work an engine as a general power, working at a pressure of about 90 lbs.; to such boilers there could be no difficulty in applying the condensing box and jets, as originally constructed under Mr. Watson's directions; and although the boiler would not be strictly insulated, yet with a pressure of 50 to 60 lbs. we should get such an amount of electricity as in the generality of cases would be required.

I feel confident we have much to learn from the proper use of this steam douche, and I shall feel gratified if, by this short notice, I shall stimulate others to work in this new and extensive field of inquiry.

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NOTES ON VEGETABLE PARASITIC DISEASES OF THE SKIN.

By Henry Samuel Purdon, M.D.,

Physician to the Hospital for Diseases of the Skin, Belfast.

Fungi are to be observed on old books, ink, cheese, &c., especially when placed in damp localities, as well as in many forms of cutaneous diseases. The presence of damp seems to excite their growth: one particular disease, favus, is common here, and in other countries similarly circumstanced, as, for instance, Holland. It is rare in dry localities. It may not be generally known that Ireland has been, within historic times, at least, similarly situated to what it is at present. Dr. Knox,* after referring to the writings of the Venerable Bede and the annals of the Four Masters to show the close connection between the climate of those days and that of the present, then proceeds to sum up its prevailing characteristics as follows:—"The distinctive marks of the Irish climate may be enumerated as the general prevalence of westerly winds, of sharp easterly gales in spring; the mildness of its winters and comparative coldness of its summers; its dampness at all seasons; and general equability of temperature." Here in Belfast, the capital of Ulster, well known for its moist climate, I have had fourteen cases of favus out of 3,000 skin diseases of all kinds. During my student days in Dublin, I frequently saw this disease amongst the out-patients at the hospitals. Again, in Glasgow I know from personal observation that favus is rather common. On the other hand, in London, a much drier locality, favus is a rare disease.

From the result of observation it is now known that the rainiest regions of Europe are Norway, Ireland, and west coast of Britain. The Rev. E. McClure, M.A., has been kind enough to calculate for me the average rainfall during the last five years in the following places—London, Glasgow, and Belfast, which is the only means available for arriving at the moisture and dampness of climate. I may, however, state that further particulars will be found in "Tables of the Total Depth of Rain," compiled by J. Symons, M.B.*

Average Rainfall for Five Years, 1864-68.

London	23·7	inches.
Glasgow	43·07	,,
Belfast	34·70	,,

The frequency of favus and tinea circinata will be observed in the following table:—

London	Favus	1 in 2000...	Mr. Wilson, *Jour. of Cut. Med.* No. 3	
	T. circinata & T. tonsurans	60 ,, 2000...	Do.	Do.
,,	Favus	1 ,, 1000...	Mr. Milton, "Modern Treatment of Skin Diseases."	
	T. circinata & T. tonsurans	19 ,, 1000...	Do.	Do.
Glasgow	Favus	118 ,, 6451...	Dr. M'Call Anderson, "Report of Dispensary, 1867."	
	T. circinata & T. tonsurans	91 ,, 6451...	Do.	Do.
Belfast	Favus	14 ,, 3000...	Dr. H. S. Purdon, "Report of Dispensary, 1868."	
	T. circinata & T. tonsurans	47 ,, 3000...	Do.	Do.

The growth and development of fungi are favoured then by moisture, warmth, and a copious supply of "nitrogenous with some hydro-carbonaceous nutriment." Indeed, Küchenmeister† has informed us that fungi prosper the richer the soil is in organic nitrogenous substances; and the late Dr. Golding Bird‡ stated that whenever the functions of the skin are impaired, "where a due amount of secretion is not exhaled from the surface, an excess of nitrogen is retained in the blood. That nitrogenised products are exhaled from the skin is indubitable."

The reason that I have selected favus is that it is a more matured form of growth than either tinea circinata or tonsurans; indeed, the modern view is that we have only one parasite, which, differing in different constitutions and localities, gives rise to various lesions.

Many forms of parasitic diseases are observed in the vegetable kingdom: the common forms of *blight*, *smut*, and *mildew*, known to every farmer, are examples, and no doubt have their counterparts in many of the cutaneous diseases incident to man. Internal organs and structures may also be attacked: for instance, *sarcina ventriculi*, giving rise to dyspepsia; the *oidium albicans*, causing the disease known as "thrush." That most formidable malady, cholera, is asserted to be due to the introduction into the system of a fungus by some considered to be the *cladorporium herbarium*, a small superficial fungus occasionally found on rice, especially in warm countries.

With regard to the *dermatophytæ*, Hallier thinks that the *penicillium* is the cause of tinea tonsurans, tinea circinata, and sycosis. Pick,[*] a former assistant to Hebra, has succeeded in transplanting this fungus upon the human skin, when sometimes favus and sometimes tinea tonsurans were developed, and whose experiments tend towards proving the identity of the fungus in favus, tinea tonsurans, and sycosis; indeed, the doctrine of polymorphism is pretty generally accepted by dermatologists in the present day. In alopecia acuta the parasite is not easily detected at all times. This disease is very rare in Belfast, as during the last four years I have only met with some five or six cases out of about 4,000 skin diseases; on the other hand, when in London, last March, I saw in one day six cases occurring amongst the out-patients at the Hospital for Skin Diseases, Blackfriars, and Mr. Sims informed me that it was rather common. The parasite, the *microsporon andonini* has only a feeble hold of the epidemics, and the changes in the structure of the affected hair are due, according to Dr. Reid[†] to the presence of the parasite at the hair-bulb, interrupting its nutrition and exciting a certain amount of irritation; the fungus, moreover, diffuses itself among the epithelial scales; producing a certain amount of thickening and enlargement of the sheath. Dr. Tilbury Fox[‡] holds that fungi will not flourish on a healthy surface, "but grow upon those that are most prone to non-specific eruptions, and for this reason vegetable parasitic diseases occur in young life, diminishing rapidly in frequency as adolescence advances, the least expressed form, tinea deculvans (alopecia acuta), being most common in adult life."

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* "On Irish Watering Places," page 319.

* London: G. Shields, Great Sloane street.

† Animal and Vegetable Parasites, Sydenham Society, vol. ii.

‡ "On Urinary Deposits," page 136.

In concluding these "rough notes" it may not be out of place to venture one or two remarks on parasiticides, and, by way of preface, the following observation of Küchenmeister is here recorded, viz., "Acetate of copper and other strong local remedies irritate the skin too much and acclerate the growth of the fungus enormously." The only exception to which the above rule does not apply is in the case of blisters. Parasiticides may be divided into those derived from the vegetable, animal, and mineral kingdoms; but, without going deeply into the subject, it may be briefly stated that the most valuable obtained from the first are iodine, creosote, carbolic acid, and acetic acid. The last three check the development of spores; creosote, according to M. Béchamp, although it allows the mycelium to form, prevents the spores from germinating. I have recently tried a colourless tincture of iodine containing carbolic acid, made by Mr. Evans, State Apothecary, Dublin, and think that if made stronger it will prove a valuable application in time. Paraffine, turpentine, oil of cade, &c., are of inferior value to the above. From the second the only remedy of use is cantharides, which, when used in the form of the liniment of the British Pharmacopœia, quickly cuts short the disease, especially tinea tonsurans, circinata, and alopecia acuta; it likewise stimulates the affected skin to take on a more healthy action. From the mineral kingdom we have mercury, especially the bichloride, chromate, nitrate, and white precipitate, sulphur, borax, &c. The first has a well-earned reputation, and the chromate of mercury I am at present trying in tinea vesicolor, and some other forms of vegetable parasitic diseases; an objection to its use is that it does not mix with water, indeed, it is insoluble in any fluid, but may be used as an ointment. I have added glycerine and rectified spirit, so as to endeavour to suspend it in solution, but without success. The only way to manage is to shake the bottle before applying it. A useful auxiliary to the above remedies is in epilation, which should be performed in inveterate cases. Of course, constitutional treatment is of the utmost importance, quinine being our chief remedy; which substance, it is asserted, has the property of destroying vegetable growths. Dr. Binz[§] has found that a neutral solution of chlorohydrate of quinine, soluble in sixty times its volume of water, has the power of destroying infusoria and fungi developed in vegetable infusions, and believes it has a peculiar antiseptic action different from other vegetable alkaloids. The tincture is the best preparation for children.

No doubt, the growth and development of a fungus is favoured by some peculiar condition of the system; for example, tinea vesicolor flourishes and is common on the bodies of consumptive patients. In two cases (with the assistance of Mr. Law, now Professor of Veterinary Anatomy, Cornel University, U.S.), I succeeded after several failures, in causing the fungus taken from an apple, on which the *achorion* had been transplanted, to grow on the inside of a rabbit's ear, which we had previously inoculated with tubercle. And in all cases of vegetable parasitic diseases coming under my care, I prescribe constitutional, as well as local treatment. Cod-liver oil, pancreatine, the syrup of the iodide of iron, quinine, and in hospital practice salicine, being the remedies relied on. Mr. Jabez Hogg's[*] views confirm the therapeutical fact that parasitical affections are rarely, if ever, "cured" by destroying the parasite, but they can be eradicated by administering appropriate tonics and alteratives which are capable of correcting the blood dyscrasia, which tends to keep up the disease.

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THE POPULATION QUESTION.

By Ewing Whittle, M.D., M.R.I.A.,

Lecturer on Medical Jurisprudence to the Liverpool Royal Infirmary School of Medicine.

In his last communication Dr. Drysdale makes an attempt at answering the queries that I put forward in my recent letters on this subject, and I feel called upon now to point out wherein his arguments fail to make out his case.

1st. He refers his opponents to the article on "Population" in the *Encyclopædia Britannica.* I have taken the trouble to read this article, as reprinted in the edition for 1858, and what do I find? The whole argument embodied in a foot-note in these words: "No one will doubt the writer's fundamental principle that the amount of the human race must be in proportion to the amount of food procurable for their support." This is the famous law of Malthus; this is, as it were, their gospel; but neither Malthus nor any of his followers have ever attempted to prove its truth. On the other hand, we regard this as a mere assumption, and a false one, too. Doubleday has shown that there is a relation between the quality and quantity of food and population, but that this relation is very different from a mere ratio, quantity for quantity.

2ndly. As to France. Dr. Drysdale entirely omits the effect, as a check on population in that Empire, of the maintaining a vast standing army, and in that way enforcing a life of celibacy on half a million of the most vigorous men in the country, during the most energetic period of their lives; and as to the small families of the French peasants, Doubleday has shown that that is occasioned by the greater degree of comfort in which they live, than do their countrymen in crowded manufacturing towns.

3rdly. As to America. The Malthusians, in reckoning the increase of population, make a guess at the increase from emigration, and deduct that amount from the gross increase; but they do not make allowance for the increase by procreation among the emigrants themselves. But, even admitting the doubling by natural increase in twenty-five years in America, how can such conditions have any analogy with the conditions of an old settled country? In America, we have a new world thrown open to the industry of mankind; a young and vigorous people settled on it; many inducements to early marriages; abundance of fertile land, but requiring labour to make it productive.

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[*] *Journal of Cutaneous Medicine*, No. II.

[†] *Glasgow Medical Journal*, No. III. New Series.

[‡] Manual of Skin Diseases.

[§] *Medical Press and Circular*, April 28th, 1869.

[*] *British Medical Journal.*

Here are all the conditions necessary for raising a vigorous and even rapidly increasing population, not inconsistent with Doubleday's views, and only apparently giving weight to those of Malthus. Contrast with this American increase of a doubling every twenty-five years, the increase of the mutineers on Pitcairn's Island, who, located on this inhospitable rock, and with difficulty able to get food from day to day, yet increased nearly ten-fold in forty years. What I have here replied to contains the whole force of the Malthusian assumption—argument it scarcely deserves to be called.

Now, what are the results of recent experience in this country? In Ireland we find that the rapid ratio of increase in the population of that country has been very considerably checked since the potato ceased to be the exclusive diet of the Irish peasant; and in England, as greater numbers of the masses, under the pressure of bad times and the operation of the new Poor Law, are forced to exist on poorer food, and often a scanty supply of it, so do their increasing numbers seethe up around us, threatening, as they wax stronger in political power, to engulph society in one common ruin. If the theory of Doubleday be the true one, the remedies are obvious: the sweeping away of monopolies; the remodelling of taxation, so that it shall press as lightly as possible on the industrious masses; the return to true principles in the administration of the Poor Law, so as to raise the wages of the agricultural labourer sixty or seventy per cent. at least, even at the cost of involving a large reduction of rents. If these remedies were freely applied, we should soon find a check given to the rapid increase of the pauperised masses.

It would be unprofitable to pursue the argument further; the profession have now the evidence on both sides before them, and I have no doubt that they will, with few exceptions, hold by the views of Doubleday, as being more philosophical and reasonable than those of Malthus and his deluded disciples.

Liverpool: July 13, 1869.

P.S.—I have just received this week's number of the Medical Press and Circular, containing Dr. Murphy's letter. I am glad to see that the subject is attracting the attention of thoughtful members of the profession. If Dr. Murphy will read Doubleday's work, and compare his careful reasoning and his striking illustrations with the loose dicta of Malthus and the other political economists, I am sure he will be quite satisfied that the pretended law of Malthus is simply an error, but an error which, having been adopted as a dogma by a powerful school of politicians, has worked a vast amount of mischief.

Mr. Levy's letter (Medical Press and Circular, July 21st), calls for one or two remarks; any argument that it contains is more than answered by the paper to which this postscript is attached. He says that Doubleday "mistook cause for effect;" but the fact is, the Malthusians mistake effect for cause. Let all advocates of progress, however, take note of the fact that Mr. Levy, as mouthpiece of the Dialecticians, announces, on their behalf, that they abhor as *communists* the opponents of monopolies.

July 22, 1869.

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MENSTRUATION IN DIFFERENT RACES.

An examination of 100 Hebrew women, of 200 Sclavonic peasant women, of 70 noblewomen in a very circumscribed district, gives the following results:—The peasant women menstruate at 15 years, 10 months, 9 days; the Jewish at 14 years, 3 months, 25 days; the women of nobility at 13 years, 1 month, 5 days. The Jewish and peasant women live under almost the same conditions, the former even being worse off in that respect. The double influence of wealth in the daughters of noblemen, and of the characteristic fecundity and the particular precocity of the Semitic race, can be easily deduced from statistics.—*Am. Jour. of Obstetrics.*

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

WESTMORELAND LOCK HOSPITAL.

HEREDITARY SYPHILIS.

By Mr. Morgan, F.R.C.S.I., Surgeon to the Hospital, &c.

Hereditary syphilitic periostitis of the tibia, in a child two months old.

R. B., aged twenty-six, the mother of this child, has been twice the subject of genital sores; for the first time eight years ago, when she had a suppurating bubo; and again five years ago, when she had several elevated sores (probably condylomatous).

From that period she has never had any constitutional symptoms whatever; no pains, rash, sore throat, &c.; but is in good robust health.

Six years ago she had a dead-born premature child. She now has another at the breast, which is two months old; the sixth week it showed signs of disease, having a very extensive rash over the body, snuffles, and a few mucous patches. Chlorate of potash, in three-grain doses three times a day, was regularly administered.

A few days after admission the tibia showed evident signs of periostitis, being tender, and swollen nearly to twice the size of the other limb, and suppuration seemed imminent. By the use of fomentations and poulticing, this gradually yielded, but is not yet completely dissipated. The general health is much improved, and the child gaining condition.

Though periosteal affections in infants have been occasionally recorded, they are curious and rare; and the occurrence of so severe an attack in so young a child is a remarkable practical fact. The total absence of all symptoms in the mother for five years, and up to the present, shows the enduring latency of the disease, though it is, of course, an open question as to the father having been syphilitic.

SYPHILITIC AFFECTIONS OF THE LIVER IN THE FŒTUS.

Miliary syphiloma.

This term has been aptly applied by Gubler to that remarkable pathological appearance which occasionally occurs in intense hereditary infection, where the liver appears studded over with grains like semola, and the syphilitic deposit occurs in a very minute form.

A well-marked example of this hepatic deposit has been under my observation. The subject of it was a premature eight months' child, and had been dead for some days before delivery; the body was tolerably nourished, and there were no external evidences of any disease; the placenta was rather large, but not affected by fatty degeneration. I made a careful *post-mortem* examination, and found no change in the general viscera, excepting the liver, which presented the curious appearance of being studded over with a fine deposit both on the surface of and disseminated through its substance; there was an average of one deposit for about every square line on the surface, giving a remarkably speckled appearance to the organ, each being about the size of a small pin's head. The mother (E. R., Ward 6) at the time of delivery was suffering from extensive mucous patches.

As remarked by Lancereaux, it appears allowable to suppose that this difference between miliary syphiloma and the more marked but later deposit of gummatous matter in the liver is probably nothing else than the effect of a greater acuteness in the course of the disease, the termination of which is almost necessarily fatal.

Gumma on the liver in an infant five weeks old.

In contrast with the foregoing case of miliary syphiloma is the following, illustrating a gummatous deposit.

M. W. (Ward 6) was admitted to hospital with a female child at the breast, five weeks old. It was a picture of infantile syphilis, but had no patches about the mouth, nor had the mother any sore on the breast.

I treated it by the chlorate of potash plan in two-grain doses three times a day.

For the first few days the child seemed to improve, but gradually became emaciated, yellowish, and faded looking, and had diarrhœa. The abdomen was swollen, but there was no enlargement of the liver perceptible; notwithstanding every care, the child gradually sank.

On *post-mortem* examination, all the organs appeared healthy, but on the convex surface of the left lobe there was an elevated gumma, about the size of a large nut; it was dense to the feel, and gave the sensation of being a distinct deposit in the liver, shading off gradually into the hepatic substance, and this was the only deposit to be found in the organ.

The mother, aged twenty-four, is apparently perfectly free from all taint, and states positively that she never had any disease till she was pregnant about five months of this child, when she got a primary on the genitals, not followed by eruption or other signs.

Cases illustrating the communicability of non-primary syphilis.

The transmission of the venereal poison from a non-primary lesion, and its manifestation by the appearance of well-marked constitutional signs, is a curious and interesting question in the ætiology of this disease. Its transmission by inoculation of the blood derived from a patient suffering from early secondary constitutional symptoms, as in the experiment of Dr. Bargioni, admits of little doubt; by the fœtus in utero, by suckling, by contact, by kissing, &c., the poison has been introduced into the system of the recipient, developing itself in various forms. As I have had under observation the father, mother, child, and grandmother, all affected from the same source, they present confirmatory evidence of the communicability of secondary lesions.

No. 1.—The Grandmother.

E. B. (Ward 5), a respectable married woman, was admitted June 24, 1869, suffering from well-marked and severe iritis of the right, and slightly of the left eye, a mucous patch at the angle of the mouth, and extensive mucous patches over the palate and fauces, pains in the bones, and a papular syphilide. Her age being sixty-eight, placed her beyond suspicion, and she had always been strong and healthy. About six months since she got a sore at the angle of her mouth, from her grandchild, who had sores at each angle, which were healing when the grandmother became affected, the child at this time had also some eruption of papules on the skin. The grandmother took care of the child, washed and fondled it, and dates the formation of the sore mouth as the starting point of her affection.

No. 2.—The Grandchild.

The grandchild, a girl, aged nearly two years, was admitted the same day, suffering from a well-marked ulcerated patch at the anus, clusters of fine papules on the body, the mark of a recently healed gumma on the side, but the mouth perfectly healed, the child being otherwise the picture of health. She had been in last November under my care for mucous patches at the vulva, some isolated papules over the body, and a mucous patch at the angle of the mouth, which had existed some months, and had caused the formation of a sore on the right breast of the mother, near the nipple, the cicatrix of which is still apparent, although she herself was suffering from constitutional manifestations, and had nursed no child but her own.

The child was then treated non-mercurially, and discharged apparently cured, but shortly afterwards the latent taint developed itself in such a form as to be capable of contagion.

No. 3.—The Mother.

The mother, a robust young woman, married three and-a-half years, was admitted November 2, 1868, with her child, above referred to. She was pregnant, and suffering from severe mucous patches of the vulva, and a papular eruption, alopecia, and pains. During the first year of her marriage she became pregnant, and the child was craniotomized. She was free from any signs of taint, and remained so while pregnant of this child, and it was not till it was about nine months old that she observed its having any signs, or the sore mouth, but previous to the sore on the breast, she says she got the genital patches for which she is now admitted. She returned home, though not cured, much improved, and has since been delivered of a premature dead-born child. She is now (July, 1869) suffering from mucous patches at the genitals, and pains.

No. 4.—The Father.

The father, a hard-working mechanic, admits that about two years before his marriage he had a primary sore, but never since, and he is suffering at present from marked papular eruption and pains.

This family history demonstrates some interesting points in the course of the disease. Thus, after four years, the father produces a syphilitic child, which is an active source of contagion. The mother shows the intensifying nature of the poison by her carrying a first child to its full time, and remaining herself healthy. Her then producing a child which, after some months, shows unmistakable evidences of inherited poison, and is capable of transmitting constitutional syphilis to the grandmother. Her producing a third child, but premature, and dead-born.

The child proves the compatibility of constitutional inherited syphilis with the most robust, healthy, and well-nourished condition of body; the comparatively late development of the signs; the co-existence of contagious early constitutional signs with gummata as late developments; the possibility (according to the mother's account, and warranted by the cicatrix of the sore, still apparent on the breast) of the *child recommunicating a sore* to its own mother.

The grandmother proves the capability of the special form of mucous buccal patch transmitting the full influence of the poison.

In order to test if a primary sore could be produced by the inoculation of this secondary discharge, on the 16th of July I performed auto-inoculation on the person of the child. The discharge from the patch at the anus was inoculated in the side, and produced a pustule, followed by a sore. The matter from this pustule was inoculated in the other side on the 20th of July, and in like manner produced a pustule which is evidently specific.

WORKHOUSE HOSPITAL, GALWAY.

Case of Chorea from Membranous Inflammation of Intestine.

(Under the care of Dr. Cleland.)

The patient, Michael Ryan, æt. eleven years, was admitted on the 18th October, 1867.

He kept up a monotonous moan, repeating the exclamation, "Oh! oh!" continually, from 8 o'clock in the morning till the same hour at night, when he ceased; and about 10 o'clock he would go to sleep, and continue quiet until the following morning. He complained of constant violent pain in a spot at the back of the head, and of uneasiness in the stomach. He was rather thin, his colour bad, his eyes had a heavy expression, and he picked his nose. He answered intelligently, and by keeping up a constant series of questions, the moaning could be prevented for a minute or two, but it instantly recurred when the slightest pause in replying was allowed.

He was said to have been affected in this way for three weeks. It was subsequently ascertained from his father, that the boy had been quite healthy till 3rd June, 1866, when he complained of pain in different parts of his head, and began to fling himself about, jerking and tossing his limbs irregularly. He had continued ill for three months, during the latter two of which he complained of difficulty in swallowing; he then got suddenly well, and remained so until three weeks before his admission.

October 19th.—Administered cusso and scammony; no worms came away. A certain amount of retching occurred, interrupting the moaning.

20th.—A blister, 4in. by 4in., placed on the back of the neck; and two grains of blue pill ordered to be given twice a day.

21st.—There being no improvement, five-grain doses of quinine were directed to be given three or four times during the night, in the hope that the attacks, being of quotidian periodicity, might be thus checked.

23rd.—The moaning was louder, continuing as before for twelve hours, broken every second minute or so with violent retching, which, however, involved only the pharynx and larynx,—at least, the patient frequently stopped moaning and retching to drink, and did not throw off what he drank. The noise and exertion were so great that it was deemed expedient to try to put the boy to sleep. Twenty-five drops of laudanum were administered at 11 a.m., and followed half an hour after by fifteen more, without effect. Within half an hour after the second dose he was put under the influence of chloroform, and when the deep breathing produced by the anæsthetic passed off, he continued to sleep soundly for about an hour, when he began to start and struggle with the attendants, throwing his limbs violently about, but without recurrence of the moaning or retching; his eyes continuing closed and the eyeballs so much turned up that the pupils could not be brought into view. Thus he remained till 4.30 p.m., when he awoke, and began moaning and retching as before.

24th.—Reverting to the belief that intestinal irritation might be the cause of the illness, Dr. Cleland ordered an infusion of two drachms of cusso, to be followed in the evening by castor oil and turpentine.

25th.—According to the wardsman no worms had been passed, the patient, however, was perfectly quiet this day. He still complained of pain in the head. The cusso and purge were repeated, and directions given to the wardsman to look for membranes in the evacuations.

26th.—The stools passed after the medicine the night before contained great numbers of thin shreds, which were washed by the wardsman, and kept for inspection. They were very thin, not opaque, nor white. Under the microscope they were seen to be shreds of false membrane full of granules, and with large granular corpuscles still unbroken here and there.

29th.—The patient was yesterday ordered cod-liver oil. The pain in the head was not gone, but seemed to be better.

November 10th.—During the day before yesterday he coughed a good deal, the cough being evidently in considerable part nervous. There was some recurrence of moaning, which in the evening became monotonous. Yesterday, the moaning began at eight o'clock in the morning, and continued till eight at night, as formerly, only instead of being broken with fits of retching, it was interrupted with fits of coughing. The castor oil with turpentine was again exhibited, and to-day he is quite quiet, but still coughs a good deal. Ordered six grey powders of eight grains each, one to be taken daily.

17th.—The cough continued all the week, and for the last few days has recurred about every second minute during the visit of the doctor. The patient was expostulated with, as the cough evidently depended little on any bronchial or laryngeal irritation, but might be checked by exercise of the will, and a threat of removal from the ward appears to have had the effect of stopping it altogether.

January, 1868.—Some weeks after the preceding notes were taken, the lad continuing to improve in general appearance, and being able to sit up, it was found that he was losing the power of walking. On examination, it was discovered that though he could move his limbs, he was unable to stand, or make any approach to walking farther than staggering forwards when well supported. He remained till the beginning of this month with little improvement in this respect, and still complaining slightly of pain in the head, when his friends took him home.

January, 1869.—From inquiries made afterwards it was found that the patient soon recovered his health without further treatment, and is now stated to be perfectly well.

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SCOTLAND.

LADY DOCTORS.

The ladies have triumphed. We are enabled to announce that the Edinburgh University Court has sanctioned the admission of ladies to medical study. Miss Gex Blake and others will at once matriculate. The Court, we are informed, in this matter, acted on the advice of the Senatus Academicus and of the Faculty of Medicine. It is necessary for the measure to be submitted to the General Council of the University, at the next half yearly meeting, when, if approved, it must be ratified by the Chancellor. It is not likely that the latter would veto it, and it is not expected by the advocates of admitting ladies, that the medical element in the General Council will be desirous to prevent a trial of the plan, inasmuch as it is expressly stipulated that the ladies are to study in separate classes from their brother medical students. Should these new classes succeed, it will not be surprising to find other institutions following the example of the University of Edinburgh.

THE VACANT CHAIRS.

Various speculations are afloat as to the vacant Chairs, in regard to which the medical public seem to require some enlightenment. First as to the Chair of Clinical Surgery, Mr. Syme is not understood to have definitely resigned, though believed to be, nor unwilling to do so on certain conditions. He is now remarkably well, and is quite entitled by his past services and present state of health to follow the course that seems to him best.

As to the would-be candidates, Mr. Lister's claims have been too much based on his carbolic acid theory, which will no doubt prove just such another gigantic bubble as the great sulphur cure, leaving, however, on bursting, some permanent good. A modest and retiring man of science, Mr. Lister has never made much way with the profession in Glasgow, and it is doubtful if he is quite the man to succeed his distinguished father-in-law, whom he could certainly never hope to equal.

Mr. Spence is a practical surgeon of great and distinguished ability, but not one whom the profession would willingly see elevated to the Clinical Chair after his very uncalled for and misplaced advocacy of the present site of the infirmary—an advocacy which every right-minded man must be glad to know has proved fruitless.

Dr. Joseph Bell only wants a few more years to render him a most eligible candidate for any Surgical Chair; at present seniority gives others the preference.

Of these senior none possess higher claims than Dr. Patrick Heron Watson, whether we regard his manual and mechanical dexterity, his great powers of diagnosing, his large experience, or his friendliness of disposition, all of which make him a great favourite both with the public and the profession. But, unfortunately, Dr. Watson has hitherto been a general practitioner, and the same bar which proved formerly insuperable to Mr. Miller and Dr. James Duncan, cannot but form a strong objection to him. Moreover, the profession has not yet been thoroughly enlightened as to his relation to homœopathy in regard to the late Lord Belhaven; and neither general practice nor the coquetting with homœopathy can be tolerated in the occupant of the Chair of Clinical Surgery, the successor of our great, and in every respect, pure Mr. Syme.

For the Chair of Pathology there are only three candidates, and these so unequal in merit that to those who know them it must seem quite superfluous to state their differences. The most recent of these candidates is Dr. Smart, author of very interesting reports on the pathology of the cattle plague, but who, though an able student, is yet wholly unknown in connection with human pathology. Quite recently a cattle pathologist was required for the veterinary school, and the successful candidate's claims were based chiefly on a testimonial from Mr. Ward Hunt. Dr. Smart would have proved a most able cattle pathologist; we doubt whether even a testimonial from Mr. Ward Hunt would suffice to glide him into the Chair of Human Pathology.

The second of these candidates in order of distinction, the first in order of time, is Dr. Grainger Stewart, the present pathologist in the infirmary. This, it must be remembered, is an office with a great name signifying little, its occupant is simply the man whose duty it is to open the bodies the for physicians who have the right of exhibiting the parts and prelecting on their pathology; it is an office sought after by young medical men, previous to their entering on the higher duties of physicians to the infirmary. Dr. Stewart has discharged his duties with considerable ability; how great and how acceptable his services have been will be of course best judged by the testimonials of his coadjutors in the hospital, who have very kindly allowed him to further his fame by publishing their cases. Oblivious of our censure of unprofessional advertising, Dr. Stewart has not hesitated for weeks past to advertise daily his work on "Bright's Disease," and this circumstance alone ought to stamp the man in the eyes of all right-thinking medical men as more of a seeker after self than after science. Far otherwise is it with his most distinguished opponent Dr. Sanders, who is the senior physician in the infirmary; and whose claims, though well known to the profession, are too little known to the public who have so great an influence in the elections to all Chairs, the patronage of which belongs to the curators. Dr. Sanders' claims to the Chair are based on pathological works of the very best kind, extending over more than twenty years. His work "on the Structure of the Spleen" will of itself suffice to transmit his name to prosterity, while his researches on amyloid degeneration were amongst the very earliest investigations of this singular affection, and have been confirmed and adopted by all subsequent pathologists. His more recent investigations into the pathology of aphasia and other peculiar forms of paralysis have shown Dr. Sanders to possess mental powers of the very highest order in regard to the elucidation and explanation of the pathological nature of a class of diseases which are involved in the utmost obscurity, and which from their importance must always retain a very high interest for the profession. Modest and retiring to a degree inconsistent with that push so needful now-a-days to advance a man in these days of great competition, it is quite necessary that all who respect scientific attainments, and who consider them the best guarantee of future usefulness in such a distinguished position as the Chair of Pathology in the University of Edinburgh, should use their utmost endeavours to promote the success of Dr. Sanders; and the more close and intimate the enquiries made into the attainments and work of all the candidates, the more certain we are that the enquirers will concur in the recommendation we have given.

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OPERATION FOR IMPERMEABLE STRICTURE OF THE URETHRA.

G. M. Burke, Sulphur Springs, Ind. (*The Western Journal of Medicine*), publishes the following interesting operation for impermeable stricture of the urethra in a male aged thirty-six years: When called to the case, January 11th, 1869, he was found suffering extreme pain from retention of urine, caused by stricture of the urethra. The extract of belladonna was applied to the penis and perinæum, and the patient was placed in a tub of hot water, all covered with a quilt, with the exception of the head; four grains of powdered opium were administered. Before taking him from the bath, a small catheter was introduced down to the stricture, and on withdrawing the catheter, it was followed by urine in a small stream about the size of a small knitting-needle; with great straining, his bladder was partly emptied. During the next four or five days remedies were constantly ordered to quiet him; but on the 16th of January he made up his mind to be operated on, and was prepared as for lithotomy, on the operating table. The incision was commenced immediately over the end of the staff, which had been previously introduced into the urethra until it came in contact with the stricture, which was an inch and one-fourth from the meatus urinarius; the mesial line was the guide, and the urethra was laid open an inch and a half, but he failed in passing the instrument beyond the incision; another incision was made, splitting the septum scroti to the depth of three inches, and laid open the urethra, but failed to advance the staff; next incision was made from the urethra downwards, backwards, and outwards, until the sound and sensation to the operator changed to that of cutting a green pear or sole-leather, which did not cease until the urethra was laid open through its membranous portion; the change in the cutting and appearance of the urethra gave evidence of the stricture being divided, and with some difficulty a No. 8 catheter was introduced into the bladder, and urine escaped by the catheter and around it to the amount of a quart.

Patient recovered from the influence of chloroform without any untoward symptoms; he was placed in bed on his right side; catheter secured by a T-bandage; a large dose of morphine was administered; sides of wound brought in apposition, with cold mucilage of elm bark applied. Little blood was lost during the operation.

He was discharged from constant attention on February 5th, with instructions to introduce the instrument every day, allowing it to remain for two or three hours.

He is now walking about, able for business, and can pass his urine without pain or difficulty, in a stream near the size of No. 8 catheter; no indications of the size of urethra diminishing; suffering no pain or uneasiness of the parts, or along the course of urethra; continues use of No. 8 instrument every day; he is enjoying good health, and has a fair prospect to live to a good old age.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 28, 1869.

THE MEDICAL COUNCIL AND THE BIRMINGHAM MEMORIAL.

IT is thought by many that the profession will shortly be asked to decently inter the body which has done nothing but squander in useless talk, extending over eleven sessions, the money it has extracted from the practitioners about whose fate it is so indifferent, and to whose complaints it turns a deaf ear. The Council has evinced a fixed determination to do nothing, an obstinate resistance to all improvement, a blind defiance of professional opinion. It is impossible to conceal the fact that, while the profession has lost all confidence in the Council, that cumbersome body never has had any real confidence in the profession.. The vested interests of obsolete corporations are defended by councillors who are paid for another purpose by those who would gladly put an end to these conflicting claims. The Council declares it necessary to obtain an amendment of the Medical Act, but has just done the utmost to prevent any such consummation. What Government can be expected to pay any attention to the statements of a body in whom no one has the least confidence, and which refuses to consider whether it cannot be so changed as truly to represent the great profession which is taxed to support it?

We are not speaking at random. The memorial presented by Dr. Bell Fletcher was stated to have been signed by 5,200 practitioners. The number who have now signed it is nearly 10,000—more than half the profession of the three Kingdoms. This surely was entitled to the utmost respect, but has been really treated with contempt. No one can peruse the report of the committee by which it was shelved without admitting that there is the greatest variance between the Council and the profession. It is by no means necessary to deny that the memorial in question may have asked for more than the Council had power to give. We are not now defending the memorial, nor do we wish to give an absolute adherence to every one of its points; but we do maintain that the first duty of the Council was to see whether it could not do something to gain the approbation of the memorialists. To have refused to consider the representations of such an immense number of practitioners is enough to stamp the Council as utterly at variance with the profession, and as only fit for a radical reform.

We append a copy of the memorial, and would beg our readers to compare it with the report of the committee that shelved it in our last number:—

MEMORIAL.

The undersigned members of the medical profession respectfully submit to the General Council of Medical Education and Registration of the United Kingdom, the necessity of obtaining an Act of Parliament to amend the Medical Act of 1858, and the Acts subsequently passed with a view to amend it.

The Act of 1858 affirms that "it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners." The experience of the past ten years has proved that the Act is practically inoperative as a guide to the public in distinguishing legally qualified members of the medical profession. A large number of men are practising medicine and surgery in different parts of the country, not only without any legal qualification, but without having undergone any regular course of medical education. In some places men are practising under fictitious names, assuming the title of doctor, and obtaining considerable sums of money from weak persons, by intimidation and extortion. The Medical Act of 1858 is practically inoperative in restraining these offenders.

It is capable of proof that some legally qualified men have lent their names to persons without qualification, to enable them to practise medicine and surgery without incurring liability to prosecution. Such a proceeding is regarded as a fraud on the public and the profession; and it is suggested that in any future Bill great powers be given to the General Medical Council to remove from the Register, and deprive of their professional rights, qualified men who shall aid and abet illegal practitioners.

The present state of the law touching certificates of death greatly favours the successful practice of secret poisoning and infanticide. It is suggested that the certificate of a legally qualified member of the medical profession, in the absence of a coroner's order, shall be indispensable as a preliminary to every burial.

The Medical Act of 1858 purports to constitute the General Medical Council for the purpose of regulating medical education and registration throughout the United Kingdom; but composed as the Council is, mainly of the members of the medical corporations who grant licences to practice, the control of the system of medical education has proved to be very imperfect.

The undersigned are of opinion that the system of medical education should be revised, so as to ensure the possession of a thoroughly scientific and practical acquaintance with medicine and surgery, on the part of persons applying for the legal qualification.

To this end it is held to be necessary to substitute for the present system of examination, and for the many forms of licence to practice now granted, one high and uniform standard of examination, and one legal qualification.

The practical part of the course of professional study stands in special need of improvement, and the undersigned would gladly see the regulations made stringent, to ensure the attendance of students on a thorough course of practical study in hospitals; but in the event of any student engaging in private practice on his own responsibility before he is legally qualified, it is suggested that he forfeit the year or years as a student during which he has so practised.

It is respectfully but very earnestly submitted, that the influence and power for good of the General Medical Council would be greatly extended with the profession and the public if provision were made in a new Act of Parliament for the representation on the Council of the general body of practitioners of medicine and surgery, who are now for the most part deprived of any professional franchise.

In any future Act of Parliament it is suggested that provision be made for instituting prosecutions under it by a public prosecutor or other public functionary on behalf of the General Medical Council, instead of leaving the voluntary enforcement of the law to individuals.

The undersigned desire to obtain no privileges for the profession without giving the public commensurate advantages; and they submit that an Act of Parliament so framed as to raise the standard of professional efficiency to protect life, and prevent the obtaining of money on false pretences, is an Act as much needed in the general interest of the community as for the welfare and honour of the medical profession.

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THE GARIOCH AND NORTHERN ASSOCIATIONS' APPEAL TO THE COUNCIL.

That the Medical Council is unworthy of confidence, and is determined to do nothing to put an end to the distrust of the profession, is further shown by the way in which the letter of Dr. Struthers, on behalf of the Garioch Association, was suffocated by a committee.

This letter touches only a smaller issue. It supports forcibly the mode of representation of the profession in the Council that we have long advocated. It is temperate, and well deserved the attention of all concerned. It was but an appeal for representation by those who are taxed, but was utterly ignored. Here is the letter in question:—

Inverurie, Aberdeenshire, May 1, 1869.

To the President and Members of the General Council of Medical Education and Registration of the United Kingdom.

Gentlemen,—At a meeting of the Garioch and Northern Medical Association, held here this day, the subject of the want of direct representation of the medical profession in the General Medical Council was considered by the Society, and it was resolved to communicate to you the opinion of the Society, that provision for such representation should be made in any amendment which may be proposed on the Medical Act.

The Association begs leave respectfully to submit the following statement and reasons in support of this opinion.

As the Council is now constituted, three-fourths of its members are elected by the Licensing Corporations, the remaining fourth being nominated by the Crown. The result of this constitution of the Council is that the interests of the licensing bodies are represented rather than those of the medical profession at large. The admitted evil of so many examining boards (nineteen in number) conferring diplomas by equally numerous and sometimes conflicting examinations is thereby perpetuated. Besides the inconveniences to the student, and the obstacles thus created to a better system of medical education, the standard of preliminary and professional examinations cannot be raised, as the competition among so many licensing bodies is naturally a competition downwards.

Moreover, the funds by which the expenses of the Medical Act, including those of the General Medical Council, are met, are provided not by the Licensing Corporations nor by Government, but by a direct tax on the members of the medical profession. Thus those are represented who are not taxed, while those who are taxed are not represented.

One of the methods by which it has been proposed to accomplish the object in question, is by adding to the Council members elected by the direct votes of registered practitioners, arranged in districts. In the event of this method being adopted, the members thus elected, together with those nominated by the Crown, should not be less in number than those elected by the Corporations.

The other method which has been proposed is that the representatives of the Corporations, instead of being elected as at present by the governing or admitting body, should be elected by the members or graduates; those for the Colleges by the fellows, members, or licentiates; those for the Universities by the graduates.

The latter would be at once the more simple and the more complete of the two methods. It would avoid increasing the number of the Council; it would require simply a declaration to the effect that all registered members, or graduates of the Corporation shall be entitled to vote in the election of its representative; and by it there would be secured the representation both of the profession at large and of what is good and of public interest in the Corporations.

The Association therefore respectfully expresses the hope that in any amendment of the Medical Act, clauses will be inserted by which the object in question,—the direct representation of the profession in the General Medical Council,—will be secured.

I have the honour to be,
Mr. President and Gentlemen,
Your obedient servant,
John Struthers,
Chairman.

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AN INDIVIDUAL APPEAL TO THE COUNCIL.

Amongst those who have paid most attention to medical politics generally, no one has shown a greater interest in the reform of the Medical Council than Dr. Prosser James. It is, therefore, not surprising that he, as an individual, should have addressed that body at the present crisis.

His letter, when read at the Council, was referred, as we have reported, to the same committee as the other documents, but was not inserted in the minutes, as it was only the appeal of an individual. This procedure is, perhaps, quite right, as no one could desire an indefinite increase in the already bulky minutes. Moreover, nothing was lost thereby, as the author furnished every councillor, as well as the reporters, with a printed copy.

The wrong of also shelving this appeal is, of course, on a par with the whole conduct of the Council, but perhaps it is a still greater evidence of the hopelessness of the case, inasmuch as the reform asked by Dr. Prosser James was easily attainable, without expense, without legislation, and without the exercise of any power beyond that of recommendation—to which the Council so loves to confine itself.

Had some such resolution as that proposed in the letter in question been adopted, it would have satisfied thousands; while it would have shown that the Council had some little respect for justice, and for the wishes of the profession. As it is, there remains nothing for reformers but to circulate the letter to show how small a reform the Council has refused to grant. We print the letter by way of doing our share in the task:—

To the President of the General Medical Council.

18 Dover street, Piccadilly,
June 28th, 1869.

Sir,—I am desirous of laying before the Council over which you so ably preside some considerations as to its constitution, which are deserving, I conceive, of its immediate attention, and a suggestion for its amendment, which, if adopted, would, I believe, tend to place it in greater harmony with the profession of which it is the natural head, and thus increase its influence and the confidence of the public in its counsels.

You are aware, Sir, of the interest I have for years attached to the questions involved, and the considerable sacrifices I have made to promote what I believe the interests of my profession. I trust, therefore, you will excuse the reference it seems needful to make to my own exertions in order to render plain the present position of affairs.

Before the Medical Council was actually formed, I had been mixed up in various attempts to obtain an Act to regulate our profession, and in 1857 was in correspondence with some of Her Majesty's Ministers, and other statesmen, as to the rival plans that had been proposed. I had the honour, towards the close of that year, to submit to the late Lord Palmerston a memorandum of a practical scheme of medical reform, embodying a part of that which eventually became law.

You will not have forgotten that Mr. Headlam brought in a Bill to form a Council, consisting of delegates from the various corporate bodies—an idea eagerly accepted by many, while Lord Elcho, on the contrary, proposed a Council composed of Crown nominees. The existing Council is a compromise between these two plans.

The idea of a Council was, at that date, very generally approved, and my concern was to make it truly representative of the profession over which it would exercise so great an influence. This, I urged, might easily be accomplished by vesting the choice of the members of the Council, not in the governing bodies of the corporations, but in those members of the profession who had been authorised by them to practise, and such, I have reason to believe, was the intention of the Government in framing the Act of 1858.

The fourth clause of that Act declares that—

"The General Council shall consist of one person chosen from time to time by each of the following bodies—that is to say :

"The Royal College of Physicians,
"The Royal College of Surgeons,
"&c., &c., &c."

Now, the natural meaning of these words surely implies that all the persons composing these bodies should have a voice in *choosing* the members of the Council. I am aware that many members of the Legislature thus interpreted the clause, and I believe that it was intended to be so construed, and thus to give effect to the plan I had recommended.

What, however, has been the history of the measure ? The governing committees of the corporations have, for the most part, assumed the right to nominate the member of the Council, and exercised it (as I am inclined to think, in many instances, *illegally*) by deputing one of themselves.

It would be no trifling matter for an individual to appeal, in such a case, to the Courts of Law, though I think it possible that such a course might, in some circumstances, become advisable ; and I am convinced, that so strong is the feeling of the profession, that if, finding no other means of compassing the end, I entered upon such a struggle, it would be with the unanimous approval and support of my brethren. It is, however, probable that it would be an easier and less costly process to obtain an Interpretation Act. One thing would be much in favour of this—viz., that small self-elected bodies, independent of those who support them, are utterly at variance with our national institutions, and irreconcilable with the spirit of the age. Nothing but the extension of the franchise of the corporations can save them from the suspicion with which antiquated oligarchies are everywhere regarded.

The General Medical Council, as it now exists, is an oligarchy of lesser oligarchies—it is the corporation of the corporations—and cannot but perpetuate their defects. It no more represents the profession by which it is supported than did the corporations it was intended in this respect to supersede.

I do not forget, that besides the occupant of the presidential chair, who is elected by the whole Council, and has hitherto been wisely selected from beyond the corporation delegates, there are six nominees of the Crown, so that it may be said there is a certain check upon the representatives of so-called vested interests. Nor do I wish to object to any individual who has obtained a seat at the Council. Nor is it needful to inquire what has already been accomplished. Ready, even anxious, to give the utmost credit to every one, I must yet maintain the urgent need of improving the constitution of the Council, inasmuch as it does not represent the profession, and is consequently deprived of the confidence it ought to enjoy.

The various schemes that have been proposed for its amendment—some within the Council itself—abundantly testify to the dissatisfaction that exists, and which, I believe, may be removed by the extension of the franchise of the corporations in the manner already indicated. Once let the members of the Council be thus elected, and instead of a body analogous to Convocation, we should have one that might more aptly be compared with Parliament. Such a change would enable it to accomplish all its desires that were obviously for the good of both the profession and the public, thus endowing it with a power that no one will assert it now enjoys, seeing its repeated failures to obtain an amended Medical Act.

I ought not to omit to mention that some of the corporations have acted in a more or less liberal spirit in this matter.

Thus, Dr. Paget stated, last year, that every member of the University of Cambridge—that is, I presume, everyone on the Parliamentary Register—was entitled to a vote at his election ; and we may conclude, from there never having been a contest, that the mass of voters consider him the most eligible person for the office. Certainly his speech last year, as well as his general course in the Council, go far to prove to the profession the wisdom of the choice made by the University of Cambridge. The position of Dr. Paget should also reassure those who fancy that the enlargement of the constituencies would lead to a deterioration in the quality of the representatives.

Further, the two Royal Colleges of Edinburgh allow their *Fellows* a voice in the elections, as does also the London College of Physicians. I have yet to learn that the gentlemen who represent these bodies are in any respect inferior Members of Council to those deputed by smaller constituencies, and I hope they will not be found unwilling to give a vote to their members and licentiates. The London College of Surgeons refuses even its *Fellows* a vote, and the exclusive example is followed by other bodies. The signs of better times are, however, increasing, and we may hope the day is not distant when all such wrongs shall have been swept away.

But—to come to the conclusion—since the Council is unable to obtain a new Act of Parliament, or to do much it might otherwise wish, you will naturally ask my object in addressing you at this crisis. I have not ventured to trouble you without a distinct aim, and, as I hope you will find, a practical one.

I desire to urge on the Council to attempt to amend its own constitution. I would have it boldly put itself in harmony with the profession, and proceed to point out the method of doing so.

I have explained above that an extension of the franchise of each corporation, in the election of its representative, would accomplish this desirable end. I have hinted that in some cases the usurpation of the governing committees has been illegal, and that redress might possibly be sought through the Courts, while a new Act of Parliament may be another mode of effecting a change. It would, however, be far better for the Council to act itself, and this it may do without consulting lawyers or waiting for legislation. In the session about to open it may do much ; it may accomplish, unaided, the great reform on which I have insisted. For this reason I ask your assistance in submitting the following suggestion at an early sitting, so that it may have the benefit of full discussion, and the profession may know in whom to trust.

Granted, that the Council has of itself no power to dictate to each body what it considers the law; granted, even, that the Council as a body do not accept my view of the law; if only they think such a change desirable, let them distinctly say so. It cannot be supposed that in these days the corporations would all defy public opinion, and refuse a measure of bare justice recommended by the Council. Other recommendations of the Council have been listened to, and so, probably, would this be. If anybody were recalcitrant, other means might be tried.

I would suggest, then, that the Council pass a resolution of this kind:—

> That in the opinion of this Council, each of its members should represent the whole of the interests of the University or other Corporation for which he sits, and, to secure this end, should be elected by those who hold the degrees or diplomas of such University or Corporation.

Such a resolution being passed, placed on the minutes, and officially communicated to the various bodies, would, it is to be hoped, at once be acted upon. Without any appeal to courts of law, or any intervention of the Legislature, we may believe that those who now choose would, after such an expression of opinion, relinquish a share in the selection to their fellow-graduates or fellow-members and licentiates.

It has been objected to my scheme, that there would be some difficulty in collecting the votes of such scattered constituencies. The reply is, that nothing could be simpler—nothing could work better, than the plan of election by voting papers adopted in the election of members of Parliament for Universities. In the Universities the constituencies are already in existence, and have proved satisfactory. The corporations mostly publish lists of their members or licentiates, and those lists would be recognised as the registers. This shows how much easier would be this mode of representation than one making territorial distinctions, long the bane of the profession, when they existed for other purposes, but now happily abolished. The constituencies are ready made, the registers exist. To those constituencies, I repeat, the Legislature intended to entrust the election of the members of the General Medical Council.

One more objection has been put forward—viz., that some men would, by my plan, obtain two or three votes, or even more—one for each corporation from which they had obtained a qualification. I see no objection to this. The doubly-qualified practitioner would have more influence than his singly-qualified neighbour. This might tend to elevate the profession, but could not have an opposite effect; and the extra vote would be but a slight return for the toil and expense incurred, and a slight recognition of the status conferred by the additional diploma. It is not considered objectionable for landowners to have votes in several counties for members of Parliament; and I see no reason why a practitioner should not vote for his University and for his College or Colleges as well.

Asking you to bestow upon the whole subject some of your own lucid judgment, and to submit my suggestion to the Council,—I am, Sir, yours faithfully,

PROSSER JAMES, M.D.

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EXTIRPATION OF THE UTERUS FOR COMPLETE PROLAPSE.

PROF. LANGENBECK, of Hanover, has recently performed the operation upon a woman forty-eight years of age, who has suffered from prolapse since the birth of her first child, eighteen years previous. She had borne nine children since then. The result was a good one. The patient removed the ligatures herself from the eighth to the tenth days. The operation was performed on the 15th of May; on the 29th she left her bed; and on the 31st she took her first walk in the open air.—*Memorabilien.*

Notes on Current Topics.

The London Hospital.

WE wish to direct special attention to the report which we give in full of the proceedings at the distribution of prizes at the Medical College of the great East End Hospital. The speech of the President of the Poor Law Board is deserving attention, inasmuch as it evinces in the right hon. gentleman an interest in medical science and medical workers that has often been unobservable in his predecessors. The whole proceedings form a very important demonstration as to the present state of medical education and medical politics. Besides this they are of extra importance to those who may shortly be entering at a medical school, as they show how numerous are the prizes and how great are the opportunities for clinical study at the London Hospital. While in other hospitals men are glad to pay a high price for dresserships and other opportunities of real study, the London Hospital provides all such appointments free of charge; and so enormous is the field for clinical study that every student has unusual opportunities of filling appointments which are of the highest value, as they alone can fit for a future successful career.

Nearly Burnt Alive.

THE audience at St. James's Theatre have recently narrowly escaped the sight of a favourite *prima donna* being burnt alive. They saw her, indeed, enveloped in flames, and thrilled with horror as they gave her up for lost. Apparently the escape of Mdlle. Schneider from so awful a death was due solely to the presence of mind of several persons. Such presence of mind is too apt to fail at the right moment. It has often been pointed out that theatrical managers could render such a catastrophe impossible at the outlay of a few pence. If they will not see that the actresses' dresses are rendered uninflammable they ought to be liable to punishment for manslaughter. We now appeal to Mdlle. Schneider, who has so nearly experienced the most dreadful fate, to refuse to play again unless her dresses and those of the other players are properly prepared. Such a refusal could not but be respected, and would be worthy of one whose courage in awful circumstances has been the theme of so much praise.

The St. Andrew's Association.

THE St. Andrew's Association spent a pleasant day at St. Alban's, according to the notification given to that effect. Many dined together in the evening, and all speak highly of the pleasure they enjoyed together.

The Water-Supply Report.

THE "trumpeting" journal that professes to be shocked at the naughtiness it perpetrates weekly, and was insolent when we predicted the nature of this Report, is now impatient for the publication of the evidence on which it is founded. That evidence will soon appear; and our "trumpeting" contemporary had better refrain from again being so enraged with us for venturing to have an opinion, as to lose all respect for decency, since we are about to venture on another prediction—viz., that when it appears it will confirm the report, and so be equally annoying to those who profess a desire to see it.

Some time ago a number of journals, misled by a few individuals who had adopted the sensation hypothesis, gave currency to views that do not exactly accord with facts. The Report condemns those views, and the individuals in question are deeply annoyed. Long ago we told them the Report would do so; but they would not believe it. It would be very interesting to the public to be informed whether the delay in the publication of the Report arose from its being at first still stronger than it is; whether after our prediction the strongest pressure was not brought to bear to get its condemnation couched in milder terms.

The Registrar-General's Report of Births and Deaths in Ireland.

The Quarterly Return for the months of January, February, and March of the births and deaths registered in Ireland has been issued.

The births registered amounted to 38,610, affording an annual ratio of 1 in every 35·9 of the population. The average during the corresponding quarter of the years 1865-8 was 38,537.

In twelve districts the number of births did not equal an annual ratio of 1 in 50 of the population.

Deaths.—There were 26,408 deaths during the quarter, a number affording an annual ratio of 1 in 52·5 or 1·90 per cent. of the estimated population. The average number of the corresponding quarter of the years 1865-8 was 28,224. The number registered in the following districts afforded the highest annual ratios:—Belfast, 1 in 25; Dublin, North, 1 in 33; Dublin, South, 1 in 37; Newtownards, 1 in 40; Lurgan, 1 in 41; Dungarvan, 1 in 42; and Clonmel, Wexford, and Londonderry, 1 in 43. In the following districts the deaths did not equal 1 in 80 of the population:—Manorhamilton and Cootehill, 1 in 82; Boyle and Galway, 1 in 83; Longford and Abbeyleix, 1 in 84; Bawnboy and Carrick-on-Shannon, 1 in 86; Oughterard, 1 in 87; Borrisokane, 1 in 90; Clifden, 1 in 91; Tuam, 1 in 94; Ballinrobe and Ballyvaghan, 1 in 95; Glin, 1 in 96; Dunfanaghy, 1 in 98; Ballinasloe, 1 in 99; and Newport (county Mayo), 1 in 113. It is evident from the foregoing figures that the registration of births and deaths is very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths, of 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 35·9; and for deaths, 1 in 52·5.

Though the deaths registered during the months of January, February, and March were 1,816 less than the average number registered in the corresponding period of the years 1865, 1866, 1867, and 1868, yet the amount of illness throughout the country was very considerable. Affections of the respiratory organs were most prevalent, and caused great mortality, especially among the aged and those of tender years. Of zymotic diseases that which proved most fatal was scarlet fever.

Of the 13 deaths registered in the Drumquin District, Castlederg Union, 9 resulted from scarlet fever. Many other instances might be adduced in proof of the sad ravages committed by this disease.

Several of the Registrars refer to the prevalence of whooping-cough, measles, and croup, the last named disease having been met with most frequently in the South-Western Division. In the Castledown District, Castledown Union, of the 37 deaths registered 7 were ascribed to croup; in the Carrigaline district, Kinsale union, 5 out of the 18 deaths registered resulted from croup; in Skull district croup caused 6 of the 32 deaths registered.

Several deaths occurred in Dublin from that disease which has received many designations, such as cerebro-spinal fever, cerebro-spinal arachnitis, purpuric fever, &c. Death, however, took place in some instances without any purpuric complication. Most of the persons attacked were under twenty years of age; the majority were males.

The Registrar of Dundalk states that "During the past quarter the locality has been visited by an epidemic of cerebro-spinal fever; 23 cases have appeared during the quarter, of which 11 have been fatal. In no instance have I been led to believe that it was by contagion." The Registrars of Louth and Dromiskin report that in each of their districts 1 death was caused by "Black death." The Registrar of Castleisland union records "one case of malignant purpura, which terminated fatally within twenty-four hours." One death from acute glanders occurred in Letterkenny.

The Small-Pox at Melbourne.

It is gratifying to be able to announce that all apprehensions with regard to the spread of small-pox seem to have subsided in the public mind, and that the dreaded plague has, for the present at least, almost disappeared, only one new case having recently occurred. In the meantime, the exertions of the central and local boards of health have not relaxed in bringing about an improved system of sanitary regulations in the city and the several suburban districts. These efforts have had the most beneficial results. The River Yarra, there is every hope, will not much longer be polluted by feculence and obnoxious deposits from drains and manufactures established on its banks. The question of the sewerage of the city has forced itself upon the City Council, and cannot fail of being at no distant date seriously taken up and something done to materially improve it. Cesspools are carefully inspected, and the back lanes and slums regularly cleaned, and disinfectants applied wherever it is deemed necessary. Thus many of the predisposing causes of epidemic have been removed, and the city and the public health greatly benefited by the change.

Cholera in India.

Accounts continue to reach us of the great havoc cholera is making in Raipore. We learn from a correspondent that no less than sixty-three deaths occurred on the 27th ult. in the town of Raipore. We have also news from Nursingpore under the same date, and the writer informs us that matters there too present a very gloomy aspect indeed. The people of that district are in a great state of alarm and excitement. Returns show that out of 220 cases 160 deaths took place, and among the fifty European railway employés five were attacked, and all succumbed to the disease. Our correspondent also gives a sad account of the sudden death from the same disease of the district engineer, Mr. Smythe. This gentleman was a guest at a farewell dinner given on the occasion of the departure from that station of Dr. Raye, civil surgeon, on the 20th of last month. Mr. Smythe was an universal favourite, and by his gaiety and light-heartedness was the life and soul of the party. He was a particularly abstemious man. The next morning he took ill and died the same day. His untimely death has cast a gloom over the small social circle of Nursingpore.—*Central India Times.*

Naval Medical Service.

THE following notice has been issued from the Admiralty:—"With reference to the regulations of November 4, 1868, relative to the appointment of assistant-surgeons in the Royal Navy, the Lords Commissioners of the Admiralty hereby give notice that, in consequence of the large number of applications for these appointments, and the small number of vacancies, a competitive examination similar to that which is established for assistant-surgeons in the Army will be held on August 9, 1869. Candidates must present themselves at the office of the Director-General of the Medical Department of the Navy on August 5, bringing with them the various certificates of qualification specified in the circular above referred to, when, should they be found in all respects eligible, they will be permitted to appear before a Board at Chelsea for examination in the following subjects:—Anatomy, surgery, physiology, or institutes of medicine, practice of medicine, chemistry, *materia medica,* midwifery, and botany. No change is otherwise made for the present occasion in the regulations relative to the examination of candidates for the appointment of assistant-surgeon in the Royal Navy of November 4, 1868.—By command of their Lordships, W. E. BAXTER, July 21, 1869."

Lime-Water in the Treatment of Bright's Disease.

KUCHENMEISTER recommends in the treatment of Bright's disease and of nephrites after scarlatina the use of large doses of lime-water, theoretically from its having the property of dissolving proteine. *Lyon Médicale* details the treatment, and says that caustic lime in solution, or any of the soluble salts of lime, will answer equally well. He has seen the urine increase from 30 grammes to 120 the first day, 180 the second, 300 the third, and up to 1,020 the seventh day under this influence; sometimes a slight hæmorrhage necessitates the disuse of this treatment; but the quantity of albumen in the urine sensibly diminishes.

Remarkable Case of Catalepsy of Fifty-four Days' Duration.

THE *Presse Médicale Belge* narrates the following:—A stout girl, aged twenty, menstruating since sixteen years of age, but suffered at each period severe abdominal pain, with a scanty flow. When seventeen years of age she got a convulsive attack, which lasted eight days; since that date she frequently suffered from similar attacks, which, however, only lasted about a quarter of an hour. On the 24th December, 1868, being accused of a theft, she threw herself into a river, from which she was soon extricated, and restored with much difficulty. She had fits of trembling, violent movements of the limbs, sighing, and distress; she attempted, when asked, to show her tongue, but could not; the pharyngeal muscles were paralysed. On the next day loss of consciousness was complete; the jerking of the limbs continued; twitching of the facial muscles; respiration very feeble; pulse rapid; urine passed involuntarily; the eyes often remained open for two or three hours without winking; the temperature was 30° R., and the pulse as high as 130. In this condition she remained seven weeks. The face was without the least expression, the eyes were open for hours, and the whole muscular system was relaxed, the limbs remaining in whatever attitude they were placed, and the mouth open till closed by the by-stander. Fainting fits came on, and the temperature of the body fell so as to simulate death—at one time she was absolutely thought dead. After the eighth week spent in this condition, she suddenly revived, and gradually was restored to health, and declared that she was perfectly unconscious of the immersion, and of her having remained for so long a period in this insensible state.

Ileus treated by Injections of Seltzer-Water and Tobacco.

A YOUNG woman of 25, whose case is detailed in *L'Union Médicale,* was recently admitted to the Hotel Dieu, suffering from the usual symptoms of internal strangulation in a well marked and severe form.

Feb. 17.—Castor-oil combined with croton-oil was given without effect. By means of a seltzer-water apparatus attached to a long œsophageal tube, a gaseous injection was administered, after which the bowels were moved.

20th.—The symptoms being now very urgent, it was determined to give another injection of seltzer-water and then one of tobacco.

20th.—Two stools had been produced by the enema.

21st.—A second tobacco enema administered.

22nd.—A third was now given, the symptoms being much relieved. From this date she made a favourable recovery, and was discharged, cured, 13th March.

Another girl, aged twenty-five, was admitted, suffering acutely from symptoms of intestinal obstruction. Purgatives were tried without effect.

April 15.—A tobacco enema was administered.

16th.—The second tobacco enema administered. The patient was not suffering so much, and in the evening got decidedly better.

18th.—Another tobacco enema was given.

19th.—The symptoms showed signs of severity. A tobacco enema was administered, and in the evening of the same day another tobacco enema was given.

20th.—The belly was more swollen, and pains more severe; tobacco *smoke* was now introduced into the intestines by the apparatus of Mathew's. She got under its influence suddenly, and caused much anxiety by the consequent prostration, which was treated by coffee and electricity over the heart. From this date till June 2 the patient made a gradual recovery, the symptoms of obstruction having yielded directly after the establishment of the influence of tobacco.

Prosecution under the Medical Act.

IT is only a short time since that a noteworthy prosecution under the Medical Act occurred at Wolverhampton, and we call attention to it as exemplifying in a marked degree the uncertain and unsatisfactory state of the law. A person named Clews, who keeps a chemist's shop in Darlington street, in that town, was summoned for three offences under the Medical Act. The first charged him with having falsely pretended to be a surgeon; the second with using his name as assistant surgeon, as a description implying that he was recognised by law as surgeon; and the third summons stated "that he being a person not duly qualified under the Medical Act did unlawfully hold an appointment." In support of these charges the evidence of patients whom he had attended was adduced, and the secretary of the People's Family Life Assurance Sick and Benefit Society proved that Clews had acted and received payment as its medical officer. Strange to say, notwithstanding evidence apparently so conclusive, the first and second summonses were dismissed, and the third adjourned. At the adjourned hearing the third charge was withdrawn (no doubt in despair of obtaining a conviction) on the understanding that Clews gave up his appointment to the society. The stipendiary magistrate, while concurring in this settlement, admitted with much candour that the correctness of his decision on the first and second summonses "was not so clear as it appeared to him at first." Not so clear! What a grim satire on the justice under which the medical profession has so long groaned! No wonder we are ready to sign memorials asking for a new Act of Parliament, when the Medical Act for 1858 for which we have paid so dearly is worse than useless; nay, more, is absolutely hurtful by pretending to protect the profession and the public from unqualified pretenders, while in reality it permits them to grow and flourish under its legal shade. Unsatisfactory as the Wolverhampton case is in itself, it will do good as the last drop in the overflowing cup of bitterness from which we expect the reformed Parliament to save us.

THE monthly dinner of the Medical Club is this evening (Wednesday, the 28th). Mr. Saunders in the chair.

DIRECTOR-GENERAL SIR G. LOGAN visited Netley Hospital last week.

THE British Medical Association is just now holding its annual meeting at Leeds. The meeting commenced yesterday, and extends through this week.

THE Justices have determined to bear no part of the expense of introducing the Contagious Diseases Act into Bombay.

MR. COWASJEE JAHANGEER READYMONY, C.S.I., has made a present of Rs. 18,000 to the city of Bombay, for the purpose of raising fountains, &c.

THE Medical Society of Washington having given a more than two-thirds vote against the admission of a coloured M.D. named Tucker, it is threatened that on the reassembling of Congress, the Act incorporating the society shall be so amended as to give negroes all privileges of full membership, despite the wishes of the present members.

THE *Turin Gazette* states that owing to the sudden heat following upon comparatively cold weather, there has been great mortality at the camp of Sonna. Twenty-four men died, it is said, in three days, and in a single day one hundred were seized with illness. It is expected that owing to these circumstances the camp will be broken up. At Bagnoli several soldiers, while returning from a review, were so overpowered by the heat that they fainted, and one of them has since died.

THE *Agra* paper records the appearance of cholera there. On the 9th, 10th, and 11th, seven cases occurred in the right wing of the 40th Native Infantry, of which four terminated fatally. At the same time there were perhaps a dozen cases in all towards the city and the Civil Lines. The wing of the 40th went into camp on the 12th. Since then it has been free from the disease, and no other cases have occurred in cantonments. In the city there have been a few, but they are considered "doubtful." H. M.'s 77th and the Artillery have not had any cases.

IT has been decided by Government to commence the experimental manufacture of salt in Oudh, and it was intended that the experiment should have begun at once. But the Chief Commissioner and Mr. Hume, Commissioner of Inland Customs, to whom the consideration of the matter was left, have decided, in consultation, that the season is too far advanced to attempt operations with success. The Chief Commissioner has been informed by Government that it is considered important that operations for the manufacture should be vigorously commenced immediately after the rainy season, and that before the 1st of February next some reliable information regarding the prospects of the experiment should be submitted to the Government of India.

A CORRESPONDENT of the *Delhi Gazette*, writing from Nusseerabad, under date the 8th instant, states that cholera broke out among "The Royals" on the night of the 6th instant. Up to the evening of the 7th there had been eight cases with two deaths; during the night another case and one death. The Artillery and Native Infantry were free from the scourge. There had been cases in the bazaar and surrounding villages during the previous month, but it had not assumed an epidemic form. A letter written on the following day, the 9th, reports that since the previous morning there had been six additional cases among the Royals, with three deaths. Altogether up to the morning of the 9th there had been fourteen cases with five deaths.

THE *Friend of India* says:—Heat such as we have not known in the past fifteen years, has been making life in the plains of India an intolerable burden. When the thermometer rises above 88°, as it does for six weeks every year in Bengal, life becomes a mere toleration of existence. But this year there have been few afternoons of late which have not seen it at 96° and even 97° in the coolest rooms. The cyclone of the 9th was thought to have brought the great monsoon, but it has only added moisture to heat, and made matters worse. The fields, however, are alive night and morning with ploughmen, and the villagers, who hide themselves in the dense vegetation of Bengal, having rebuilt their huts of mud and bamboo, are cheerful.

Not so in the feudatory States of Central and Upper India. Things are still as quiet there as sunstroke and cholera will admit. People on the brink of starvation die quietly. Many have died—how many we shall perhaps never know. Whole villages in some of the States have been swept by cholera. The Marwarees, struggling along the Neemuch road on their return to Rajpootana, have left their dead on the highway. Many corpses were thus seen a few weeks ago, but now there is a lull. Towns in Holkar's territory have suffered much. Death has been moving all through Bhopal also, and in the Goona district the ravages have been great. In Bundelkund, where the famine has been sorest, cholera has been less active than in other places, but there is a time of trial yet to be tided over, between this and the rain crops. The native States have been saved so many horrors that seemed inevitable in the famine which was so nigh, that a correspondent writes to us, "We may well bear the burden we have and strive by supplying food and work to meet the future." Charity has been great and general. Had it not been so Bundelkund and Gwalior would have been depopulated.

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THE LONDON HOSPITAL AND MEDICAL COLLEGE.

On Monday, the 19th inst., the Prizes were distributed in the Anatomical Theatre of the Medical College of the London Hospital. The Right Hon. G. J. Goschen, M.P., President of the Poor-Law Board, occupied the chair, surrounded by nearly the whole professional staff of the Hospital, and most of the Professors in the College.

The Chairman.—Gentlemen, we are met here to-day to present the prizes to the successful students, and a very gratifying meeting it is on that account. What great pleasure it gives me personally to take part in these proceedings I shall have occasion to express when I address those few words to the students which it is customary for the Chairman to address to them on these occasions. But, in the first instance, I will ask the Dean to read the Report (applause).

The Dean (Mr. Rivington) then read the Report :—

Mr. Chairman and Gentlemen,—It will be satisfactory to the friends of the London Hospital Medical School, which was the first complete Medical School in the metropolis, and which is about to conclude its eighty-fourth academic year, to learn that its condition was never more prosperous than at the present time. The number of new entries for each of the last two years has been more than double the average number for the six years immediately preceding them, and not far short of the number of entries in 1860, when forty-eight gentlemen enrolled themselves as students of the school. The cause of so large an entry in 1860 was of an exceptional character, consisting in the fact that 1860 was the last year during which gentlemen could enter upon the course of study for the medical profession without exhibiting their attainments in the subjects of general education ; and hence, in this year of grace, all those whose natural modesty rendered them diffident of success in the face of an untried ordeal, and all whose training had proceeded in other directions than those required by the General Council of Medical Education and Registration, took advantage of the dispensation, and flocked in at the unguarded portal of the medical profession. This fact is here mentioned, because the recent increase in our entries presents a contrast with the increase in 1860, in that it appears to be due not to any exceptional cause, but to conditions which ought logically to render that increase permanent. As a matter belonging to the educational history of the School, we are able to point to large additions lately made to the advantages offered to students of the Hospital and College. In 1866 the west, or Alexandra wing of the Hospital, was completed and opened, and the number of beds, which had previously amounted to 445, became more than 500, and has now reached a total of 570, thus following closely in the wake of the two larger metropolitan Hospitals, St. Bartholomew's and Guy's. But, together with this increase in accommodation for patients, and consequently in material for instruction, there has been that which is of equal, and, I think, of greater importance, an improvement in the internal arrangements of the institution. The whole of the rooms for the examination and treatment of out-patients have been remodelled, and made light, comfortable, and commodious—epithets expressive of qualities often "conspicuous by their absence" from similar departments. Another ward has been set apart for children, more especially for the reception of medical cases. Male and female wards for ophthalmic diseases were opened last November in a secluded part of the building, and have been found of the greatest advantage. A spacious attic, fitted with every appliance for examination and treatment, has been devoted to Local Contagious Diseases ; and the Hospital has thus been voluntarily aiding the enlightened policy which recent years have seen adopted towards a class of the community, it may be "more sinned against than sinning," whose freedom from disease is demanded, apart from considerations of a Christian humanity, for the protection of the innocent, and as a main factor of the potential improvement which preventive medicine can effect in the health of the community at large. Special Departments have been instituted for the treatment of patients with Diseases of the Eye, Ear, and Skin, and special arrangements made for Diseases of the Throat ; and—not to mention other alterations and additions to the old building since 1866—we may point to the transformation of a large repository and small post-mortem examination room into a smaller repository and a pathological theatre—the best, we believe, and the largest in London ; representing to us, possibly, that in proportion as medical science is fostered and cultivated, in the same proportion, within the limits of human power, shall we obtain control over disease and death. Sir, while the origin of some of these improvements may be fairly attributed to the advice of the medical staff, the main credit of design and execution must undoubtedly be awarded to our House Committee, which includes gentlemen whose single-minded devotion to the interests of the Charity is above any praise of ours, and which is fortunate in possessing in Mr. William John Nixon a counsellor and administrator of ripe experience and ability, whose constant aim it is to keep pace with the progress of the time, who is ready on all occasions to promote the comfort and convenience of the officers of the establishment, clerical, medical, and lay, and, so far as his sense of duty to the Hospital permits, to further the suggestions for development which have been offered, and offered, we trust, in his opinion, not too sparingly by the Medical Council of the School.

It is plain matter of fact to say that, whatever abatement in our desires in regard to the School may be necessitated by the pecuniary position of the Hospital, there is seldom, if, indeed, there is ever, any refusal to provide instruments or appliances for the scientific treatment of disease whenever they may be required by the medical staff. All requisitions of the kind receive immediate attention ; so that if it be true, as a medical paper (the *Lancet*) stated, a week or two ago, in a mis-leading article, that every general hospital in London is lamentably deficient in the means necessary for the scientific treatment of disease, it ought at least to be understood that the responsibility at the London Hospital rests not with its House Committee, but with its medical staff, who have been smitten, day after day, with a marvellous blindness to a deficiency, which, though invisible to the naked eye of the near observer, has been clearly obvious to the telescopic vision of stationary critics.

Concurrently, Sir, with the improvements at the Hospital, to which I have been able to do but scanty justice, important measures have been adopted by the Medical Council for the welfare of the School. Our administrative organization has been consolidated ; a friendly supervision has come into fashion, including a conscientious systematic and scientific registration of attendance on lectures. The number of appointments open to students has been increased, and to some have been attached a douceur, which does not diminish the pleasure and profit resulting from the discharge of duty. The Prize System, which was abandoned in 1857, has been revived, but with this difference : that, instead of the Gold and Silver Medals then in vogue, and which were almost useless—talents concealed in morocco cases—unless exchanged for books or microscopes, or, as they often were, for the current medium—Scholarships and Money Prizes have been given, and found better suited to the wants and practical tendencies of medical students. In 1863, Mr. Duckworth Nelson, a former pupil of the School, in grateful recollection of the advantages here received, placed £100 at the disposal of the Medical Council to found a prize. The interest of this sum constitutes the Duckworth Nelson Prize, which we devote to the encouragement of practical work in the Hospital, by making the award depend upon an examination, of which the recognition of disease and its products forms the chief element. The first prize was given in the Session 1865-66, and in the same year the Council offered two scholarships, one for Osteology, and the other for Anatomy, Physiology, and Chemistry, the competition being limited to first-year students. One reason for this limitation was, that, unfortunately, none of our too numerous Examining Boards, which are occupied in conferring the inferior qualifications, tests a medical student's knowledge until the end of his second winter session; and hence there are no inducements, but a sense of duty and a thirst for knowledge, to encourage work in the first year. The first year is often wasted, and it was hoped that, by offering these scholarships, we might be able to exercise an industrial influence over some, at least, of the students, who would otherwise indulge in relaxation. At the time of the institution of these scholarships the entries were not over-abundant, and the receipts were proportionately small; and, inasmuch as the whole of the working expenses connected with the maintenance of the School and College are taken out of the fees, £45 were as much as we could afford. But, on comparing our position with that of other and larger Schools, we found that they all gave away considerable sums in scholarships or exhibitions. King's College gives yearly £350 in money, Guy's £265, St. Bartholomew's £260, and University College £280, and to a large extent some of these sum represent endowments by friends and governors of the institutions. We determined, therefore, to make an effort to raise a fund for scholarships, and, wishing to do honour to a Governor, whose name with us is a household word—Mr. Thomas Fowell Buxton, the Treasurer, and lately Chairman, of the House Committee of the Hospital—we gave to the prospective scholarships the name of the Buxton Scholarships. Our efforts have so far proved successful, that we have obtained nearly the £1,000 which we wish to raise. £500 of this sum were most liberally given by the House Committee of the Hospital. We are, therefore, enabled to announce two Buxton Scholarships for 1870, to be given to the students who pass at entrance the best examinations in the subjects required at the ordinary preliminary examinations in general education. One of the great objects for which medical reformers are striving is to elevate the standard of general education among those who intend to study for the medical profession, and for this reason, and in order that the east end of London may be adorned by a larger number of students with minds already cultivated, and further, in order to place the School on an equal footing with St. Bartholomew's, Guy's, University, and King's College, we came to the foregoing decision. Meanwhile, to fill the vacuum which would otherwise exist in the rewards for the approaching Session, the Medical Council will give out of the fees two similar scholarships in October next. Last year the three Hospital Scholarships for the three cardinal branches of practice, Medicine, Surgery, and Obstetrics, were substituted for the gold medals given by the Governors of the Hospital. To complete the present list of prizes, it should be added that in 1867 the House Committee determined to give a stimulus to the work of dressing the surgical out-patients, and placed £60 at the disposal of the Medical Council, who divided the sum into six prizes, three of £15 and three of £5. There are now twenty-four pupils dressing in the out-patient rooms.

From this statement it will be gathered that the money prizes awarded at the School will amount, in alternate years, to £215 and £225; and when it is remembered that the appointments open to students at the Hospital are very numerous, that, thanks to the House Committee, they are on a very liberal scale, that some of them have salaries attached to them, that there is no fee to pay for any of them, and that all the officers residing in the Hospital receive their rooms and rations absolutely free of charge, we think that the conclusion may be drawn that our rewards will bear comparison with those offered elsewhere. The only point in which we are at present deficient is, that we are offering no class prizes other than honorary certificates. There is an absence from the table, at which we are rejoiced and honoured by your presence, Sir, to-day, of the handsomely bound volumes, which would give it greater variety of charm. The fact is, that there is a limit to the exchequer, and bearing, as we have decided to bear in the ensuing year, the weight of additional scholarships, we must be excused for pausing to observe what our receipts will be, and for not pushing further our loyal adoption of the prospective and slightly hazardous principle on which the income-tax is to be levied.

There is one other branch of progress to which it is my duty, before sitting down, to make allusion, and it is one as to which the Medical Staff of a Hospital distinguished as a field for observation and practical study must feel peculiar satisfaction. I refer to the development of the arrangements for teaching students objectively a knowledge of diseases. In all the departments of the Hospital, both general and special, in the wards, medical, surgical, and obstetric, in the operating theatre, in all the out-patient rooms, the work of practical instruction will be carried on. The chief features of the cases coming under observation will be brought before the students, and impressed upon their minds so far as our teaching abilities and physical capacities will permit. There will not be a single division of practical study for which arrangements have not been made. The additions this year have been the institution of Clinical Medical Wards on a plan similar to that which has helped to give Guy's Hospital its reputation as a School of Clinical Medicine; a Department for Practical Pharmacy, and provision for the study of Diseases of the Mind. The Council has accepted a most kind and liberal offer of Dr. John Millar, the Medical Superintendent of Bethnal House Asylum, a few minutes' walk from the Hospital, to permit students of the Hospital to attend, without payment, the practice of the Asylum daily, between the hours of ten and twelve, when Dr. Millar will have the greatest pleasure in giving them instruction in mental diseases.

To sum up the matter: we shall be affording a daily exemplification of the principle generally accepted by everybody except half a score of licensing corporations keeping at a respectful distance behind professional opinion — namely, that students cannot learn to recognise disease and to treat it without having seen it, and therefore that the best mode of ascertaining whether they are fit to recognise it and treat it, is to place it before them and ask them to state their opinions on its nature and treatment. So far is this principle from being recognised, that the greater number of the nineteen licensing bodies altogether abstain from taking the student to the bedside, or bringing cases to the student and requiring him to describe and explain the symptoms and the methods of treatment. At present, therefore, we are in advance of the Licensing Corporations.

This, then, Sir, is the condensed catalogue of the measures which have been recently adopted, and which have been placed before you far less effectively than they would have been by the senior member of the staff, Mr. John Adams, for thirty-seven years Lecturer on Anatomy at this School, or by Mr. Jonathan Hutchinson, my immediate predecessor in the office which has now fallen into comparatively feeble hands, and in which he rendered so much good service to the School which his varied powers adorn. But even this catalogue would be incomplete if I did not add, in conclusion, that we are preparing for another effort. The room adjoining this theatre is the Anatomical and Pathological Museum. It is quite as full as it conveniently can be, and we are anxious to enlarge it. The architect of this building, whatever may have been his merits, from which I should be sorry to detract, was not gifted with the prevision which could foresee the expansive capacity of the School. This fabric, even more than that House of which you, Sir, are an eminent member, is remarkable for its want of elasticity, and, in order to enlarge it, it may be necessary to diminish the beauty of its outline, and mar the symmetry of its proportions. The total expense is estimated at £2,000. These considerations, however, can weigh but little in the scale against the real wants of the School. There are museums at one or two of the other schools better than ours, and more largely supplied with educational resources. These schools, it is true, are, and have long been, richer than we are, and able to expend annually larger sums in their maintenance. But having regard to what we have been able to effect in a short time in other directions, and having this definite policy to guide us, that our School ought to be rendered complete in every department, so that in no one single particular may it present any unfavourable contrast with others, we shall hold on in the course which we have been steadily steering. Ready as we are, if our receipts increase, to devote a proportionately increased amount to the improvement of the School, we shall not be discouraged by that unfortunate deficiency of income which prevents a liberal House Committee, while approving and aiding our general plan, from making us an immediate pecuniary grant; and believing, as we do, in the stability of the School, even when a Government, released from grappling with "gigantic issues," shall have earned our lasting gratitude by extending the measure of justice to a profession destitute of a voice in the election of the Council which is supposed to regulate its affairs—believing that the School will survive the long-desired and much-needed change, which shall give us, in place of many minimum qualifications, represented by a variety of puzzling alphabetical combinations, and varying in the degree of their unreliability, a single complete qualification to practise, which shall be a real guarantee of competency to treat "all sorts and conditions of men"—not the unsuspecting citizen only, but the members of Her Majesty's Army and Navy, who have now to be carefully protected from the Licenses of the Corporations—believing that the School will survive the almost inevitable diminution in the number of medical schools and other changes in our educational system—we shall persevere together with one heart and mind, and, in the spirit of those who founded and fostered it, we shall "deem nought done whilst ought remains to do." (Great cheering.)

Dr. HERBERT DAVIES.—I have great pleasure in introducing to you two gentlemen who have won respectively the gold medal of last year and a scholarship of £20. There has been a little alteration in the arrangement under which I shall have to present to you, first, Mr. Edmund Vialls, on the principle of *seniores priores*. By some irregularity last year we were not able to give him the Gold Medal at the proper period, but I have no doubt he will receive it to-day, with greater gratification at your hands. With respect to these clinical medical prizes, I need not tell you, after the exhaustive Report of the Dean, that they are the most important which this School can offer. The teaching of this School, and of all medical schools, culminates in clinical medicine, surgery, or obstetrics, and you can readily understand that all the aim and object of the teaching of this School is to enable students to learn, practically, at the bed-side, the diagnosis of disease and its treatment. Without troubling you with any further remarks, I will now simply present to you Mr. Vialls and Mr. Ashley Barrett as the recipients of these prizes.

The CHAIRMAN.—Mr. Vialls, I have great pleasure in presenting you with this Gold Medal, and I know that its fate will not be that which was so humorously sketched by the Dean; but it will remain in your hands, I trust, for many years, as a memorial of the time which you have so successfully spent at this Hospital. I see on the medal there is a picture of this Hospital, founded, as its title tells us, by "Voluntary Contributions." In that Hospital you have been a successful, and, I am sure, an honoured student, and I have much pleasure in presenting you with that which I know you will value as a reward of your labours.

Mr. Ashley Barrett, I am very happy to present you with the cheque which has been so liberally given jointly by the House Committee and by the Medical Council; and also with your certificate, which tells how profitably you have spent your time in this Medical School.

Mr. CURLING.—I have the pleasure, Sir, to introduce to you Mr. S. Mackenzie, to whom has been awarded the £20 Scholarship; and I think it is right to state that he has not gained this without a very keen competition. This has been acknowledged by an honorary certificate having been awarded to Mr. O. Baker. Mr. Mackenzie is well known here as one of the hard-working students, and he, I have no doubt, will reap his reward.

The CHAIRMAN.—Mr. Mackenzie, I have great pleasure in presenting you with the prizes you have gained. May you continue that keen competition which you have had to undergo here, in your future life, to the advantage of the profession and the public. Let me add, that I hope there may always be such keen competition amongst those who adorn the medical profession. (Loud applause.)

Dr. PALFREY.—I have the pleasure, Sir, of presenting to you Mr. William Leapingwell, who gained, after a very creditable examination, the First Scholarship for Midwifery in this School. I can only say he is a student we feel proud of; and I hope every year we may be able to present to you gentlemen equally successful and equally creditable to the Institution. (Applause.)

Dr. CLARK.—I have great pleasure in introducing to you Mr. George Ernest Herman, who is the successful competitor for the prize in Practical Medicine and Surgery. I may just state that this prize was competed for by three gentlemen, all of whom are upon our prize list. Mr. S. Mackenzie, Mr. Ashley Barrett, and Mr. Herman, and I think I am but barely representing the feeling of my co-examiners when I say that the answers to the examination, which you will see is a practical one, were about the best we had ever received. In fact, the physicians themselves were unable to settle who was the successful competitor, and, as is sometimes the case at this Hospital, we were obliged to go and consult the surgeons; and it was they who ultimately by their opinion turned the scale. I notice, and perhaps you, Sir, as a statesman, will notice, that the word "practical" only occurs twice in the list; but I can assure you that although great part of our education here is necessarily didactic and descriptive, practical teaching occurs everywhere in this Hospital and School. (Applause.) I am very happy to find that the prize falls into Mr. Herman's hands, for it is no indelicacy for me to say of him—having seen him constantly in the wards—that he is one of the most diligent students we have the happiness to possess; and his quiet, modest, gentlemanly, and unobtrusive manner—qualities very useful sometimes in medical life—have endeared him, I may say, to all his teachers, as well as to myself. (Applause.)

The CHAIRMAN (addressing Mr. Herman).—I am sure by the expressions of approval I have heard that the whole of those who are present here are as happy to see you receive this evidence of your merit, as I have been to place it in your hands. (Loud applause.)

Dr. PALFREY.—Fortunately, Sir, the certificates you are about to present to these gentlemen combine the necessary qualification for very excellent pupillage. When I tell you that each of the gentlemen has attended from this hospital upwards of a hundred cases of midwifery, you will appreciate the amount of labour and work and of anxiety that has been involved in that attendance. I shall say no more than to tell you that the former of these gentlemen has been one of our very best clinical pupils that since I have had the honour of holding the position which I do in this hospital it has been our lot to receive. (Applause.)

Mr. HUTCHINSON.—Sir, I have the pleasure to introduce to you a batch of students who have distinguished themselves by zeal and diligence in their attendance in the out-patient department.

Mr. Edis, Mr. Moore, Mr. Parker, Mr. Beach, Mr. Fordham, and Mr. Vickers, were then presented with cheques and certificates by the Chairman.

Mr. ADAMS.—Sir, the Dean of the Faculty has very kindly requested me to introduce two gentlemen who obtained prizes in anatomy, the osteological prizes; and I do this with great pleasure, because although I was lecturer here for thirty-seven years (applause), I have not, as was stated by the Dean, had the pleasure of addressing a class in this theatre now for the last twelve months. But I will state this, that I have always found—and what I have found is corroborated by every day's experience—that if a man wishes to lay a good foundation for the practice of his profession, he cannot do better than lay that substratum by the study of anatomy. And I do not know that any department of anatomy is more important for a student to comprehend, and well understand, than the anatomy of the dry bones of the human skeleton. I, therefore, feel very great pleasure Sir, in introducing these gentlemen to your notice, who have obtained the osteological prizes; because I am certain that those gentlemen will, having laid that foundation, continue their exertions, and raise a superstructure of anatomy, which will eventually be of infinite service to them, when they come before us as Examiners in the Royal College of Surgeons, and more particularly when they come before us in that profession which I consider so arduous, and which is only facilitated in its practice by a strict study of anatomy. I have great pleasure in introducing to you Mr. Morgan and Mr. Lewis Mackenzie, the former for the £20 Scholarship, and the latter for the Honorary Certificate. (Applause.)

The CHAIRMAN.—Mr. Morgan, I have great pleasure in presenting you with this prize for Osteology, a study which is more difficult for us outsiders to understand, perhaps, than any other. But I can assure you that on that account we do not at all underrate its importance. On the contrary, it appears to us to have something magical about it, from the very difficulty which we feel adequately to appreciate it.

Mr. Lewis Mackenzie, I have now the pleasure to present to you the Honorary Certificate which you have gained in the study of Osteology. I understand that I shall also hear from Dr. Letheby that you two gentlemen have distinguished yourselves in another branch of medical science. (Applause.)

Dr. LETHEBY.—It is my duty, Sir, and my privilege I may say, and it certainly is a very great pleasure to me, to have to introduce to you Mr. Morgan and Mr. Lewis Mackenzie a second time for the Prizes which have been awarded in Anatomy, Physiology, and Chemistry. And now, Sir, it is necessary, perhaps, that I should say a word in explanation of the association, as it may here appear, of three very dissimilar subjects; as to why it is they are made collectively (being so dissimilar as they certainly are in their abstract nature) the subject of competitive prizes for anatomy, physiology, and chemistry: one of them, anatomy, having for its object simply an inquiry into the structure of the human body, and the other two being branches of science that take cognizance of the movements of that structure and of the intricate molecular movements that constitute the phenomenon of life. Twenty years ago, or I may say, ten years ago, if anyone had said that Chemistry and Physiology would be found together hand in hand in pursuing an inquiry into the subject of any department of medicine, it would have been considered altogether foreign to the objects of such pursuits. For, Sir, while Physiology had for its object an inquiry into what was thought to be a peculiar force, commonly called vital force, taking cognizance of phenomena that were occurring in the human body, and thought to be so entirely different from the operations which were manifested by the action of common forces that it was regarded as the result of the action of vital force, and Chemistry taking cognizance only of the action of special forces whereby a new compound was formed—these two sciences standing so apart, upon distinct ground, have by the extension of their pursuits, come so together that they have at last come to be studied hand in hand in one kind of inquiry. Chemistry from this time forth can have no knowledge whatever of the physiological operation of the human body, without a knowledge of physiology: and, on the other hand, most assuredly, physiology can have no competent knowledge of the actions that are taking place within the human body, except through the aid of chemistry. (Applause.)

I look upon it, therefore, that the association of these subjects, as the subjects of a competitive examination will do good, not only in respect of Medicine, but in respect of the science of Chemistry. Already we have got to know, Sir, that most of the operations that are taking place in the human body are operations that are not due to the action of any special force, but that they are due to the action of natural physical forces; and the operation of the chemical forces. We have got so to know (and that may interest you in the political position which you occupy) the relation between food and force and human labour, that both in our workhouses and in our criminal establishments we shall, before long, be able to estimate the exact quantity and quality of food that is to be given in each particular case to satisfy the wants of the system.

But, irrespective of that, I say this—that medicine can never be looked upon as a certain, or even intelligible science, until it comes to rest clearly upon a large knowledge of chemistry as well as of physiology; and I hope, Sir, that the gentlemen who have been competitors for this prize will find that the knowledge that they have gained, in the course of their inquiries into those subjects, will be beneficial to themselves, not only in the treatment of disease, but in the understanding of the operations of the human body in their studies hereafter, and that it may lead them to investigate the subjects still further, so that they may be an honour to the profession the study of which they have entered upon. (Loud applause.)

The CHAIRMAN.—Gentlemen, I have great pleasure in handing you this prize and certificate. I can add nothing to the most interesting remarks that have been made by Dr. Letheby, beyond this, that it appears to me that you both have tried to illustrate in your own persons the close connection of those two subjects to which he has referred; for you both successfully competed for each in the one competitive examination. Mr. Morgan, possibly representing osteology, has been more successful than Mr. Mackenzie possibly representing chemistry. In the other the proportion of merit has been reversed, but Physiology and Osteology, in your persons, at all events, have been successful. I am very happy to present to you these prizes. (Applause.)

Gentlemen, having performed that portion of those duties which I have been very happy to undertake to day, of presenting the prizes to the successful competitors, I have now to do that which I believe is customary on these occasions—to offer a few remarks to the students generally. And, gentlemen, I am sorry that amongst all the discoveries of medical science, and amongst all those triumphs which Dr. Letheby has enumerated, there is one which medical science has never yet, as far as I have learned, been able to perform—and that is to pump ideas into an exhausted mind. (Laughter and applause.) Gentlemen, I wish that medical science could do that, or that it could give something like force to what may otherwise be an uncertain utterance. But medical science, successful in so many other departments of pathology, has not been able to achieve that yet—to give to a man appropriate ideas on every occasion when he would wish to have them. (Laughter and applause.)

I have come here to-day with great pleasure, answering an invitation which the Medical Council forwarded to me, for more than one reason. In the first instance, I am intimately connected with the City of London, which is near to this Hospital. This Hospital represents the wants, or rather supplies the wants, of eastern London generally; but my connection with east London has not been the only reason why it has given me particular satisfaction to be here to-day. I happen to occupy a position in which I am continually brought in contact with the medical profession (applause), and I feel that, in many respects, we are engaged in a common work. It is impossible for those who have to resist the tide of pauperism to act unless they are supported by the Medical Profession generally. It is through the Medical Profession that we must hope to carry out a great many of the needful reforms, and we look to find in your ranks not only men who will heal the body and who will meet those cases of emergency and sickness that arise, but men who will also help the country generally to carry civilising influences into the many nooks and corners where only the doctor can penetrate. We look, therefore, not only to the intellectual efficiency of the medical profession, but also to the general civilizing effects by which medical men, above all others, are able to influence (in common with the clergy) the lower portion of our population (applause). Well, gentlemen, you are come here to study medicine in a place where, above all others, you have an opportunity of seeing how much the medical art is needed. It is here in the east end of London that you have chosen to fix your residence in order to pursue your studies; and you have found here, in the London Hospital, a most effective machinery for accomplishing those objects which you desire to fulfil.

I do not know how far any medical gentlemen here present share those views which have lately been put forward as to the value and the efficiency of hospitals generally. I see that there have been one or two speeches made, and one or two books or reports written, which condemn the system of our large hospitals altogether. Well, I think the best answer to that is, to show the immense good that the hospitals are doing, not only in curing disease, but also in the interests of medical science. What is to become of the medical profession, and what is to become of those practical schools of medicine to which the Dean has so eloquently alluded in his report, if these opportunities for studying disease at the bedside are withdrawn? There is a sentimental grievance sometimes put forward, that it is hard to be an inmate of a hospital—a sentimental grievance is raised by reason of patients being carried away from their own homes, and being put into a large hospital. Well, I think there is never any want of applicants to the hospitals of London. If you can measure these matters by that which I think would be the most practical test—the desire to enter the hospitals—it may happen occasionally that hospitals are not full because they are in want of funds, but never because they are in want of patients (applause). You who go to the bedside in the wards of the London Hospital every day best know how far there are large vacant wards that might be applied to other purposes; you know best whether, with all that which is done by the London Hospital, it would not be possible, if you could add a couple of additional wings to it, to fill them, and whether there would not be a large demand for those additional beds which would be in that way afforded (applause). We have not come yet to that point when every sick patient can be admitted at once to the hospital; I do not believe that the hospital accommodation in the metropolis generally exceeds the demand for admissions. I may be mistaken in that: I know there are cases where there are empty wards; but I have been told that that is on account of the deficiency of funds for keeping up the annual expenses of the hospital, and that there are few medical men who would say that it is from any want of patients to fill them.

Well, gentlemen, you pursue studies upon which it is more difficult for an outsider to speak than, perhaps, any of the studies which are pursued by other classes of professional men. If one of us enter that little room behind here, and look round upon those objects which you view with delight—I won't say the feelings that we experience (laughter)—we cannot follow you in your studies from bedside to bedside; we can indeed appreciate, but only at a distance, the natural scientific delight which you take in a difficult and complicated case. We can feel for you when you even invent a new disease (laughter); but we can only feel for you at a distance; and it is only when you come to the results of that instruction, and that knowledge, which you so laboriously gain, that we really begin to be interested in your skill. We admire that skill; we stand in daily need of it, though we are not always glad when we come in contact with it (laughter); but, at all events, we recognise the immense value of the services that you render to humanity generally, to every class of society. We value the tact and delicacy, combined with the intellectual powers, that we find in so many medical men; but, as I have said, in the course of the study which you pursue, there is much in which it is difficult for us to sympathise scientifically. But there are many points in which we may envy you: you, at all events, have to deal with facts; you, at all events, feel that if you can only probe deep enough you must come to some substratum of fact at the bottom; you are dealing with positive scientific truth, whereas we, as we sometimes grope about in the field of political economy for economical or political truth, doubt whether there is any bottom or any fact at all. We may have hypotheses as you may have hypotheses, but it is seldom we can by an experiment test them. We cannot experimentalise as you can, and there is no anatomy by which we can trace the secret courses of political disease (applause). It is difficult also for us to receive such aid as you receive in your studies: the aid of practical men, men devoting every hour of their laborious life to the relief of human suffering, yet staying their operations as far as regards their own personal profit; stopping in the course of their practical business to deliver lectures upon scientific and intellectual subjects to those students who are to follow in their steps. Those gentlemen appear to me to render an enormous service to the medical profession who employ themselves in that way. I know no profession that follows the same course in that respect—namely, to pursue at once a practical study and a practical pursuit of their own profession, and at the same time to devote a large portion of their time, and a large portion of that which is as valuable to them as their time—their intellectual power—to the instruction of those students who flock to hear them. (Loud applause.) As to the character of those gentlemen who teach you in this College, it is needless for me to say a word. (Applause.) I see by the expressions of applause by which you have received them, by the hearty manner in which you have expressed your sense of their presence here to-day, that while they have instructed your minds, they have also won your hearts. (Applause.) And while they win your hearts probably they stimulate your emulation; and they make you think of the day when you yourselves will be great names in the medical and surgical profession, for I am sure there is not one amongst you here to-day but thinks that he may attain to that eminence, which in your profession, as in others, is open to merit alone. (Applause.) Why should any of you despair to rival those great names, which are not only of English, but of European reputation—if you continue your studies here with those facilities which are at your hand; and more at your hand, I believe, in some respects, than in any other hospital in London? I am told that you are most prosperous in accidents (laughter), and that you have more accidents to deal with than any other hospital in London. Well, there can be only one compensation for that, which, however one may consider it, must be a deplorable fact; and that compensation you no doubt entertain, namely, that the opportunities which you have for study through the misfortunes of others that are brought here, are likely so to increase your knowledge and your skill that you may be able to be of great use to your fellow-creatures generally. It is absurd to indulge in the sentiment that a school of medicine contains anything that should really jar upon the feelings of any sensible man; because you cannot cure unless you learn, and you cannot learn unless you have the opportunity to acquire the practical knowledge which you gain at the bedside. And I should like to know from those who object to the medical schools, and would thwart your opportunities of learning, if they would like to entrust themselves, their wives, or their children, to practitioners who have not had an opportunity of study in the way which these great hospitals afford? (Applause.)

Well, I would only say one word in conclusion, and that is to allude once more to that connection which exists between those duties which they who have the arrangements of the Poor Law under their charge have to perform and the medical profession. You are the real apostles of health; you have to carry into every corner of the land, and you have opportunities of carrying even into the remotest country districts, proper sanitary ideas. It will depend upon your exertions—it will depend upon the way in which you are able to fulfil the task which you have imposed upon yourselves during those three years which you have spent in this part of London—whether the result shall be one which may tend to increase the material prosperity of the country, which may tend to decrease the sufferings of the country, and which may help to remove some of those great causes of ignorance and vice by which we are unfortunately surrounded.

I have been very happy to meet so many eminent members of the medical profession here to-day; I have been most happy to meet so many of those who intend to become eminent members of that profession. (Laughter.) We have heard that there are a great many complaints on the part of medical officers in all the great lines of public life—in the Army, in the Navy, in the Poor-Law Board, and elsewhere—who think that the time has come when their merits should be more substantially rewarded than they are. (Hear, hear, and applause.) Well, no doubt that time will come; and at the same time it is to be borne in mind that it is by the efforts of those who are rising in the profession—it is by the efforts that they make, as I think Dr. Letheby most eloquently said, to furnish themselves not only with professional but with a general, broad education, that they will raise themselves in the estimation of their fellow-citizens, and be able all the better to carry out that great work in which they are engaged. (Loud and continued cheering.)

Mr. Curling.—On behalf of the teachers of this school, and I am sure I may add on behalf of the students who are here present, allow me to tender to you our cordial thanks for having presided at our meeting this day. We all know the great value of your time; we all know the sacrifices you must make in coming so far east to preside on this occasion; and I may add our thanks are especially due to you for the admirable address to which we have just listened, in which you have eulogised, in kind terms, our pursuits and the nature of our labours. We feel that, holding, as you do, the high and important office of President of the Poor-Law Board, it was very natural that you should allude to the circumstances of a profession which must fall under your notice, for I believe there is no one who is not directly connected with us who can appreciate as you do the services which are and may be rendered by a well-educated profession in all parts of the country.

I think, Sir, that it could hardly have escaped your notice that the majority of those prizes, and the most valuable of them, have been bestowed for clinical and practical instruction; and I quite echo the sentiments you have expressed upon a subject now brought before the profession—namely, "Hospitalism"—for I do not see how without hospitals we should really have the means of instruction. Sir, in this Hospital, with which you are well acquainted—for I think I address you as a Governor of this Hospital—(applause)—our beds are constantly filled with important cases; and no one who desires to become practically acquainted with medicine or surgery can fail to find opportunities within the walls of this Hospital.

I will not at this late hour detain you longer, but will only renew the thanks that we feel we owe you for the honour conferred upon us by your attendance here to-day. (Applause.)

The Chairman.—Gentlemen, I beg to thank you very cordially for the vote of thanks so kindly proposed, and which you were pleased to receive in the manner you did. I can only repeat the pleasure which I have felt in coming here to-day; and, in conclusion, let me say that if I ever become your subject, I hope it may only be as the subject of your kind remarks. (Laughter and applause.)

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Correspondence.

"THE POPULATION QUESTION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Allow me to express my warm thanks to Dr. Waring Curran and Mr. J. H. Levy for their kind assistance in waging war against the inveterate prejudices which, even in our profession, cause many of the most vital points in Hygiene to be so superficially treated. It is too bad, Sir, that Dr. Routh, in the Medical Society, Dr. Kinkead, and a gentleman in Liverpool, should think it necessary in scientific questions to invoke the supernatural. Let me give these gentlemen a quotation from Roman times, "Nullum numen abest, si sit prudentia." Theological arguments now-a-days are never used except when people are ignorant of the real arguments for their own cause.—Yours, &c.,

C. R. Drysdale, M.D., M.R.C.P.

London, July 25.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As you have very kindly opened the columns of your Journal for the discussion of the present state of the "social evil," I must trespass a little on your kindness.

Granted that the assertion of Dr. Drysdale in your Journal of 12th May, 1869, "That a woman would of her own accord take to the precarious subsistence of a prostitute in this country for any length of time is an error," is correct, still cases have happened in this country in which women, with incomes that might keep them comfortably during their lives, have gone and prostituted themselves, as I am thoroughly convinced, for the pure love of it. How will Dr. Drysdale account for the fact of several hundreds of our country-women joining the ranks of Mormonism, if it be not a craving desire on their part to follow the life and excitement of prostitutes?

Neither can I agree with Mr. Kinkead in saying "that although poverty existed in Athens the Athenian women did not become prostitutes." The word ξεναι, which he quotes in favour of his argument, does not, I think, admit of the meaning he puts on it. The manner in which I have seen the word used would plainly indicate that those very ξεναι were prostitutes; and as the word itself means "guests," not "strange women," as Mr. Kinkead has it, and in order to have a guest I need scarcely say that it is not at all necessary that the person should be a stranger; therefore I would infer that these ξεναι were guests whom the Athenians invited to join their bed. However, we know from Homer that prostitution existed from the earliest ages, when in his account of the return of Ulysses from Troy he says that he spent a year in the island home of Circe, during which time he cohabited with the goddess.

I think that it is in the education of women, more than anything else, that this morbid desire is fostered. Look at the education of girls of the upper and middle classes in this country, and will you wonder that so many of the beauties of our land have followed the "broad path" to destruction? The very fact of filling their heads with accomplishments and notions which can be of no use to them in after life, except, perhaps, in bringing about their downfall, unsuits their minds for the duties for which the Director of All Good intended them. Go to the wilds of Connemara, or to the prairies of America, and find amongst the females of either of those places, to which those "girls-of-the-period" notions have not as yet penetrated, one prostitute for the ten that are to be found amongst their more enlightened fellow-beings.

As to early marriages getting rid of our prostitutes, I think, from the examples of the French and American systems, that it would be only adding fuel to the fire; so that, considering everything (overcrowding excepted), I think that prostitution would be stamped out only by educating the female in a better manner, by substituting for those very fine ball-room accomplishments an education more calculated to draw forth and improving her intellect; but, above all, by trusting more to her own honour, we shall better accomplish the means we have in view.

Apologising for trespassing so much on your space,

I remain, Sir, your obedient servant,

William Bull.

THE SYSTEMS OF ELECTION TO MEDICAL APPOINTMENTS IN THE DUBLIN HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I have read a letter from Dr. Mapother in the Medical Press and Circular of yesterday, in which he comments on two passages that appear in the letter you did me the favour to publish in your issue of the 14th inst.

With respect to my remarks on the purchase system, he says, "Sir Dominic Corrigan and Mr. Wilmot defend the purchase system as if it were a safeguard against election from personal or political motives." I shall parry this lunge, turning the foil entirely on Sir Dominic, whose mental as well as corporal latitude and longitude so far exceed mine, by the simple negative statement that *I* never argued in such a direction.

What I *do* say is that I see no reason why a pecuniary value should not be placed on an hospital appointment, and that to take a purely sentimental view of the matter hardly accords with the utilitarian ideas of the age. Men entering the profession have to pay for lectures, hospital attendance, diplomas, and degrees; and on what rational ground is that which may be viewed as the last link in the chain of qualifications to be given free—that qualification which is in highest repute with the public, and is remunerative in a two-fold sense?

To argue that the purchase-system in any shape ought to be abolished because *all* men of talent cannot pay, is about as reasonable as to argue for the abolition of fees for education, diplomas, and degrees, because all cannot meet these expenses; and thus talent is oppressed and excluded.

I believe if the purchase-system were established on the *proprietary* principle, similar to that adopted in some private medical schools, it would be a security against the so-called "corrupt practices" as far as any human system could prove; it would ensure fair and open transactions, and, in my opinion, meet the monetary capabilities of nearly every aspirant to the office of hospital physician or surgeon.

The second exception taken by Dr. Mapother is to the passage—"No system can create genius, and none retard its progress." This truism has a perfectly logical bearing in the sense in which it is employed in my letter—as a reply to the unfair manner in which Dr. Mapother, and those who joined him in running down the electoral system, dealt with the fact they were obliged to admit—the presence of genius among our hospital physicians and surgeons now and formerly.

The statement that Dublin Hospital physicians and surgeons "have not enlarged the bounds of medical knowledge" is a fair one if Dr. Mapother believes it to be a matter of fact; but the inference to which it leads, viz.: that change to the Parisian or the London system would be alteration for the better, rests on purely gratuitous grounds.

Assuming that the method adopted in Paris and in London works satisfactorily, and fulfils all requirements, we should, before rashly adopting it, pause to ascertain whether all the circumstances, conditions, and necessities of the schools are alike. To drop what we have for the outline of something assumed to be better, is wisdom not unlike that which the fable of the dog and the shadow might, without much ingenuity, be made to illustrate. I quite agree with Dr. Mapother that what I would term *internal progressive promotion* is a sound as well as a just principle. This is the plan we try to carry out in Steevens' Hospital, but it is obvious that too rigid an adherence to it would be to shut the door on free trade, and to exclude fresh and superior talent.

I remain, dear Sir, truly yours,

Samuel G. Wilmot.

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NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondens not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

On Pain at the Heart, and in its Neighbourhood, by Horace Dobell, M.D.—The first of a short series of papers on this subject is in type, and will appear shortly.

Dr. Bennett, Beechgrove.—The slips shall be sent you in due course.

Dr. Davys, Swords, shall receive a private note.

Dr. Edwards Crisp.—The subject to which you refer has been so often commented upon, that we do not consider it necessary to again open the question by printing your letter, especially after the decision of the College to which you submitted your claims some time since, and the still more recent decision of the General Medical Council..

The following Original Communications and Letters are in type, and will appear as soon as space permits:—

The Oxalate of Cerium in Dyspeptic Vomiting, by S. A. Lucas, L.R.C.P.Ed.

Our Analytical Department—Mustard.

Macalister on Reflections of the Peritoneum.

Dr. Kavanagh on Belladonna and Opium.

Dr. Madden on the Use of Forceps.

Dr. Clarke on Tetanus.

Communications, Enclosures, &c., have been received from Dep. Inspector Gen. Gordon, Portsmouth; Mr. Black, Edinburgh: Mr. T. Pearce, Holsworthy; Mr. Tichborne, Dublin, Dr. Hawkins; Mr. O'Donovan, Cork; Mr. Daniel, Ramsgate; Mr. Merridith; the Secretary, German Hospital; Dr. Edwards Crisp, Chelsea; Dr. Pantaleoni, Nice; Dr. Drysdale, London; Mr. Walter Rivington, London; Dr. Rumsey, Cheltenham; Dr. Horace Dobell, London; Mr. Hooper; Mr. S. A. Lucas, Liverpool; Dr. Ewing Whittle, Liverpool; Mr. J. Dixon, Leeds; Mr. Bell; Mr. C. Turner; Dr. W. Bull, Nenagh; Dr. S. G. Wilmot, Dublin; Mr. R. McCullum, Shircock; Mr. Gallais; Mr. Ledwich, Dublin; Dr. Oppert, London; Dr. Balthasar Foster, Birmingham; Mr. James Dunne, Dublin; Dr. Frank Hodges, Manchester; Dr. Carpenter; Dr. Browne; Mr. Spencer, Manchester; M. A. B., London; Dr. Davys, Swords, &c., &c.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 4, 1869.

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Original Communications.

CASE OF CALCULUS SUCCESSFULLY REMOVED FROM A CAVITY IN THE KIDNEY.

By Thomas Annandale, F.R.S.E.,
Lecturer on Surgery, Edinburgh.

Mr. S——, æt. forty-two, recommended by Dr. James Forrest, of Stirling, came to my house on the 9th of April, 1869, on account of a small fistula in his left loin. The patient gave me the following history of his case :—One year ago he felt, for the first time, a slight pain in his left loin, which occasionally passed down into his abdomen ; was never severe, and was usually relieved by rubbing the part with a little laudanum. A few months after the first pain a swelling formed in his left loin, and was opened by Dr. Forrest, with the result of giving exit to several ounces of healthy-looking pus. The wound remained open, and continued to discharge pus, but he suffered no inconvenience, and only had an occasional slight pain in the loin. There never were any urinary symptoms, nor was there at any time any blood, mucus, or pus in his urine. No urine ever passed through the fistula. Three months after the abscess was opened a small calculus, of a triangular shape, passed through the wound, and a few days after Dr. Forrest removed some small gritty particles from the margins of the sinus. One month after this the wound had healed, but required again to be opened, and some more portions of soft calculous matter were extracted. After this the wound contracted very much, and no more calculi passed ; but as the sinus still remained open, at the end of several months my advice was asked on the case.

An examination of the patient showed a small sinus, with a depressed orifice, situated in the left loin, about three inches from the spines of the vertebræ, and immediately below the last rib. There was no swelling or enlargement of the surrounding parts, and no tenderness on pressure. A fine probe, introduced into the sinus, passed down for a depth of three inches, and after a little search its point struck a hard body, which was, without doubt, a stone. Being anxious to ascertain more surely the size and position of the calculus, I proposed to the patient to enlarge the sinus, in order to get my finger introduced. He at once consented, so, having freely incised its superficial margins, I was enabled to get the point of my finger into the sinus, and then, partly by dilatation and partly by cutting, I succeeded in touching the stone, but not until the entire length of my finger had been passed into the wound. The stone lay in a cavity, which appeared to communicate with the sinus by a limited opening, as a considerable portion of the stone was felt to be covered by a soft membranous substance. From the depth of its situation, and from the feel of the surrounding parts, I felt very certain that the stone was lying in a cyst or cavity of the kidney itself. Having proceeded so far, I determined to extract the stone, and accordingly enlarged the wound freely, carefully cutting the deeper portions with a probe-pointed bistoury. A pair of dressing forceps was then introduced, and the stone readily seized, but it seemed to be caught at one or two points, and would not leave its cavity. After one or two attempts, however, I managed to lay hold of the stone obliquely, and to draw it out. The patient, who had complained of great pain in the abdomen while I was touching the deeper part of the wound, bore the operation with great fortitude, and after a few minutes' rest went to a friend's house in a cab. Next day he returned home to Stirling, and, although he was feverish and suffered from pain in the abdomen for a few days, he made a good recovery, and was soon back again to his employment as a photographer. Two days ago (June 1st) I received a letter from my patient to tell me that he had been at his work regularly for the last three weeks, and that the wound was rapidly closing. He has no pain or uneasiness of any kind now.

The stone removed is represented, of natural size, in

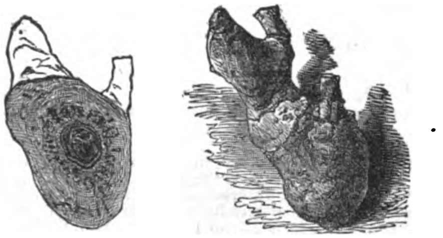

Fig. 1.

Fig. 1; it weighed seventy-two grains, was of an elongated shape, and had two branches or processes at one end, and a third process springing from its body. Its length was one and a half inches, and its diameter at the thickest portion was a little more than half an inch. Externally the stone was white in colour, but here and there a brown hue showed itself through the external layer of phosphates. A section, also illustrated in Fig. 1, showed a nucleus the size of a small pea, of a dark brown, almost black colour. Outside this the colour was a lighter brown, and the structure was arranged irregularly and in many lines. Here and there the section showed distinctly an outer thin layer of phosphates. Dr. Arthur Gamgee was good enough to analyze the stone for me, and the following is his report:—

Constituents in 100 *parts.*

Phosphate of calcium, magnesia, and ammonium ...	14·20
Oxalate of calcium	73·35
Organic matter and moisture	12·45
	100 00

Remarks.—This case is an interesting example of one of the results which occasionally follow the formation and lodgment of a calculus in the kidney. From the composition, shape, and situation of the stone, there is little doubt that it had formed in the kidney, and had given rise to changes in the structure of that organ, such as have been described by Sir B. Brodie,[*] Prout,[†] Rayer,[‡] Johnson,[§] and other authors, and to the abscess and consequent fistula.

Abscesses forming in connection with renal calculi have given rise to fistulous openings in other situations than the loins. Rayer,[||] referring to renal fistulæ, says:—"These fistulæ, caused in most cases by the presence of one or more stones in the pelvis or ureter, may open into the cellular tissue external to the peritoneum, into the external lumbar region or near the crural arch, into the colon or duodenum, into the cavity of the peritoneum, or, lastly, into the pleura or lung corresponding to the affected kidney."

When Demonstrator of Anatomy in the University, in the year 1864, my attention was directed to a male subject, about fifty years of age, which had several small fistulous openings in the right loin. These fistulæ passed down in the direction of the right kidney, and small portions of the last two ribs had been absorbed. The right kidney was found to be hollowed into a cyst, and in it lay the calculus figured in illustration 2. I could obtain no history of this case, but feel sure that the stone could have been removed with safety during life.

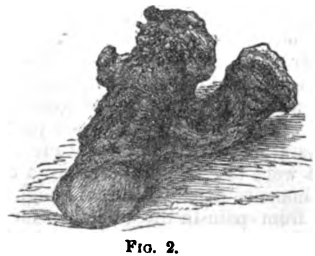

Fig. 2.

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[*] Lectures on Diseases of the Urinary Organs.

[†] On the Nature and Treatment of Stomach and Urinary Diseases.

[‡] Maladies des Reins.

[§] Johnson on the Kidney.

[||] Loc. cit., page 275.

THE OXALATE OF CERIUM IN DYSPEPTIC VOMITING.

By S. A. Lucas, L.R.C.P. & S. Edin., Kirkdale, Liverpool.

I fully agree with Dr. Curran as to the beneficial effects of the oxalate of cerium in the nausea of pregnancy. I have employed it for vomiting from various causes, with good effects. I have had a case lately of dyspeptic vomiting, where its *tonic* and *sedative* effects were well marked. The patient, a married lady, had been attended by a doctor for two months, suffering from severe vomiting many times in the day. The doctor tried many remedies—bismuth, chlor. potass, lime-water, creasote, hydrocyanic acid, &c—without giving relief to the patient; he gave the case up. I was sent for, and found the lady suffering from facial neuralgia, as well as the vomiting. I prescribed a liniment to be applied to the face (equal parts of lin. chloroformi and lin. belladonnæ), and put her at once upon—

℞ Cerii oxal., gr. xxxvj.
Ext. hyos., gr. xxiv.
Div. in pil. xij.; cap. j. ter in die.

For two days afterwards she had no vomiting; on the third day she vomited once, which I believe due to her having eaten potatoes (quite against my prescribed regimen). I made her go out for a short walk every day, and by the end of the week vomiting and neuralgia had disappeared, and her health rapidly returned.

It may be seen from this that the oxalate of cerium in its maximum dose (gr. iij) effected a cure where all other well-known remedies failed; and I hope the profession will give an extended trial to a drug that has not received the attention it merits since its introduction by Professor Simpson.

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LITHOTRITY, WITH A NEW LEVER LITHOTRITE.

By Patrick Heron Watson, M.D., F.R.S., F.R.C.S.,

Lecturer on Surgery, Surgeon to the Royal Infirmary and Chalmers Hospital.

I was requested in the month of March, by Dr. Milne, to see with him Mr. L., æt. 80, who had long suffered from symptoms of calculus and enlarged prostate. I had about a year previously seen this patient, and then operated by lithotrity upon a calculus fully the size of a large pigeon's egg. The complete relief to the symptoms of urinary retention, from which he had recently began to suffer, afforded by two crushing operations, led to his refusing to have anything further done at that time, as he was much occupied with family matters. This relief was, however, short-lived, as the old symptoms recurred, and led him at once to accede to Dr. Milne's recommendation, that the operation of lithotrity should be completed.

On examining the bladder with a converted lithotrite of Messrs. Weiss's pattern, I at once seized a calculus behind the prostate, which measured eight lines upon the scale, and, on adjusting the lever forceps to the shaft of the instrument, proceeded to crush. After opening and closing the handles of the forceps some eight or ten times in rapid succession, I found that nothing farther remained in the bladder to obstruct the free play of the jaws of the lithotrite. I accordingly closed the forceps, and removed the instrument from the bladder. And now, on introducing a catheter with a Clover's washing-bottle attached, I removed a quantity of uric acid detritus, amounting to more than two drachms. The whole procedure, from the introduction of the lithotrite to its removal, occupied less than three minutes. The next day I met this patient in the street perfectly well, and in great glee at the facility with which the crushing had been completed. I have since had an opportunity of examining his bladder, and find no trace of calculous matter in the viscus, though symptoms of irritation due to the enlarged prostate still continue to exist.

I have detailed this case—one among several—in illustration of the employment of a new modification of the crushing power, capable of application to any lithotrite in common use, whereby it can be worked with greatly increased rapidity, and the result attained with equal delicacy of manipulation and even greater power. I was led to invent this lever power at the end of last year, in consequence of a case which occurred in my practice in the autumn. The patient was an exceedingly irritable man, with a uric-acid calculus rather too large for lithotrity, but who insisted that lithotrity should be performed, and who could obviously ill bear any frequent repetitions of the procedure, or any long-continued application of the instrument in the ordinary way. The difficulty was in his instance overcome by the employment of chloroform, whereby the stone was crushed at one sitting; but the importance of some more rapid means of applying the crushing power, as suited to such exigencies, forced itself strongly upon my mind.

I accordingly devised the application of leverage by means of moveable forceps, adapted to each blade of the lithotrite, in such wise that the closing of the handles might approximate the jaws of the lithotrite, and the opening of them, effected by a spring between their shafts, might cause the jaws to gape. The alternate movement of the jaws thus came to resemble a chewing motion, by means of which I found fragments might be safely reduced to detritus with far greater rapidity than by any other movement. I also found that the movement was quite as steady and quite as powerful as that effected by means of the screw.

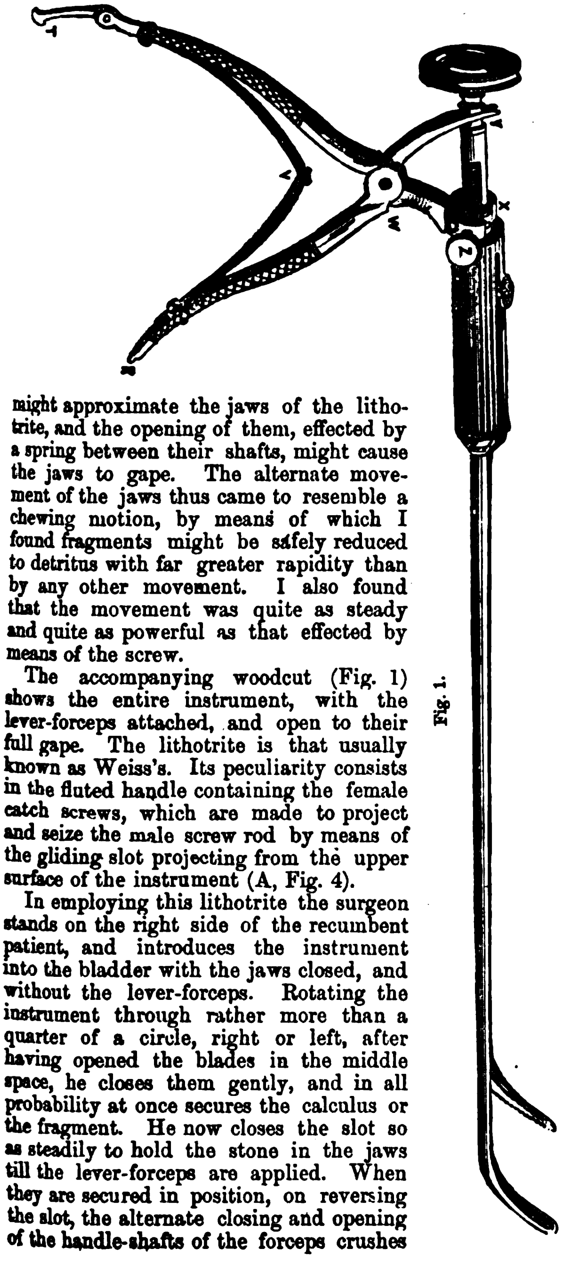

Fig. 1.

The accompanying woodcut (Fig. 1) shows the entire instrument, with the lever-forceps attached, and open to their full gape. The lithotrite is that usually known as Weiss's. Its peculiarity consists in the fluted handle containing the female catch screws, which are made to project and seize the male screw rod by means of the gliding slot projecting from the upper surface of the instrument (A, Fig. 4).

In employing this lithotrite the surgeon stands on the right side of the recumbent patient, and introduces the instrument into the bladder with the jaws closed, and without the lever-forceps. Rotating the instrument through rather more than a quarter of a circle, right or left, after having opened the blades in the middle space, he closes them gently, and in all probability at once secures the calculus or the fragment. He now closes the slot so as steadily to hold the stone in the jaws till the lever-forceps are applied. When they are secured in position, on reversing the slot, the alternate closing and opening of the handle-shafts of the forceps crushes fragment after fragment. As the larger portions are broken down, the resulting *débris* is easily brought within the grasp of the instrument by a slight rotation of the entire lithotrite. Ultimately nothing but a detritus is left, which can be washed out by the Clover apparatus.

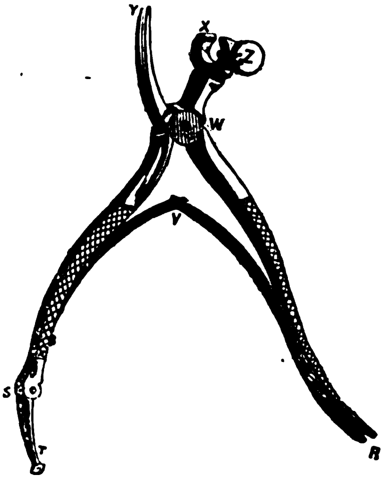

Fig. 2.

The lever-forceps are shown apart from the lithotrite in Fig. 2. One blade terminates in a circular collar X, the other in the fork Y. The collar X encircling the ex-

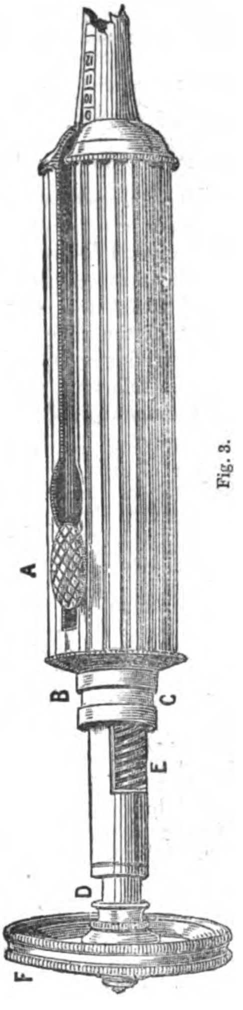

Fig. 3.

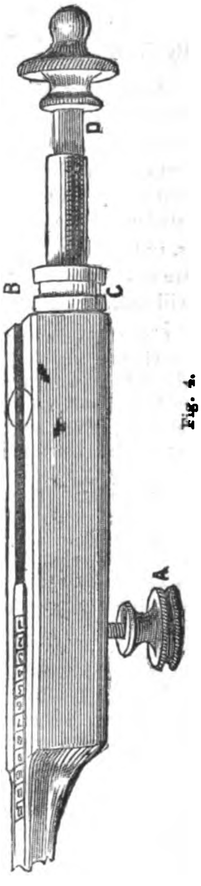

Fig. 4.

tremity of the female blade of the lithotrite, is held steady in position by the pinch screw Z, which catches in the groove B C (Figs. 3 and 4), and prevents the slipping of the collar, while, unless screwed up too much, it does not interfere with the rotation of the lithotrite within the collar. The fork Y plays upon the thinned portion of the male blade of the lithotrite at D (Figs. 3 and 4). The elliptical spring which opens the blades is shown at V. A spring-catch is shown open at S T (Fig. 2), by which the blades, when closed, are kept so by the extremity T holding between the fork at R.

Fig. 3 shows the proximal extremity of an ordinary Weiss lithotrite, modified for the application of the lever-forceps, but equally available for use with the screw.

Fig. 4 shows an old-fashioned screw-lithotrite of the early Weiss pattern, modified to suit the forceps, in which the change consists in the removal of the crushing screw, the elongation of the female blade by the grooved projection B C to fit the collar X on the one blade of the forceps, and in a commensurate elongation of the male blade beyond the female blade, with a thin shaft at D, suited to the forked extremity of the other forceps-blade. There is also added a pinch-screw at A, by which the blades may be retained steadily in position after securing the calculus, until the lever-forceps are adjusted. Any form of lithotrite may in this way be modified to suit the application of the lever-forceps, whether it be made upon the model of Charrière, Coxeter, or Sir William Fergusson.

These instruments have all been made or converted for me by Mr. Young, the eminent surgical-instrument maker of this city.

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ON UTERINE RHEUMATISM.

By J. Waring Curran, L.K., Q.C.P.I., L.R.C.S.I., &c.

Although it is not unfrequent for the fibrous structure of the uterus to become implicated more or less during the course of an attack of acute rheumatism, yet I believe the fact of the disease manifesting itself by first seizing on that organ and its appendices unusual, whilst it is calculated to mislead what the actual nature of the complaint is, until the more ordinary and more striking symptoms are developed. The recital of the three following cases, will not, I conceive, be uninteresting nor unimportant :—

Case 1.—On the 20th of January, 1867, I was requested to visit a married woman, the mother of four children, about thirty-seven years of age. She had been exposed to cold and wet, and had experienced a severe rigor on the morning of my first visit. Her chief complaint was of intense and continued pain above the pubis. The bowels were freely relieved by a domestic aperient. There was no vomiting. The urine was sufficient in quantity, but in character highly coloured and cloudy. She had menstruated naturally a fortnight previously, and the history of her life, physically, was that she had never required medical attendance except during the parturient state. Upon examining the region corresponding to the seat of pain, I discovered no superficial tenderness, no abnormal condition of the part, but upon employing firm pressure with the ends of the fingers, she cried out against the punishment inflicted. I was in this way enabled to encircle, so to speak, the uterus and determine that the mischief existed there and was confined to that organ. However, although the tongue was coated with a creamy fur, and the pulse was quick, and the surface of the body dry and hot, I considered the symptoms would yield to an active saline, and that the pain would be relieved by the local application of a liniment consisting of aconite, belladonna, and chloroform, applied to the affected region on lint, and covered in order to prevent evaporation, with gutta percha membrane. On the day following, I found little alteration in the general symptoms. She expressed receiving temporary relief from the liniment, but was in truth unable to turn in bed, or move the body, from the severity of the pain which movement produced. I made then a still more minute and careful examination, the result of which was, that I arrived at the conclusion, that the case before me was one of acute inflammation of the uterus. The pressing and distressing nature of the symptoms justified the opinion. Upon this, I applied leeches, and prescribed calomel and opium in pill, and a diaphoretic mixture. At my evening visit, I further directed that extract of belladonna, diluted with glycerine, should be smeared over the part ; this covered by silk paper, and a bran poultice to be applied external to all. The subsequent day the inflammatory fever still ran high and unsubdued, but the uterine pain was less acute, and the left shoulder joint became implicated ; towards evening, the nature of the case had thoroughly revealed itself, other joints were affected, and a case of acute rheumatism lay unmasked before me. From the moment the *materies morbi* of the rheumatism dispersed itself over the system, the uterine pain lessened. The case ran an ordinary course under an alkaline treatment, the heart escaped, and the woman fully recovered, and is now well in health, and has been free from any subsequent return of the rheumatism.

Case 2.—A. G. was an arthritic subject, and had been on two occasions under treatment for sub-acute attacks of rheumatism. She was forty-six years of age, and the catamenia had ceased three years before. She sought advice for severe pain of two days' duration, in the right iliac region extending to the spine behind. There was also pain of a rheumatic character complained of in the calf of the right leg. I directed an anodyne liniment to be applied, and a saline aperient to be administered. The next visit I paid her I found the mischief to have concentrated itself upon the body of the uterus, whilst the pains elsewhere were in abeyance ; towards the evening of that day the symptoms became so aggravated that I was compelled to direct the application of leeches. The day following, the swelling of the joints, and the acid perspiration, and urine charged with lithates, clearly indicated the nature of the case to be dealt with. And here I may avail myself of the opportunity of stating that in the treatment of rheumatism I have given an extensive and fair trial to the application of small blisters to the affected joints, and that the result has been disappointment where they are trumpeted to be successful. My application to a joint or joints so affected is the extract of belladonna rubbed down in glycerine, smeared over the surface of the joint, covered with silk paper, and to the outside of this gutta percha pile wrung out of warm water frequently renewed. The relief which I have invariably observed resulting is very great indeed, rendering the exhibition of opiates and other sedatives unnecessary, which otherwise would only retard the action of the eliminatives requisite in such cases. Again, the blistering adds little to the comfort of the patient, if it does not increase the misery of his condition; whilst in no instance have I ever observed it hasten recovery.

Case 3.—In the autumn of last year a young unmarried female of robust health and appearance waited upon me for advice respecting severe headache, and intense pain at the lower part of the abdomen, both of which commenced simultaneously the preceding day. She considered that she had caught cold during the menstrual period which had just terminated, as the catamenia had abruptly stopped. The other secretions were normal, but the pulse was full and quick, and there were the other usual symptoms of general feverishness about her. I recommended that she should have a warm hip-bath, prescribed some aperient pills with a diaphoretic mixture, and advised upon her return home to retire to bed. In the middle of the night I was sent for, but having an obstetric engagement I was unable to go, and she was seen at my request by another medical gentleman, who, from the nature of the symptoms which presented themselves to him, gave it as his opinion that she was suffering from meningitis, and that the uterine affection was of a secondary nature and of secondary importance. The patient was seen by us together early the next day, when we materially differed respecting the precise nature of the case, or the accuracy of the diagnosis to be arrived at. The similarity of the symptoms to those mentioned in Case 1, and the impression which that case made upon me, dictated the hardihood of announcing rheumatism. In four-and-twenty hours this disease thoroughly developed itself in one of the hands, which became all at once puffed and painful. Very soon several of the joints joined issue, and notwithstanding the powerful remedial efforts to combat the disease, we had a tedious and complicated case to deal with.

The pericardium and heart became participators in the disease, but what seemed curious that during our attendance, which extended over a period of some six or seven weeks, that the disease commencing in the uterus, appeared to adhere to that organ throughout, and although at times not so severe, was the last portion of the system to depart from.

Of course, I have observed many cases wherein during the course of an attack of rheumatic fever the uterus was affected, and in which the pain became so distressing that the exhibition of tincture of aconite was essential; but I have nowhere witnessed such thorough cases of uterine rheumatism as in the three whose histories I have just recorded.

Last year in the columns of the MEDICAL PRESS AND CIRCULAR, in a paper on *Ovarian Neuralgia*, which has been extensively reprinted, I advocated the great value and efficacy of aconite as a therapeutic agent in that complaint. I believe now, and experience justifies the opinion, that in rheumatic complications of the uterus or its appendices, aconite is equally important as a remedial agent of great virtue and reliable power.

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A CURIOUS EXIT FOR A PIN, WHICH WAS SWALLOWED FOURTEEN MONTHS PREVIOUSLY—RECOVERY.

By FRANCIS McEVOY, L.K.Q.C.P., L.M., M.R.C.S. Eng.,
Balbriggan.

AN extern patient was brought to the dispensary by his mother, who informed me that her son was about thirteen years of age, that he lately complained very much of a pain in his stomach which made him cry, and it usually attacked him when he bent forward with his chest against the table, as in writing and learning his lessons. At such times he suffered from a shooting pain, as if something suddenly darted into his stomach. His appetite was excellent, he slept well, enjoyed good health in every other respect, was cheerful and lively, but latterly seemed unwilling to play with other boys as he used to, and said that he was afraid of their hurting his stomach. At first his mother was inclined to attribute it to worms, as he had passed some at various times, and had even thrown up one or two by mouth. Then to his having taken a dislike to school and study; that idea was not tenable, as he evinced the greatest anxiety about learning. I examined him carefully, and questioned him closely as to feeling and health; he complained of but the one thing, a pricking sensation when he bent forward against anything. Upon the closest examination I could detect nothing to account for the feeling he had. I therefore looked upon it as one of those obstinate cases of worms which are sometimes met with, and will baffle the most skilful to cause their expulsion. I gave him some pulv. santonine, with various other vermifuges, and although he expelled half-a-dozen large worms, yet he obtained no alleviation of the symptoms complained of.

Having tried various remedies without effect, I recommended his mother to try further advice, or get him into hospital, which she did. In about six months afterwards she came to me again,—having in the meantime brought him to various medical men, and having had him in two hospitals without deriving any benefit; but, on the contrary, he evidently became worse,—to request that I would go see her son, as he was getting a lump like a boil just over his stomach where he formerly had the pain, which was gone since the lump had made its appearance. I was very much surprised to see him reduced in so short a time from a fine, plump, healthy looking boy, to a mere skeleton—so emaciated had he become that I did not know him.

On examining the lump it proved to be a small abscess fully developed. His mother informed me that about three weeks ago, he began to complain of his trowsers hurting him, and that on examination, she found a fulness and a circumscribed hardness, which day by day became red and soft, and so sore that he was obliged to take to his bed altogether for the last fortnight.

I at once opened it, and, whilst doing so, became aware that the point of the lancet came in contact with a hard substance. I immediately, before the matter was all discharged, passed a bulb-pointed silver probe into the abscess, and struck something that grated against the instrument. By working it backward and forward, I managed to get the point towards the opening, seized it with a forceps, and extracted a pin the cause of all his ills. About fourteen months previously he swallowed a pin, which he recollected the moment he saw it. He recovered rapidly, and in a very few weeks resumed his usual health, strength, and spirits. He has since emigrated to America. I was one day paying him a visit, and asked him how he happened to swallow the pin. He told me that one day coming from school, he picked up that very pin and put it into his mouth. Another boy tripped up his heels, and he got rather a severe fall. He could not at the time say whether it fell out of his mouth or not, but did not recollect having swallowed it.

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EXIT OF A PIN SWALLOWED FIVE YEARS BEFORE.

By ALEXANDER CHAIN, L.R.C.P., L.R.C.S. Edin.,
Liverpool.

ON the 4th of June I was requested by Mr. W. to see his daughter, a fine healthy-looking girl, aged fourteen years. On inquiry I ascertained that for some eight or ten days previous to my visit she had suffered considerable pain in consequence of the formation of an abscess on her back, situated a little above and internal to the inferior angle of the right scapula. When I saw her the pain had almost subsided; fluctuation was readily detected, but there was no appearance of pointing. A sharp-pointed bistoury was pushed into the softest part, and about an ounce of healthy pus escaped.

On sponging the part before applying a poultice, I discovered a foreign body lying obliquely across the aperture. I seized it with a pair of forceps, and, to my astonishment, extracted a pin. The mother, who was standing close by, on seeing this instantly exclaimed, "Doctor, that's the pin she swallowed five years ago." This is another instance of a foreign body, without producing the slightest inconvenience, remaining in the system for years before making its way to the surface.

◆

GOITRE CRETINISM.

M. GARRIGON, consulting physician at the Mineral Springs of Aix, asserts that certain endemics are due to the existence of magnesia, and more especially to the silicate of that earth, in the soil, which modifies all organisms, both vegetable and animal. His doctrine is based upon extensive observations made in the districts of the Pyrenees where such maladies are endemic, and are coincident with such geological constitution.

Our Analytical Department.

MUSTARD.

REPORT ON THE QUALITY AT PRESENT SUPPLIED TO THE BRITISH MARKET.

The importance of mustard, both as a condiment and as a medicine, can hardly be underrated. As regards the first, it is perhaps second to none. It is a stimulant to the digestive organs in small doses, and upon this property rests its great popularity from a dietetic point of view. In larger doses it acts as an emetic, which latter, combined with its vesicating properties, constitutes its main medicinal applications.

The mustard of commerce is generally made from both the white mustard seeds, *sinapis alba*, and the black, *sinapis nigra*.

These seeds, however, differ considerably in appearance and chemical composition.

The white mustard seeds are much the larger of the two, and generally average one-tenth of a grain in weight when dry. They consist of yellowish, nearly round, white seeds; they are inodorous, and even when mixed with water are not so pungent as the black mustard seed. White mustard yields about 36 per cent. of a yellow fixed oil, nearly inodorous, which is not solidified in the cold. Its flour is yellow, but not so dark as that obtained from the black. One hundred parts of the dry seeds give 4·45 of ash, having the following composition:—

Potash, 25·78; soda, ·33; lime, 19·1; magnesia, 5·9; ferric oxide, ·39; sulphuric anhydride, 2·19; silica, 44·9; trace of chlorine and phosphoric acid. One hundred parts of the air-dried seeds were found to contain 8·5 parts of moisture, and 1·21 parts of sulphur.

A solution of perchloride of iron strikes a red colour, with a watery infusion of white mustard seeds. Myrosine, a compound formed in the seeds, is an emulsion-like substance contained in the seeds of the black and white mustard, particularly in the latter, and is one of the most important ingredients.

Myronic acid exists largely in the black seed, but not in the white; it is present in the form of a potassium salt. When these two substances react upon each other in the presence of water, a peculiar change takes place, resulting in the production of sulpho-cyanate of allyl, or the volatile oil of mustard.

$$C_3\,H_5,\,Cy\,S.$$

This oil, to which mustard owes its peculiar properties, will be described further on. It is not present in the mustard until it has been subjected to the action of water, and cannot be procured under any circumstances from the white seed alone. The object of the manufacturer using a mixture of the two seeds, and the special directions for mixing mustard, which are frequently appended to the canisters, is, therefore, self-evident. These directions are very essential, but are frequently needlessly elaborated. Any good mustard may be properly made, and its virtues fully developed, by mixing in the ordinary manner with lukewarm water, which must never exceed 80° Fahr. It should be made rather stiff, and at the expiration of twenty minutes a little vinegar and a very small quantity of salt added. Unless the mustard be of a very low class, this will generally keep remarkably well, and the volatile oil will be generated as far as the decomposition can proceed. Mustards that are sold ready made should contain nothing but the above ingredients.

Some years ago mustard was principally raised at Durham, and thus the term "Durham mustard." In Bailey's "Survey of Durham" he says that—"Mustard was not known in its present form at our tables until 1720. The seed had previously been merely pounded in a mortar. At the period referred to, it occurred to a woman of the name of Clements, residing in Durham, to grind the seeds in a mill, and to treat the meal in the same way that flour is treated. Her mustard was, in consequence, very superior, and being approved by George I., speedily came into general use. Mrs. Clements kept her secret for a considerable time, and acquired a considerable fortune." In Bengal and other eastern countries mustard is extensively cultivated for its fixed oil, as rape is in Europe.

Dr. Pereira gives the following as being the process for manufacturing mustard:—The seeds of white and black mustards are first crushed between rollers, and then pounded in mortars. The pounded seeds are then sifted. The residue in the sieve is called dressings or siftings, what passes through is impure flour of mustard. The latter, by a second sifting, yields pure flour of mustard and a second quantity of dressings. By pressure the dressings yield a fixed oil, which is used for mixing in with rape and other oils.

Most of the best manufacturers, however, now remove part of the fixed oil before dressing. There seems to be six qualities, or brands, known in the trade: "seconds," "fine," "superfine," "double superfine," "brown," and "genuine."

Mustard is said to be extensively adulterated with turmeric, salt, Cayenne pepper, radish seed, pea flour, rape seed, pepper, chrome yellow, wheat flour, &c.

At the time of Dr. Hassall's report on mustard, there seems to have been, as now, four to six qualities made. He says, of the four most generally supplied qualities:—

> "The first is called 'seconds;' it is usually of a bright yellow colour, but is thickly studded over with numerous black or reddish-black points; these are fragments of the husk of black mustard seed.
>
> "The next quality is termed fine; it also presents a considerable number of black specks, but fewer than in the former case.
>
> "The third quality is called 'superfine;' it is spotted to a much less extent, although minute specks are still visible.
>
> "The fourth, or last quality, is the double superfine; in this the eye can scarcely detect husk at all, although with the microscope a little may still be discovered.
>
> "The several qualities are vended to the public by a wholesale and retail establishment in the City at the following rates:—'Seconds,' 5d.; 'fine,' 8d.; 'superfine,' 11d.; 'double superfine,' 1s. 2d."

The prices now seem to be in the first-class shops as follows, about:—Seconds, 6d; fine, 1s.; superfine, 1s. 4d.; double superfine, 1s. 8d.; genuine, 2s. The first prices were in 1855. Almost every manufacturer also seems to send out a fifth article marked "genuine," which is not mentioned in Dr. Hassall's Report, and was evidently unknown at the Parliamentary inquiry in 1855. This article seems to have been introduced within the last few years. It will be seen, further on, that the qualities do not only specify a different amount of dressings, but *different phases of adulteration*. We will take these adulterations *seriatim*.

Mineral adulterations and the ash.—We have not met with a case of mustard adulterated with mineral colours, such as chrome yellow; but it is necessary to carefully estimate the ash, as it will be seen, by our analyses further on, that an increase in the ash is indicative of a pretty general, but nevertheless an abominable adulteration. We believe we are the first to have recorded the extensive use of this sophistication, and it has evidently so far escaped observation. The colour and general characteristics of the ash should be observed. It should be nearly white, and should not become discoloured when treated with sulphide of ammonium. If the quantity exceeds 5 per cent., the ash must be analysed, as the mustard is probably adulterated.

Adulteration with wheat and other flours.—Wheat flour seems to be almost the universal adulterant of mustard, and is used most extensively for this purpose. We have not met with cases of pea or other flours, but they can all be easily determined in mustard by the aid of the microscope, which distinguishes between the different starch granules appertaining to the different flours. Mustard is perfectly free from starch.

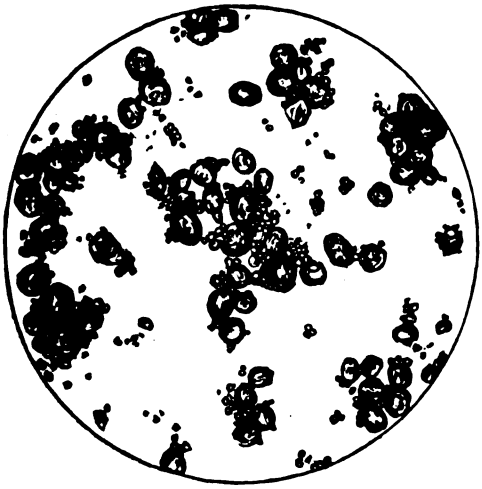

FIG. 9.—Wheat Starch, magnified 200 diameters.

The presence of a small quantity of flour might be very easily missed on applying the iodine test.* Mustard seems to have a greater attraction for the iodine than the starch granules, and forms a deep yellow compound, which might disguise the presence of a small quantity of starch.

Turmeric.—Turmeric, or some other colouring matter, must be used wherever the mustard is adulterated with flour. Accum, in his "Treatise on the Adulteration of Food" ("Death in the Pot"), says :—"It has often been stated that a fine yellow colour is given to mustard by means of turmeric. We doubt the truth of this assertion. The presence of the minutest quantity may be detected by adding to the mustard a few drops of a solution of potash, or any other alkali which changes the bright yellow colour to a brown or deep orange tint." It is evident that either turmeric was not used at the time this book was published (1820), or that Mr. Accum did not possess the facilities for analysis which we have at present. Turmeric is largely used in mustard in connection with wheaten flour. Turmeric contains a peculiar starch, but not in large quantities; whilst the turmeric is itself used in such small proportions in mustard, that the microscopic appearance is of no value for determining this point. It is, however, easy of detection. We at first thought that the examination of an alcoholic solution of the mustard, by means of a prism, might have afforded an easy mode of detection for this substance. When light is analyzed by a prism, after passing through tincture of turmeric, the more refrangible or blue end of the spectrum is absorbed or cut off to what is known as the solar line F at the blue end. On the addition of ammonia, the absorption or cutting off increases through the green up to the line E. However, as mustard yellow obscures this end of the spectrum also, though not to the same extent, it is evident that it is not applicable to the detection of a minimum of turmeric in a maximum of the mustard yellow. There is, however, one most characteristic point in connection with turmeric, which is, that the alcohol solution exhibits a remarkable green fluorescence, which is not exhibited by mustard yellow. The phenomenon is even more striking than the reaction with ammonia, which latter substance strikes a reddish brown colour, restored by acids. This test may be used as confirmatory. The following are Prof. Stokes' directions as regards viewing or detecting fluorescence in substances :—A glass containing water, and blackened internally at the bottom, is placed at a window, and the solution to be examined as to its fluorescent tint is placed in a test tube which is held vertically in the water, the top slightly inclined from the window, and the observer regarding the fluorescent light from above, looking outside the test tube." The smallest quantity of turmeric imparts to alcohol a green, and strongly marked fluorescence is seen almost more strikingly in very slightly tinged solutions.

Peppers.—The peppers are extensively used to adulterate mustard, particularly capsicums. They may be detected by the microscope, but we depend upon the following method :—A tincture, made by treating with strong alcohol the suspected mustard, is evaporated to dryness on a watch glass, using a water bath for this purpose. The presence of peppers can then be at once recognised by their smell or taste. The residue from genuine mustard leaves no burning sensation in the mouth, similar to that felt from the peppers. As regards the adulteration with pepper, Dr. Hassall, in his Report, remarks—"Adulteration with pod or capsicum pepper. It is stated that pod pepper is commonly present in mustard. We have diligently searched for it, but have not hitherto detected it in any sample."—Vide "Food and its Adulterations," by Arthur Hill Hassall, M.D. London, 1855. (p. 128.)

It will be seen from our report that mustards are frequently adulterated with capsicums; and whilst upon this subject we must remark that we think such a report as the above-mentioned one is of very little practical value. Of the forty-two samples examined by Dr. Hassall, only about seventeen of them had any brand or name of maker or vendor. Of what practical use is it to know that "24th sample, purchased in Oxford street, and labelled 'Finest Durham Mustard,' contained a large proportion of wheaten flour, was coloured with turmeric, and that there was little husk visible?" Such paragraphs can only afford a little local interest for the people of Oxford street, with its 552 houses, to guess where sample 24 was bought at.

We have found pepper present in samples from four manufacturers. It is frequently found in Irish mustards which have a celebrity. The red particles of capsicum pods can frequently be seen in mustards by the naked eye, or by a very moderate magnifying glass. Black peppers cannot be well detected in this manner without magnifying about 150 diameters, as the cuticle of the mustard, or "hulls," as they are termed, cannot be distinguished therefrom by the eye.

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* The iodine test consists in adding a few drops of a solution of iodine in iodide of potassium to the suspected mustard. Starch, if present in any quantity, should instantly strike a blue colour in the cold.

(To be continued.)

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Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

HEREDITARY SYPHILIS.

By Mr. Morgan, F.R.C.S.I., Professor of Anatomy R.C.S.I., Surgeon to the Hospital.

Syphilitic Hydrocephalus.

Amongst the numerous phases of hereditary taint, hydrocephalus has been enumerated as an occasional one, and is acknowledged by many accurate observers.

Thus Haase gives the case of a woman who was delivered on three consecutive occasions of a dead child at the eighth month. She then produced a hydrocephalic child, with spots on the skin, which died when six months old, and had two more pregnancies of living though tainted children.

Lancereaux mentions the case of a woman who, having produced several hydrocephalic children, on inquiry it was found that her husband had formerly contracted syphilis.

De Meric in Lettsomian lecture 1858, remarks the syphilitic influence in producing hydrocephalus, and also the frequency of the upturning and rotatory motion of the eyes in these cases.

The indubitable existence of syphilitic taint, the occurrence of hydrocephalus in a puny offspring, accompanied by the rotatory motion of the eyes, and insomnia, were well marked in the following case :—

M. A. G., aged twenty-eight, Ward 12, has had five children : the first, six years ago, which died when some months old ; the second, four and a half years since, which died at eight months (these were not affected with disease, which the mother had not, as yet, suffered from) ; the third, three and a half years since, when she gave birth to twins, who both died of constitutional syphilis, which the mother had contracted, and had shown an eruption during the pregnancy.

The fourth time she gave birth to a boy, the subject of this case.

This child, æt. twelve months, was admitted June, 1869, suffering from hydrocephalus and general debility. The enlargement of the head showed itself in May last. Since then the child gradually declined ; the most marked symptom it now had being the upturning and rotatory motion of the eyes, which scarcely ever ceased for many days previous to its death ; and as sleeplessness was also constant, these symptoms were the more noticeable. The child gradually sank, and a careful examination was made.

On opening the head there was but little external fluid, but the ventricles were distended with a clear serum to about two ounces. The abdominal viscera were healthy, excepting the left lobe of the liver, which presented a slight eminence of a yellowish colour, but hardly consistent enough to constitute a gummatous tumour. The kidneys, &c., were normal. The heart had on its front a very large white spot equalling a sixpence in size. The right lung was infiltrated with dense gummatous or semitubercular matter enclosing an isolated abscess, the body generally being much wasted, but presenting no external marks of disease.

Case of Fatty Degeneration of the Placenta.

The frequency of premature expulsion of the fœtus in cases of syphilitic infection has been the source of some speculation when the fœtus has arrived at such a period as to be otherwise viable. The occurrence of fatty degeneration of the placenta, so well described by Dr. Barnes as an efficient cause of defective nutrition to the fœtus, is well illustrated by the following case just now under my notice :—

C. S., Ward No. 11, aged thirty-two, admitted June, 1869, has already given birth to three children at nine months, both dead born : she has been diseased twice ; once about three years ago with discharge and bubo, and had a rash four years ago ; has been suffering from nocturnal pains ; is thin and worn, but not affected by any phthisical influence, and is pregnant, between the seventh and eighth months ; the motions of the child have not been perceived. For eight or ten days, and for three days previous to her confinement, she has been complaining of weight and uneasiness. On July 26th, after a labour of about three hours' duration, she was delivered of a dead and slightly decomposed fœtus, the placenta, which followed directly the delivery, was very soft, pale, and rent on the slightest handling, so much so that it was difficult to keep it intact. It appeared to have suffered complete degeneration, greasing tissue paper by contact, and the tufts becoming more distinctly vascular by washing with ether.

The fœtus presented no internal evidence of disease, all the organs being healthy and well formed, corresponding to the eighth month.

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A NEW METHOD FOR SECURING DIVIDED VESSELS.

Frederick D. Lente, M.D., of Cold Spring, N. Y. (*Am. Journal Med. Sciences*), recommends the silver wire for securing divided arteries, and makes the application as follows : Cut off a length of silver wire, say three inches, less will do, however, for small arteries ; give it a sharp bend in the middle, then one or two twists as near the bend as possible. This forms the ligature. Secure the twisted end of the ligature in a pair of spring or catch forceps. Draw out the vessel to be ligated, or, if a small one, the tissue in which it is, with a tenaculum or forceps, in the usual manner ; let an assistant apply the ligature against the vessel at the point where the two legs diverge from the twist ; then the surgeon takes hold of the two ends and gives as sharp a twist on the vessel as possible, and then secures the hold by two or three half turns. The silver wire is so soft and pliable that but very few turns are necessary to prevent slipping. These ligatures may be applied with great facility, after a little practice. He uses the ordinary *suture* wire for the smaller arteries, and No. 26 for large arteries. Having twisted the wire, the end is cut off with ordinary scissors, within two or three turns of the artery ; the other end, if not too long, may be left, as two sharp ends to the ligature would be avoided. This leaves a very minute quantity of metal around each vessel, and after a dozen such ligatures have been applied, it becomes somewhat difficult, in the course of half an hour, to find one of them, except by searching carefully. They soon imbed themselves in the tissues, and disappear from sight. An important object, in substituting silver wire for silk in ligating arteries divided in operations, is to secure a better chance for "union by first intention." The danger of death from an open, suppurating wound, with its constant liability to erysipelas, pyæmia, exhaustive discharges, and a long train of evils, is avoided.

ALCOHOL IN LARGE DOSES IN POISONING BY MUSHROOMS.

M. Poulet, in a communication to the Académie des Sciences, affirms that alcohol in large doses is a veritable antidote to the poisonous mushrooms of the genus *amanite ;* and he believes it equally valuable in the poisoning by other species of mushroom. The author adds that ebullition in water, impregnated with salt or vinegar, is insufficient to render the poisonous varieties inoffensive, and that the *agaric bulbeux* in particular always retains a great portion of its toxic principle.—*Gaz. Hebd.* 1864, No. 41.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 4, 1869.

THE STUDENTS' PRELIMINARY.

LAST week was held at the Royal College of Surgeons in Ireland the first preliminary examination since the appointment of a majority of new members on the Board of Examiners.

Some remarks from us may, therefore, be appropriate on the occasion, chiefly as a guide to the studies of future candidates for the examination.

In some respects this examination is the most important that the candidate for admission into the medical profession will be called upon to undergo. As regards himself personally, rather than his patients, and his future well-being in and enjoyment of his profession, we may safely affirm this. If he gets through at his final examination without sufficient study, he may perchance find opportunity for further study afterwards; but if at the preliminary examination he is allowed to pass when he ought not, it is merely launching him upon a profession for which he has proved his incapacity, it is allowing seed to be sown where want of soil has been demonstrated; indeed, as the preliminary examination is at present constituted, we might say that it is permitting a dwarf to devote himself for life to work that requires the strength of a giant. Nothing can result from it but dissatisfaction to himself as well as to his patients; nothing but a life-long regret that he did not adopt some other path in life, that of the army, the navy, or merchant marine, that of a clerk, that of a farmer,—anything rather than a profession in which brains are the essential thing, and for which brains are deficient. For the preliminary examination is intended to test two things: first, that the candidate possesses the brains necessary for the practice of the profession with satisfaction to himself and safety to others; secondly, that he has so far employed his brains as to render the very peculiar language of the profession intelligible to him, so that what he may hear in the hospital wards and the lecture rooms, and what he may read in medical works during his four years of professional study shall not be absolutely an unknown tongue to him.

We regard the scientific portion of the examination as specially directed to the former of these two objects, and the classical to the latter.

We understand that the new members of the Board agreed together that this occasion, as being their first examination, they would mark with special leniency, and that in point of fact, several of the candidates who declined two or even three passages taken at random from the beginning, middle, and end of the author they selected, and who proved themselves unable even to read the words of the language, were nevertheless credited with a 2, the marks ranging from 0 to 10. We much doubt if candidates on future occasions can reckon on the same leniency being shown; and we may take this opportunity of reminding them, that by a recent rule of the Council they are not permitted to select a passage for themselves from the author they bring up, nor to decline the passage offered them by the examiner.

We would strongly recommend candidates to pay particular attention to reading the classical languages with accuracy; this will be a valuable training in that accuracy of study which is so essential to the successful pursuit of medicine. The reading of many of the candidates on the recent occasion was found to be extremely bad, and it is highly probably that on future occasions separate and equal marks may be given for reading, translation, and grammar, the final mark in the subject being the average of these three. As regards translation, we may warn candidates that to rattle on with the English version learnt off by rote will certainly not be permitted, but that they will undoubtedly be required to give the English of each individual word; and this we recommend them carefully to prepare, so that a lamentable ignorance of the most frequently recurring words may not be exhibited, for the risk of rejection would be serious.

Some little attention ought also to be given to grammar, so that the parts of speech should not be confounded, and that acquaintance should be shown with the more marked tenses, that σ should be recognised as the sign of the 1st Future, σα of the 1st Aorist, and a reduplication of the Perfect.

It is undoubtedly the intention of the examiners to make that superficial and expeditious preparation commonly called "cramming" impossible, and so to test the acquirements of the candidates as to ensure that, on the one hand, every man shall pass who has average brains, and who shall have devoted a reasonable proportion of time during his schoolboy years to preparation, and that, on the other hand, the man devoid of brains, or he who, in sudden disgust at the shop or the farm, has determined to "have a try" at medicine, and has crammed six months for that purpose, shall be without fail rejected; and such a discrimination it is possible to make with a single author brought up as easily as with a dozen; but the student who wishes to know his business would do well to read widely in the Latin and Greek classics, and not confine himself to the single author he purposes to bring up.

It is highly probable that on future occasions an absolute standard will be fixed, to which every candidate must attain in every subject, probably four, or thereabouts:

but if a candidate should answer very well in other subjects, so as to obtain a sum total above the average fixed for passing, which on the recent occasion was 40 per cent., it is possible the examiners might seek permission from the Council to reject him only in the one or two subjects in which he might have failed, and to permit him to devote his whole attention to those subjects for the next examination.

Finally we would counsel rejected candidates not to indulge in unmeasured regrets at their rejection, but to rest assured that, unless indeed their own diligence be at fault, which it is for them to remedy, they had in their ignorance selected a profession for which they were wholly incompetent, and that the passing pain of a rejection at the preliminary has saved them a lifetime of unavailing regret, when too late to embark on any other pursuit.

THE WATER QUESTION.

Wanted, a Member of Parliament who is not afraid of statistics being thrown at him, to ask whether the Government approve of exparte statements being circulated at the public expense?

All the world is aware that the Report of the Commission on Water Supply has given much dissatisfaction to a number of persons who had, perhaps hastily, embraced a particular theory. As these gentlemen have the ear of the Registrar-General, their views have been circulated by him for a long time, but have lately been combated by those equally, and, perhaps, more competent to judge. At any rate the Commission has unequivocally condemned them. But what do we now find—a settlement? By no means. The condemned theorists are ready to run a tilt with the Commission, and seem not particularly scrupulous as to the mode in which they will wage war.

Some of the papers have accordingly published articles which it would be affectation to call inspired, for they have the unmistakable style of certain individuals who are committed to the hypothesis, and who apparently have little to do but to endeavour to propagate their views. This we do not object to. Papers which choose to accept articles on scientific points that commit them to any theory have as much right to do so as those who volunteer such aid have to present the editors with the articles. We hope the theorists will not forsake the editors at a critical moment. But while we do not condemn such volunteer "labours of love," while we have never objected to our non-scientific contemporaries indulging their friends with parading their theories, we do take exception to the Reports of the Registrar-General being made a vehicle for controversy.

The last Weekly Return of this official is accompanied by a supplement of sixteen pages, devoted entirely to controverting the conclusions of the Commission. It has often been remarked that the Registrar-General's Returns are a collection of facts. Are we to suffer them to inflict upon us an unlimited amount of theory? We have not the least objection to any one pulling the Report of the Commission to pieces. If they can, let them show that Report to be all nonsense. But let this be done in the proper place, and certainly an official publication like this is not the one.

That some of the officials of the Registrar-General's department may feel that their opinions have received a rude shock by the Report of the Commission, we can easily believe; but it is not likely that the public will think it right for persons whose evidence was heard and sifted by the Commission, to be allowed to make an attack on their opponents through the columns of the Weekly Returns of Births and Deaths in London and the Large Towns.

We are not now about to enter on the controversy that has commenced. We have avoided the error of those of our contemporaries which have adopted one hypothesis, given full publicity to that, and avoided mentioning anything that would not exactly confirm the views to which they were committed. Such a course may be very well for non-scientific newspapers. Such a *rôle* has been played by a journal or two that professes to be scientific. But to true men of science nothing can be more contemptible than the conduct in question. Even the men who think with them will not hold the editors of such papers in very high respect. They know their inspiration—their pretension—their ignorance. They are content to wait for the evidence on which the Commission is founded. They will peruse that evidence with care, and form their own opinions independently of anonymous contributions to the public press. Above all, such men—and their opinion alone is of value—are least likely to be influenced by the indecorous haste with which the Registrar-General's columns have been made the medium of exparte statements.

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SCOTLAND.

A testimonial is to be raised to Mr. Syme by his former pupils. It is thought a marble bust and a Surgical Scholarship would be appropriate. Dr. Murchison, of London, will be glad to receive names.

The Minutes officially communicated by the Edinburgh University Court confirm our statement as to lady doctors.

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Notes on Current Topics.

Contagious Diseases.

The Report of the Committee of the House of Commons, just out, agrees in many particulars with that of the Upper House.

The investigation has not extended to the whole civil population; has, in fact, only inquired as to the operation of the Act that is now being tried, and to the localities where it is most felt to be wanted. Some recommendations for extending the area of the Act are made, and it is proposed that young girls who become prostitutes with the connivance of their parents should be removed from their influence to industrial schools. The Report recommends a new Committee to be appointed next Session, to take into consideration the propriety of extending the Act to the civil population.

Medical Council.

We have endeavoured to convey to our readers—not only a just estimate of the doings of this body—but of the need there is for something to be done to reform it.

We have further quoted the opinions of our contemporaries to prove that this question is becoming one on which the public will insist on something being done. We have now the satisfaction to quote from the *Times*, which on Friday last, in its report of the Leeds Meeting, thus brought the reform of the Medical Council before its readers :—

> “It is, perhaps, not so well known to the public as it deserves to be that the control of medical education and of the registration of qualified practitioners is vested, or is supposed to be vested, in a Council composed of 24 members, of whom 18 are elected by the various corporations and Universities that give the medical licences, and the remaining 6 are nominated by the Crown. The elected members are elected, not by the graduates or licentiates, but by the small governing Boards of the bodies they are supposed to represent, and hence they are by many thought to be chosen with reference to the private interests or rivalries of corporations rather than with reference to the wants of the profession as a whole, or to its legitimate aspirations after a higher standard of education and of efficiency. At present these various corporations, such as the several Colleges of Physicians and of Surgeons, are practically rivals in the business of conferring medical qualifications upon the candidates for them, and derive considerable revenues from the fees that those candidates pay. It follows that such rivals can hardly escape being suspected of practising some of the ordinary devices of competition; or of attracting pupils to their respective portals by straining a point or two in the way of laxity of examination. The Council, so largely composed of their nominees, has, therefore, to a great extent, lost the confidence of the profession; and there is a very general desire among enlightened medical reformers to see it in some way remodelled. It is felt that many of its present members are not in a position to initiate any beneficial change in medical education; because they are, in fact, the mouthpieces of the very bodies for which reform is urgently required. It is, therefore, sought on all hands that there should be some sufficient direct representation of the profession on the Council; but opinions are divided as to the way in which this direct representation could be most easily and most efficiently obtained. On this point, however, it is more than probable that any scheme devised by the profession would undergo considerable modification in Parliament before it was embodied in an amended medical Act, and it is therefore wholly superfluous to discuss the comparative advantages of rival schemes. It is, however, by no means superfluous to call public attention to the broad outlines of the question. The efficiency of medical education and the nature of the test that are applied to candidates for licences to practise are matters that concern everybody, and when the great bulk of the more active and intelligent members of the profession loudly complain that in these respects there is much of which they disapprove, they are entitled to be heard with attention, and to be assisted in the realisation of any desires that commend themselves to the common sense of intelligent persons. Now, without affirming that the complaints against the present examining bodies are well founded, and without supposing it to be entirely true that the best efforts of medical teachers are seriously hindered by the ease with which idle students may enter the profession through certain very widely-open portals, we still do not hesitate to affirm that the persons chosen as representatives by small committees of elderly men are, on the whole, more likely to be bent upon resisting change that to be energetic in promoting improvement. Without condemning existing examinations, we do not hesitate to affirm that a competition among examining Boards for the fees of students is essentially unsound in principle, and that it need occasion no surprise to hear that such a competition has led to disastrous results in practice. The British Medical Association seems, therefore, to be engaged in a work of public utility when it declares, as it has now declared repeatedly, that the Medical Council ought to be composed of men who distinctly represent the profession independently of vested interests; and that this Council, or some other competent authority, should have power to fix, and from time to time to revise, some standard of medical education and examination that should be regarded as a *minimum* qualification for practice, that should be the only door of entrance to the profession, and to which all other qualifications and degrees should be but appendages, to be sought or to be done without according to the tastes, the line of work, or the honourable ambition of the practitioner. From the adoption of these two essential principles it would follow—first, that the public would be better protected than now against possible ignorance or incompetence; secondly, that the old corporations would enter upon a new race and a different kind of competition, striving to make their respective degrees esteemed by reason of their value; and, thirdly, that the supervising Council would be continually stimulated to efficiency by the pressure of their constituents upon its members. It is probable that the whole question will be made the subject of legislation in an early Session of Parliament, and it is to be hoped when that time comes that it may receive the careful consideration that is due to its great practical bearing upon the health, and even upon the lives, of the community.”

Royal College of Physicians, London.

THIS College has taken the greatest step towards Medical Reform yet accomplished—no other than a step towards the one faculty system. It has shown that it has power to license in surgery, as well as medicine, and the Poor-Law Board henceforth recognizes the licence as a double qualification.

If we are to have general practitioners affiliated to the College of Physicians at all, this is the greatest benefit that could accrue. It will rouse the Conservative College of Surgeons to a sense of the rights of its members—so long ignored.

We only hope the College of Physicians will stand firm by its rights and not be entrapped into a trial of anything but this one faculty system.

The only thing to consider is, what shall become of the *Members* who have not passed that chrysalis state to the full-blown *Fellowship ?*

Really something ought to be done for this hard-wedged middle-class. Are the Fellows so “up in a balloon” as not to see this ?

Decision at the Poor-Law Board.

THE St. Pancras Guardians have at last done something. They have induced the Poor-Law Board virtually to supersede them—an example we hope to see followed on every similar occasion. It will be remembered that on the Board reinstating the Master after a careful inquiry, the Guardians further suspended him, thus setting the decision at nought. The Board at once put in force the 200th section of the Act, by prohibiting the St. Pancras Guardians from suspending any officer whatever until April 17, 1870, the date when the new Guardians to be elected by the ratepayers will take their seat. We congratulate Mr. Goschen on the vigour he has infused into the Poor-Law Board.

The Metropolitan Underground Railway.

THE energetic manager of this line, in connection with the engineers, have been devising from time to time modes for ventilating the tunnels and stations. Still the air is impure. During the next few days another, and apparently a very simple process, for rendering the air sweet and pure, will be tried at one of the worst ventilated stations of the line. The invention is by a member of our profession, Dr. M‘Grigor Croft, of St. John's Wood. The method has met the approval of highly scientific men, apart from and connected with the railway. We look forward to the result, which is stated must be satisfactory, with anxiety, as the importance of fresh air in this railway cannot be too much appreciated. Dr. Croft superintends his own system of ventilation.

The Heat in India.

The *Pioneer* says it is with the greatest difficulty the railway officials can get out-door work done in consequence of the excessive heat. The shunting and making-up of trains, especially in large stations like Allahabad and Cawnpore, is a serious matter at present. The driver of a goods train, which left Allahabad at three o'clock p.m. last Monday (the 21st), died near the Sirsoul station on Tuesday morning of heat apoplexy. The man was in perfect health when he left Allahabad.

Appointments of India Medical Officers on Furlough.

The Governor-General of India, in Council, having considered the views expressed by the several local Governments and administrations, is of opinion "that a medical officer in charge of a civil station should, when proceeding on furlough, retain a lien on some similar appointment, *i.e.*, the charge of a civil station of the same class, or some other civil charge of equal emoluments. He should not, as a general rule, have any claim to reappointment to the same station."

In accordance with an opinion expressed in the Military Department of the Government of India, the Governor-General, in Council, has resolved that in cases in which the furlough allowance of a medical officer in civil employ, calculated according to Rule V. of the Military Leave Rules on the average salary drawn by him for three years prior to his proceeding on furlough, does not equal half of his unemployed pay, the difference shall be added to the furlough allowance.

Native Aspirants to the Medical Service.

The native element (says the *Indian Daily News*) is pushing itself forward into the services, and his battle for place will yet be waged. Baboo Bepun Behary Dutt, who joined the Royal College of Surgeons and Physicians, Edinburgh, in May, 1867, and passed his first professional examination in medicine of double qualification in January, 1868, has this year passed his final examination held on the 7th May last. There were fourteen candidates, and only three passed; he is one of the successful three, and now wishes to become a military surgeon. He intends joining the Army Medical School or Royal Victoria Hospital at Netley, where he will attend a course of practical instruction. The course lasts for four months, and then he hopes to be one of Her Majesty's first Hindoo covenanted military surgeons that is not a convert, like Dr. S. G. Chuckerbutty and others, but a Hindoo.

A Physical Diagnosis.

The *Boston Medical and Surgical Journal* publishes the following very amusing report of an investigation of disease by a quack:—

"'——— ———, Jan. 31d 1869.

"'Miss ————. At the request of Mrs. ———— We have taken your hair to examine, as she could not attend to it by sickness in her family, her Husban and Daughter were both takeen sick, and we were call there to attend them and she gave us the hair, and requested us to examine it, We find on examination of your hair that there is a good deal of humor in the head and round the secretion of the throat, there is humor on the nerve of the ear that conveys the sound from the Drum of the ear to the brain causes those noises, and all other bad feelings in your head, you have catarrhal trouble, but that is not occasion of Phelm in the stomach, there is canker all about the throat Lungs Stomach, the coating on the Liver is very thick, it is very inactive, the Kidneys do not do there office as they ought to, the oil of the blood is watery, the midriff dose not assist the Lunges, the bowels are very inactive state at times, We think the Povity of the blood causes very many pains and aches about you, your blood has commenced to change and you are all riled up, it turnes the Middle of march, We would not advise you to take any more of the snuff at Present, We will Leave the head as it is and doctor the blood whith will be the surest way to assist you. We would rectermend the following things for a syrup,'

"This delicious composition breaks off abruptly here, the patient having torn off the prescription of 'things for a syrup,' at the time she received the letter. Mr. Editor, isn't it almost time to emigrate?

"W. W. M."

The Outbreak of Cholera at Nusseerabad.

We (*Poona Observer*) are exceedingly glad to learn, from telegraphic reports furnished to the Adjutant General, that the cholera at Nusseerabad is disappearing. From the 11th to the 18th inst. no fresh admissions to hospital were recorded. The following table, dating from the 7th of June to the 11th, shows the extent to which the disease raged:—

Date.	Admission.	Deaths.
June 7th.........	4	0
„ 8th.........	5	3
„ 9th.........	5	3
„ 10th.........	0	1
Total	14	7

It will thus be seen that rumour considerably over-estimated the virulence with which the scourge was raging.

Quarterly Return of Births and Deaths in the City of Dublin and Suburbs.

In the Dublin Registration District the number of births *registered* during the thirteen weeks ending Saturday, July 3, 1869, amounted to 2,030, being equal to an annual ratio of 1 in 39, or 26 in every 1,000 of the population. There were *registered* in London during the same period an annual ratio of 1 in 30, in Glasgow 1 in 23, and in Edinburgh 1 in 26. The number of deaths amounted to 1,816, affording an annual ratio of 1 in 43, or 23 in every 1,000 of the population. The number of deaths *registered* in London during the same period was equal to an annual ratio of 1 in 45, in Glasgow the number was equal to 1 in 27, and in Edinburgh an annual ratio of 1 in 30. The disease which proved most fatal during the quarter was bronchitis, which contributed 277 deaths, or 1 in 6·6 of the total deaths. In the corresponding period of the year 1868 the deaths from bronchitis numbered 220. Fifty-seven deaths resulted from pneumonia or inflammation of the lungs. In the corresponding quarter of last year 48 deaths were ascribed to pneumonia. Seventy-five deaths resulted from fever, viz., 19 from typhus, 38 from typhoid or enteric, and 18 from simple continued fever. Scarlet fever caused 99 deaths, showing a decrease of 54 as compared with the preceding quarter. Measles was the cause of 19 deaths. Sixteen deaths were caused by croup. No death from whooping-cough was registered during the quarter. In the corresponding quarter of last year 73 deaths from this disease were registered. Two hundred and sixty-two deaths were referred to phthisis, or pulmonary consumption. Mesenteric disease was the cause of 25 deaths, and hydrocephalus or water on the brain of 41. Eighty-five deaths were ascribed to heart disease, and 8 to aneurism. To liver disease 43 deaths were ascribed. Thirteen deaths were referred to kidney disease unspecified, and 16 to nephria or Bright's disease. Fifty-eight violent deaths were registered, of these 42 were accidental, 5 homicidal, and 9 suicidal, and in two instances the specific violence was not stated.

Health of Dublin.

In the Dublin Registration District the births during the week ending July 24th amounted to 185. The average number in the corresponding week of the years 1864 to '68 inclusive, was 171. The deaths were 99. The average number in the corresponding week of the previous five years was 112. Four deaths were caused by fever, viz., 1 by typhus, 1 by typhoid, and 2 by simple continual fever. Scarlet fever proved fatal in 5 instances, and measles in 3. Five deaths were ascribed to diarrhœa. Five children were carried off by convulsions. Ten deaths resulted from bronchitis, and 5 from pneumonia, or inflammation of the lungs. Two deaths were referred to apoplexy, and 3 to paralysis. A man aged 20 years died in the North Dublin Union Workhouse, assigned cause of death "solis ictus or sun stroke;" duration of illness 4 or 5 days. Three deaths were caused by heart disease, and a like number by liver disease. Phthisis or pulmonary consumption was the cause of 13 deaths, and water on the brain of 4. Two accidental deaths were registered, viz., a boy aged 14 years, "fracture of skull caused by machinery in motion" (inquest); and a man aged 37 years, "fracture of skull, the result of a fall from a window" (inquest).

The Director-General of the Naval Medical Department has completed his inspection of Haslar Hospital.

The Queen has given £100 to University College Hospital. The Marquis of Westminster has presented £200 to the same charity.

The British Association for the Advancement of Science will hold their annual meeting at Exeter on the 18th proximo. Professor Stokes is president elect.

Diarrhœa has begun in London. From 102 deaths in the previous week, the Registrar-General reports a rise to 253 last week.

The *Pioneer* understands, "on good authority," that the Medical Officers of Her Majesty's Indian Army are preparing a memorial for transmission to Government regarding the unsatisfactory state of the Medical Retiring Fund.

A cattle-plague is prevailing in the districts of Balasore and Kanti. The following are the symptoms, as described by a native Bengali paper:—"The body becomes feverish; a substance resembling phlegm exudes from the mouth and nose; the ears become insensible to sound; food is refused, and death supervenes. In some instances the body is covered with ulcerated swellings. The local name of the disease is *go-bushuntu.*"

A new wing to the Hospital for Women was opened last week by the Princess Teck.

Dr. Stephenson, of Mile End, died lately, a victim to devotion to his duties, in which he contracted fever.

We regret to announce the death of Dr. C. D. Mergs, of Jefferson Medical College. He died in Pennsylvania, June 22nd, and in him America loses her first obstetrician.

The Rev. M. J. Berkeley is convinced that the so-called cholera fungi have no existence, and seems likely to put an end to the question. His article in the *Monthly Microscopical* should be read by the credulous.

The Jubbulpore paper has been informed that of thirty-five Europeans employed on No. 17 contract on the G. I. P. line, no less than seventeen have died during the past hot season.

Dr. Thorne Thorne, who was lately appointed to the Fever Hospital, has been given a Demonstratorship of Microscopic Anatomy at St. Bartholomew's Hospital. He has therefore resigned the Royal Hospital for Diseases of the Chest, at which there is consequently a vacancy.

We understand that Dr. Alexander MacAlister of Dublin has resigned his office of Surgeon to the Adelaide Hospital, Dublin, in consequence of his having been elected to the Professorship of Zoology in the University of Dublin. Mr. MacAlister has distinguished a very early scientific career by unremitting zeal and much originality of thought in the investigation of subjects in comparative anatomy and natural history. His selection to the chair which he will in future occupy is a just and popular recognition of his devotion to the sciences which it will be, henceforth, his duty to teach.

THE MEDICAL MEETING AT LEEDS.

The British Medical Association has had its annual meeting, and has been handsomely entertained by the good people of Leeds, the town selected for this year's assembly. The proceedings opened on Tuesday, the 27th ult., when Dr. Acland resigned the presidential chair to Dr. Charles Chadwick, the Senior Physician to the Leeds Infirmary, who has been elected President for the present year.

Dr. Chadwick, who was received with loud applause, then delivered the following Annual Address:—

Gentlemen,—I offer you a cordial welcome to this our annual gathering, and I do this the more readily because I give it in the name of the entire profession of this town. In many instances, being of a partial character, the welcome has lost its heartiness, through the easily recognised absence of some of the notabilities of the place giving a degree of coldness to the otherwise cordial reception. We are fortunately unanimous in our desire to do honour to our brethren, who will be, for a few days, our visitors; and, in honouring them, to recognise the high value and importance of the Association to which we all belong. The exceptions to this singular unanimity are so singularly few, and, where existing, in nearly every instance, on sufficient ground, that I feel it an imperative duty to give the fact an emphatic prominence. There has been no party or individual jealousy; and whether we fail or succeed in the object we have ardently desired, all have frankly co-operated to deserve success. In the name, then, of the unanimous profession of Leeds, I bid you welcome. (Applause.) Among the many objects which these meetings contemplate, none is more important than the estimate and record of our professional advancement; and in no department has a forward movement been, of late years, more distinctly illustrated than in the construction, arrangement, and working of our hospitals. You are all aware of the fact that in this town has recently been completed a new General Hospital, which with some others of recent construction in different parts of the country, constitute an era, a marked and distinct step in advance in this important matter. In the selection, therefore, of the subject for my presidential address, I seem to have no choice; and I propose to offer you a simple narrative of what we have accomplished in connection with our hospital arrangements. Contrary to a somewhat prevalent (fashionable I had almost said) opinion, we have erected our hospital within the precincts of the town. In regard to the site itself, as a suburban one, it could not, under the circumstances, have been more favourable. It has a gentle southerly declension, the exact nature of which will be particularised when I speak of the building itself. It is situated to the windward of the town, at the gorge of a valley running directly east and west, and in its elevation is exposed to a free current of air blowing directly from the neighbouring moorlands, continuous with the hills whereon we find the most salubrious atmosphere of our district. At times its force may be somewhat energetic, but there is thus secured a purity few town atmospheres can boast. I do not venture to dispute that, other things being equal, so far as purity is concerned, a country site would have advantages over this. But this is really the only valid argument in favour of a country over a town location, except perhaps the cheapness of land, whilst the preference we have given to the latter is supported by a multitude of advantages which far outweigh the admitted potency of the other. In arriving at this conclusion we were mainly influenced by the central position of the site in the district whence the patients are derived, and its immediate proximity to a railway station affording facile communication with every part of those large hives of industry which principally supply the Infirmary with patients. The convenience of the honorary medical officers, and the opportunities here afforded for professional instruction, were not forgotten. In reference to the first-named advantage, I think you will unanimously discard the insinuations to be found in writings deservedly exercising a great influence on the public mind, that the degree of talent brought to bear on hospital treatment is of little moment compared with other requisites, such as country site, perfect ventilation, and efficient nursing. To each of these I would give their due importance, but never at the expense of underrating our constant, self-denying, and invaluable services. Fortunately, so long as these services are rendered gratuitously, the staff of any given hospital will continue to embrace a large proportion of the medical and surgical talent of the town or district in which it is placed. Remove the hospitals to the country, and the whole plan of management must be changed; honorary hospital attendance must cease; the fully occupied, and therefore it is fair to presume most able officers, will no longer attend. Adopt the alternative which has been proposed, and pay them for their services and the remuneration necessarily inadequate, the same result will follow. A lower grade of professional talent will supply the place, to the detriment alike of the public and the profession; strongly I deprecate this possibility. Much of the honour and influence we have is due to the long-continued services we have rendered in these institutions, and therefore I dwell upon it with confidence, in combating a general resort to country sites. I would adopt, as will afterwards be seen, all the appliances which modern philanthropy has devised and a wise liberality has given, whereby the difficulties of town hospitals may be lessened. But we have now a very momentous question to encounter—a question which, unless answered satisfactorily in the negative, involves a serious dilemma—Are these palatial hospitals, as they have somewhat derisively been designated, a mistake? Are they as detrimental to successful practice as, relying upon authoritative statement, would at first sight appear? The objection to them is not new. Brocklesby, the friend of Johnson and Boswell, the successor of Sir John Pringle, clearly entertained the notion that, at least for military purposes, in tents or hastily-constructed huts, more satisfactory results could be effected for the sick and wounded, than by the same practice carried on in regular or temporary hospitals. The idea has long been entertained in respect to civil hospitals, and has again been recently revived by a distinguished fellow-associate. His name alone gives an importance and authority to any opinions he may adopt—opinions it would be rash enough for us to disregard, except after the most satisfactory investigation. I do not mean to assert that we are prepared to negative his conclusions, but I do believe there is sufficient to warrant a suspension of our judgment, and to prevent the public adopting any extreme idea until it is proved to rest upon incontrovertible data. Sir Jas. Simpson has arrived at the utter condemnation of large hospitals, relying upon the military experience already referred to, and upon the recent results of hospital treatment during the Crimean war. He also attaches great importance to the difference between the mortality in civil hospitals, particularly as regards amputations, and the same operations when performed in the homes of patients, however humble or circumscribed they may be; or in those village hospitals which are springing up so abundantly throughout the land. After giving a quotation from Sir James Simpson's letter on the subject, which appeared in the *Scotsman* on the 12th January last, the President proceeded:—This is a question which demands from our Association a very careful and candid investigation, and we must remember that the country looks to us for an impartial verdict, be the consequences of that verdict what they may. We will adopt Sir James's statement as to the diminished mortality in cottages and cottage hospitals. We will not just now insinuate that there may exist some serious fallacy in the way these statistics have been taken, nor will we at present quote some singular exceptions to these statements we have met with in our inquiries. We know that the mortality has been very large; we will admit that there seems to be made out a very strong case in this amputation test, and that the attempted explanation through a more careful analysis of these cases, as to their primary and secondary character, has failed. We do not believe, however, that the question can be decided in this manner, and we must first inquire whether the improved principles upon which hospitals are now constructed may not be the turning point of the whole question. We use, therefore, as an important argument, the admitted superiority of hospital results during the earlier years of their history, as established by Sir James Simpson. We accept the statement of the late Mr. Liston without question, believing it to be true, and we regard as historical Monroe's record of the first hundred amputations performed in the Edinburgh Hospital, with the mortality of one in twelve; and we ask, with considerable confidence, if these results, and better than these, may not be anticipated with the larger cubic space in which the hospital patient now breathes, and the wider superficial area upon which he lies? Will not, likewise, the more perfect ventilation, the non-impregnated—often less absorbent—materials employed in the construction of ward walls and floors, contribute to the same results? And upon this we will venture to assert that this large mortality, as it does not occur in the earlier years of the hospital, cannot be an inherent element of hospital practice, and that the happier results, as exhibited in the experience of Mr. Liston and in the statements of Monroe, will no longer be confined to the first few years of the hospital's history, but become a continuous and characteristic result of their statistics. To maintain the uncontaminated condition of the new hospital in perpetuity seems to be the great desideratum; and may we not look to the great improvements in surgical science—for I still concern myself with the amputation test—to contribute to this end, as well as those other improvements in constitution and management to which I have already referred? And then will be brought about a gradual assimilation of hospital results with those obtained in private practice, in whatever grade in life. I have referred to the improvements in surgical science, and amongst many others to which I might refer, the antiseptic treatment of Mr. Lister, of Glasgow, occurs to me as the most apposite. I would have it remembered that the large proportion of open suppurating wounds in a surgical ward may be a powerful aid to the contamination of its atmosphere, and this necessarily the more potent the older and more deteriorated the ward itself has become. Now, the treatment of Mr. Lister, as I understand it, entirely does away with this fertile source of mischief, and he assures me "that some of the most unhealthy wards in the kingdom have become, through its adoption, all that could be desired, being quite free from pyæmia, erysipelas, and hospital gangrene." The system of using wards in rotation will, if strictly carried out, prove a means powerfully preventative of contamination; by this I mean the plan of having at least one ward always vacant, and, not only the ward itself, but its furniture likewise. I have preferred in the above remarks confining myself to the surgical illustration, simply because it has been so strongly relied upon; but I might have found in reference to other cases a stronger support of our present form of hospital. I might have referred to the smaller mortality—the safer and more convenient management of many medical cases than can be effected in their own homes. Let us simply refer to scarlatina, typhus and typhoid fevers, rheumatism, &c. These do not suffer, but the contrary, from hospital treatment. But time will not allow me further to prosecute the illustration; and if I have thus made out a case for the suspension of our condemnation of the present form of hospital, then, indeed, my arguments will have additional force from their greater convenience and their less costly management. In the cottage hospitals, spread over a larger extent of surface, which could only be effected at a distance from a town, every species of attendance must be more difficult and expensive, supervision would be impossible, the labours of the resident and honorary staff largely augmented, and hospital instruction almost impracticable. It is, I think, beyond dispute that as hospitals have hitherto been constructed and managed, they do in process of time undergo contamination. This arises mainly from continuous imperfect ventilation—the concentration of morbific elements, gaseous and solid, the latter contained in the vapoury exhalations from the lungs and cutaneous surface of diseased subjects. These have over and over again been demonstrated, the solid animal matter being separated from its solvent, the watery vapour, when condensed, upon the windows and walls of the ill-ventilated wards. Little attention having been paid to the selection of non-absorbent materials for construction, the results cannot be wondered at. Another fertile source of contamination is the imperfectly-constructed floors and the improper methods employed in cleaning them. The Leeds New Infirmary and the Herbert Hospital at Woolwich are the first complete hospitals built in England on the pavilion principle. I do not put it forward as an exact and perfect adoption of the pavilion plan, but it so very nearly approaches to it that, for all essential purposes, it may fairly be so denominated. To have made it perfect, however, would have involved us in many difficulties—the increase of our already expensive site, and the sacrifice of much facility of working. The Bordeaux Hospital, besides being the first, is also the most exact specimen of the kind with which I am acquainted; but one of its defects is the small space between its pavilions, though I have not been able to find an exact measurement. Another defect is the extreme height of the wards—namely, thirty feet. The Leeds Hospital is arranged on the normal plan of a cloistered quadrangle in the centre, from which the pavilions branch out north and south. The width of the ground only permits three pavilions on either side of the central court, and administrative requirements other than the special objects of the Infirmary necessitated the use of one of the southern spaces—so that the hospital really consists of five pavilions. The site slopes some twenty-five or thirty feet from north to south in the direction of the length of the pavilions. This introduces a peculiar and unusual feature—that the most convenient point of entrance is not at the end of the central court, but at the lowest end of the ground where the central southern pavilion would have been erected but for the valid reasons already furnished. Hence the public entrance is placed in what would in the usual arrangement be the flank of the building, and on a level one storey lower than that of the ground floor of the pavilions—so that whilst that floor at the northern end of the site is on the natural ground level it runs out at the opposite end to a height some twenty or more feet above the level of the grand entrance. There is, as usual, a gateway leading into the central court, but this becomes a secondary entrance—all comers to the hospital using that in the centre of the flank just referred to, and proceeding thence by a bold corridor to the great staircase, which rises to the flank of the central court, and thence by the upper cloister conducts to the pavilion floor. It will be seen that this arrangement gives to one half of the building an extra ground storey of full height. This is appropriated mainly to the several purposes of administration. It may be named in passing that the Board rooms and other offices for the use of the governing body are placed near and over the main entrance. Remembering the situation of the out-patient department, the kitchens, &c., it becomes at once apparent that those only who are concerned in the treatment of the sick need go up to the hospital floor, whilst those who have to do with the administration proper need only visit those parts which are completely severed from the Infirmary. The result of this is that on reaching the hospital level the entire space is devoted to the actual uses of the patients, and no culinary or other administrative work is transacted on this floor. The centre space occupied by the cloistered quadrangle has been covered over by a light and elegant glass and iron roof, which may form a winter garden. This covered area presents a striking feature of the institution, and may efficiently subserve its important purposes. The strictest care has been taken to secure its proper ventilation, so that it cannot form a machine for the transmission of contaminated hospital atmosphere from one pavilion to another. This winter garden, though not an original portion of the design, now forms one of its most attractive characteristics, promising, besides its intrinsic beauty, to become, if successfully managed, an important adjunct in the treatment of the sick. Some have feared that the lofty glass roof would seriously interfere with that due circulation of air around the exterior of the pavilion which forms a distinctive element of the system. Any one who will enquire into this objection on visiting the upper parts of the Infirmary will find that no extra corners or angles have been erected, and bearing in mind the normal currents of air in this elevated position, will be satisfied that no detriment of this kind need be apprehended. My own conviction is, that if any effect is produced by it, the influence is beneficial rather than otherwise for the objects supposed to be interfered with. At one end of this is an entrance gateway, before referred to, and on either sides are the dwellings of the superintendent and nurses of her staff. This presents another important feature of the hospital deserving comment, in which our architect has successfully complied with his instructions, and again illustrates the excellence of the design in the complete isolation of its different departments. I now refer to the very desirable separation, in all similar institutions, of the nurses from the other domestics of the administrative department. This arrangement, I believe, will materially facilitate the satisfactory working of the institution. Our nursing staff at present consists of one lady superintendent, sixteen head nurses, ten probationers, four scrubbers—one occasional. Six wards only are as yet opened, containing beds for 180 patients, of which sixty are medical cases and 120 surgical. At the end of the winter garden and opposite to the nurses' house, is a very handsome chapel, in perfect keeping with the general architectural features of the hospital, and liberally furnished and decorated by several generous benefactors of the institution. From the northern flank of this central quadrangle branch out three pavilions, and from the southern flank two, the central space in the last-named side being occupied by the grand staircase and central corridor leading from the south entrance. Behind the top of this staircase and over a portion of the central corridor is the operating theatre, upon which both as to its lighting and general arrangement our surgeons have expended much careful consideration. The pavilions are of two storeys, and one ward only occupies the entire length of the pavilion. We have placed one ward over another, though quite prepared to admit that hospitals of one storey possess many advantages. The non-transmission of hospital atmosphere from one storey to another is the main advantage derived from these erections. With the perfect ventilation we have secured, the objection is reduced to its minimum of force, and various reasons, economical and otherwise, might be added in justification of this selection. In fever hospitals particularly, single storeys have still stronger claims for adoption, and I don't hesitate to affirm that in the neighbouring town of Bradford there is now in course of erection the most perfectly designed hospital of this class in the country. The exact measurement of our wards is as follows:—

	Beds.	High. feet.	Long. feet.	Wide. feet.	Space.	Area.
Upper North……	32	19	122	27-6	1,992	104
Lower North……	32	16-6	122	27-6	1,875	104
Upper South……	28	19	112	27-6	2,055	108
Lower South……	28	16-6	112	27-6	1,782	108

In our ward construction another prominent feature of our plan is manifest—large wards are preferred to numerous small ones, mainly on the following grounds:—1st. They are more easily ventilated. 2nd. They are more effectually and more economically administered. In these, when windows are opposite, not too widely separated, and capable of being sufficiently opened, the most perfect ventilation may be kept up without any undue disturbance of the atmosphere of the ward by currents or draughts. I should not recommend a wider space between the windows than thirty feet, and even a somewhat smaller measurement may be allowed, as in our own hospital, with advantage, if, as it is desirable, the head of the bed stands a short distance from the wall, and with the ordinary length of bed ample breadth of central passage is secured to permit other requisite ward furniture to be arranged conveniently. The height of the ward is a more important element than at first sight appears. From sixteen to twenty feet may be mentioned as appropriate to wards of 120 to 130 feet in length, and a breadth of about twenty feet. This affords an ample floor area for each bed. In the second place, large wards are more efficiently and economically administered. The question is altogether distinct from the force required to nurse a ward, large or small. It will not be disputed that whoever is responsible for the management of a given number of patients, must have constantly under her eye the entire area of her work. This cannot be the case if 28, 32, or 40 patients are distributed in four or six wards; and allowing for waste of force in simply passing from one room to another, more subordinates will be needed when the patients are thus placed in several wards. It is pretty well understood that one head nurse may properly carry out the care and oversight of from thirty to forty patients, and wards of this size, and on this account amongst others, should be generally preferred. And though I would not assert that small wards can altogether be dispensed with, their use should, for efficient management, be reduced to a minimum. A light screen placed around the bed will in many instances secure all the needful quiet and privacy required, and thus answers most of the intentions of the small ward. If these arguments are admitted to have the force which much thought and arguing have given them in my mind, I need not refer to the difficulties which will embarrass profession treating in small wards, and other minor objections which might be raised against their general adoption. I am aware, however, that some few cases, such as *delirium tremens*, and certain cases of disease of the eye, imperatively demand separation, and no well-arranged hospital should be entirely without smaller wards. The large amount of window space in this and in all modern structures for the same purpose affords a striking and advantageous contrast with those of earlier construction. There are eight windows on each side of the southern, and seven upon each side of the northern wards, and one large window at the end of each. These are all divided by mullions, and so contrived as to admit of opening and shutting, as the need for ventilation demands. The side ones reach from about three feet above the floor, to within one or less than one foot from the ceiling. In addition to these freely-opening windows there are ventilators in the ceiling communicating by transverse with the open air, on either side of the pavilion, and likewise grates, capable of being closed at will, upon the floors, under the beds, for the admission of air to this frequently unventilated region. It will be seen, therefore, that we rely upon the open windows, and these other means, for ventilation. So far as our experience has warranted a conclusion, the most perfect condition of ward atmosphere may be maintained with the means already adopted; and others for extraction, as by suction or by other processes, extra admission by various forms of ventilators, or moderation of force, as by perforated zinc plates, may easily be resorted to when a conviction of their necessity arises. Standing in the central line of the wards are two detached and open stoves, by which alone the warming of the wards is effected. They have descending flues which pass into chimney shafts within the walls. They have been carefully constructed in every particular, and, having a large radiating surface, are well calculated to effect their purpose. The water-closets, sinks, lavatories, and baths, are situated at the terminal extremities of the wards, and differ considerably from any others that I have known. The pavilions are approached from the central court by means of lofty, well-proportioned halls, having the staircase on one side, the ward nurses' room, and scullery on the other. These halls, as I before explained, should not exist in an exact specimen of pavilion hospital. The pavilion should terminate or commence at the door of the ward, approached by an arcade or staircase. Constructed as these halls are, however, there is little chance of hospital atmosphere, generated in the lower wards, contaminating that of the others. The floors are made of well-jointed oak, which, being waxed and dry-rubbed, will yield a striking advantage over the deal, washed floors of the hospital. Thus we shall, I trust, escape one of the most fertile sources of hospital contamination. The walls are faced with parian or Keen's so-called non-absorbent cement. Almost universal consent gives preference to this kind of covering, and warrants the superiority claimed for it on the ground of its slight absorption of malarious matter, and its capabilities for being readily cleaned. My own preference would be for polished tiles, but they cannot be efficiently jointed. The spaces between the pavilions are about 73 feet wide, and looking into these are day room, and small wards, and more of these latter are found on an upper storey adjoining the pavilion staircases. Altogether the small wards are ten in number. The drainage has been carefully designed, running entirely outside the building, and no important outlet, from the wards or other parts of the hospital proper crossing under the building itself. The external features of the hospital, which may safely be pronounced of an elegant and striking character, are furnished by a free adaptation of mediæval architecture, and amongst the architect's many and important works will not least serve to substantiate his claim to the very highest rank in his profession. To say that he has handled his subject with consummate skill is doing little to explain the difficulties with which he had to contend. The site, previously pronounced by competent authority to be thoroughly unmanageable, he has bent to a very useful and efficient purpose, furnishing a very characteristic feature of the whole. The form or plan of building, whose peculiar excellence consists in the separateness of its various parts, he has, with consummate skill in the arrangement and concentration of the particular departments, secured efficient practical contiguity, so that in the widely separated pavilions he maintains the needful purity of atmosphere, yet keeps in view, as far as possible, and by the means I have already indicated, a large amount of administrative convenience. I direct your attention to the out-patient department with considerable satisfaction. I cannot but regard this as a very important element in the operations of a charitable institution like our own, and your inspection will, I anticipate, result in a verdict running up very closely to perfection. Irrespective of the palpable fitness of its different parts to their special uses, I find in its isolation from the rest of the hospital a very striking feature. There can be no contamination of the hospital atmosphere by the large numbers periodically congregated here; nor can the patients be in any sense disturbed by the noise and bustle necessarily occurring. Irrespective of the absolute benefit to the community by outpatient work, and the field it affords for the selection of proper cases for clinical treatment and instruction, I attach a higher value in a scientific point of view to this part of our labours than is ordinarily given. I know it is the fashion to deny its usefulness and to doubt the reality of the results. Notwithstanding the short time that is or can be given for the investigation of the cases treated, a very large measure of success is obtained. I further assert that a large proportion of these cases recover, allowing largely for phthisical and other instances of organic diseases having a necessarily fatal tendency. Of the curable cases a very large proportion do well, and this is abundantly proved by the ability with which our large population seek dispensary assistance. And these results are attained under confessedly most disadvantageous circumstances—the patient still dwelling in the same unhealthy locality, still breathing the same contaminated atmosphere, still subsisting on the same innutritious or ill-cooked food, and still pursuing the same wearying and exhaustive occupations, the only difference being, so far as I can ascertain, the administration of the prescribed medicine. Now, with the school of practitioners, who, as I believe unfairly, decry drugs, it is the fashion to attribute much, if not all, the patients' recovery to the rest and other attendant circumstances of improved hygiene, and still not hesitating to call to their aid the somewhat antiquated *vis medicatrix*, or restorative tendencies of the system. But in the instances with which I am at present dealing it is impossible to assert the operation of these agencies in the production of the result—the sole causes capable of influencing the morbid condition of the sufferer are the drugs which are introduced into his system. A careful, and I believe an important estimate of the results of out-patient work which has fallen to my lot has impressed me with a firm belief in the importance of its results, and I rejoice to find that this field of inquiry not merely for therapeutic investigation, but for the more general cultivation of scientific medicine, is attracting serious attention. One of our most distinguished associates has recently published a most valuable work [by Dr. E. W. Greenhow], derived, I feel I am warranted in saying, mainly from this neglected field of inquiry. I am satisfied that those who can devote the time to its cultivation, and the remark applies mainly to the juniors of our hospital staff, will reap an abundant harvest. It is really a question of time, which being granted equal minuteness may be attained as in any other branch of investigation, and though the circumstances in which the out-patients are placed interfere much with the therapeutic result, it must be admitted that when success is attained the argument is greatly strengthened. Fortunately the current so long stagnant, or setting in a backward direction, has resumed its normal flow, and it should be one of the duties, indeed the privilege of this great association to guide and moderate the stream in a legitimate course. No town hospital will hereafter be completely fitted for the discharge of its beneficent functions unless there be associated with it a convalescent establishment at some distance in a country situation. Thither the recovering patient may be regularly transferred at once, to make way for other admissions, and more rapidly to accomplish their own restoration. Convalescent hospitals may be of two kinds, those which are purely and properly so, depending solely for their results on the renovating influences of purer air. The protracted rest the patient recently treated in the town hospital in whom the turn to convalescence has been thoroughly established, but who is not yet qualified to face the duties of his every day life, constitutes another of the advantages afforded by those establishments. The second class is made up of those institutions where it is proposed to supplement the efforts of the hospital practitioner by the use of mineral or other baths, or by the internal exhibition of various medical waters. We are fortunately so circumstanced, that within comparatively easy distance we have the justly celebrated springs of Harrogate and Buxton, both highly curative of many internal and external maladies. At Ilkley, in its pure water and exquisite mountain air, we possess a second Malvern, in no way inferior to its type in the renovating results produced upon various forms of ailment. At each of these three are hospitals for the reception of the poor, and at Scarborough and Coatham we have marine infirmaries, perfectly available for our many purposes. These latter institutions it has been said might have rendered unnecessary the establishment of special convalescent hospitals; but the function of the one class will not be interfered with by the existence of the other. Abundant claimants will ever appear for all the accommodation these in their separate departments can afford. Of the former class we have for some time had a temporary hospital open, which will now be tranferred to a larger and more extensive establishment recently completed. This has been erected within a short distance of the town, and in a very healthy locality, at the sole expense of one of our distinguished fellow-townsmen, and by him dedicated to public use. It is constructed to accommodate one hundred convalescents, and is supplied, so far as I can understand, with every needed appliance. The honest hospital patient desires as speedy a return as possible to his remunerative toil, and many, no doubt, are tempted, under the pressure of family necessities, too soon to make the effort. Before the *sequelæ* of disease are thoroughly eradicated, or the consequent debility entirely recovered from, over-exertion favours relapse, or prevents the complete restoration of physical power. It may be that the premature return to the badly-ventilated workshop, where the artizan patiently endeavours to provide for the wants of those depending upon him for daily sustenance, or to the deteriorated atmosphere of his confined dwelling, in which he vainly seeks the renovation of his exhausted powers, tend to rekindle the scarcely extinguished embers of disease. To all these evils the convalescent hospital or the watering-place infirmary affords an efficient and ready remedy, and when honestly adopted yields to the community, whether giver or receiver, an unmixed good. But we must not shut our eyes to the fact that we have another and very different class of our hospital population to deal with. All charitable institutions are liable to abuse, and none of these so much, in my opinion, nor so detrimentally, as the convalescent hospital proper. Care, then, must be taken that the impostor does not establish his residence, and with equal vigilance the incurable must be excluded. If allowed facile admission they will completely destroy the usefulness which these very valuable institutions are capable of exercising, and convert into a crying abuse the otherwise beneficial agency of these asylums. Wherever convalescent establishments are erected for their special purpose they should be constructed on a plan as little resembling the regular hospital as possible. The reasons warranting this are obvious. I cannot, however, endorse the directions of Miss Nightingale, that in aiming at the above, the requisite for ventilation, and, to a very large extent, the abundant space established as necessary in regular hospital construction should be rejected here. I do not assert that the same cubic space or superficial area are equally needful for the convalescent as for the invalid, but a large difference cannot, in my opinion, be safely made. If small wards in hospitals are objectionable on the ground of difficulty of ventilation, and if curtains are likewise undesirable, and, for the same reasons, I see no excuse for their adoption in convalescent hospitals; and I am glad to find that in the new institution to which I have referred these mistaken views have been discarded. Houses of this description may be erected which will suggest very little association to the mind of the convalescent with the painful memories of the hospital he has recently quitted; but in attaining this most salutary result, we need not thoroughly abandon those principles we have contended for as essential in the construction of the regular hospital, and which I believe cannot be safely disregarded in designing these kindred establishments.

Dr. Chadwick's address was listened to with the utmost attention, and the sympathy of the profession will be with him in the sudden affliction he has met with. After his address he was hastily summoned from Leeds to the sick bed of a married daughter, and, as it afterwards proved, to her death-bed. The circumstance naturally made a very deep impression on the large gathering of medical men.

SECOND DAY.

On Wednesday, Dr. Sibson resigned the Chair of the Council to Mr. Husband, of York. On him then devolved the duty of presiding in the unhappy absence of Dr. Chadwick.

It was then decided that the next year's meeting should be held at Newcastle-on-Tyne, and that Dr. Charlton should be the President.

The hospitality of the Mayor of Leeds was acknowledged by electing him honorary member.

Sir William Jenner, M.D., F.R.S., delivered the Address in Medicine—an able and eloquent statement of our progress in the art of medicine.

In the evening the *soirée* took place at Victoria Hall, when a large number of members and visitors were present.

Trip to West Riding Asylum.—Nearly 100 gentlemen accepted the invitation of Dr. Crichton Browne to visit the asylum, of which he is the able Medical Director. After luncheon the party went over the grounds, and were met on the lawn by some 700 of the patients and a number of visitors. The choral choir of the asylum gave a promenade concert on the occasion.

THIRD DAY.

On the third day (Thursday), about 150 members attended a breakfast on the invitation of Mr. Baines, M.P., a Vice-President of the National Temperance League; at ten o'clock the third general meeting of members took place, and lasted until one; at two, Dr. Beatty's Address in Midwifery was delivered; and at three the Sections met. It was half-past five before many of the Sections adjourned, and by six o'clock the members were assembled in the Victoria Hall at the annual dinner, when Dr. Heaton presided in place of Dr. Chadwick.

Dr. **WATERS** (Chester) read the Report of the Representation Committee. Before doing so, however, he stated what the action on the question had been during the last two years. In 1867, Mr. Husband, the present President of the Council, suggested that a sub-committee should be formed with the view of ascertaining how far it was desirable that the profession generally should be directly represented on the General Medical Council. Dr. Waters proposed that the Report be adopted by the meeting.

Dr. **BATEMAN** (Norwich) having seconded the resolution, it was supported by Prof. **HAUGHTON** (Dublin), who expressed his entire concurrence with the Report, but in a friendly spirit suggested that a slight addition to it should be made. He thought that by agreeing to the following amendment the profession would be more certain to secure a large working majority on the future Council:—"That the Report of the Representation Committee be adopted, with the addition of the following resolution:—'That the members of the British Medical Association are of opinion that graduates and licentiates of the Universities and Medical Corporations should have the power of electing their own representatives on the Medical Council.'"

This amendment was seconded by Dr. **Martin** (Warrington).

After which Dr. **Sibson** stated that he had frequently heard the opinion expressed that the speaking power of the Medical Council was a great deal ahead of the working power. With regard to the objection to the views of the Committee being carried out on the ground that the talking power would be increased and not the working power, he remarked that he was intimately acquainted with the members of the Council of that Association, and declared that he knew of no more practical body of workers. As a body he was quite certain that the members of the profession, in their election to the Medical Council, would choose not talkers, but workers.

After a brief discussion, it was agreed that the Report should be adopted, and the amendment be submitted as a resolution.

Mr. **Heckstall Smith** was of opinion that it would be unadvisable to adopt the motion without very much more consideration than they had. He feared that Dr. Waters was too sanguine in his belief that the Government would so readily carry out the views of the Association. In his opinion Prof. Haughton's resolution would lead to what would, in fact, be a double representation of the profession on the Medical Council, and he was sure that it would result in the postponement of the success of their great object, which were now such a promising aspect.

The discussion was continued by Dr. **Sibson**, Dr. **Heslop** (Birmingham), and Dr. **Lees** (Ashton-under-Lyne), the last-named gentleman remarking that it was no use going into a measure which could not be attained.

Professor **Haughton** having replied, the resolution was submitted to the vote and adopted.

Last Day.

On Friday (the fourth day) the proceedings were brought to a close. Mr. Nunneley delivered the address in Surgery at 10 a.m. The Sections continued their work at 11, At the concluding general meeting, at 3.30 p.m., various formal business was got through, and it was proposed that the vote of the day before, on representation in the Council, should not be binding in communications with Government. A resolution of condolence with Dr. Chadwick in his heavy affliction, and regret that so sad an event should have deprived the Association of his presence in the chair, was unanimously adopted, and ordered to be forwarded by the Secretary to the esteemed President.

In the evening Dr. Heaton, president of the Leeds Philosophical Society, entertained the members and a large circle of visitors at a *conversazione* in the hall of the Society.

Trip to Harrogate.—About one hundred members were magnificently entertained by the medical gentlemen of Harrogate at the Queen Hotel. They had a special train, and found on arrival carriages at their disposal. They were received at the hotel by Drs. Myrtle, Bennett, Deville, &c., and expressed great delight at the hospitality they received.

We add an abstract of the address of Mr. Nunneley, of Leeds, the event of the day.

Mr. **Nunneley** said that as last year physiology was the theme, he had this year assigned to him, what was to them of as much immediate importance, the duty of addressing them on Practical Surgery, and of pointing out, as far as might be in the limits of an address, the improvements and alterations which in recent times have taken place in it, both as a science and as an art. He recollected the time when the stethoscope was an almost unknown instrument, and well remembered the hesitation there was in arriving at an opinion as to its value as a means of diagnosis; yet it had done more for mankind than many a battle fought and won, which had ennobled and made famous its general throughout the length and breadth of the land. Forty years ago the microscope was little more than a toy. Now it had become almost perfect, and its most skilful and ardent manipulators were those of the medical profession. The ophthalmoscope was of so recent introduction that it might safely be said that the majority of medical men had not mastered the difficulties of its application, yet it had already revolutionised the diagnosis and treatment of several of the most serious affections of the eye. The laryngoscope had enabled them to illuminate the larynx and trachea, which until then were closed, dark, and unapproachable to any of our senses. Though the endoscope had, as yet, not accomplished all that its votaries had said in its favour, and, in the hands of the practical surgeon had, he believed, so far failed to be of very much use in illuminating the deeper cavities of the body, it was doubtless the forerunner of improved instruments which would enable them to light up more than one of the hollow organs, and see what was there going on. Then, again, the spygmograph, as a help to precision in estimating the true value of the variations in the pulse and the measure of the heart's action in a more exact manner than digital touch alone could accomplish, was an application of physiological and mechanical skill which was worthy of great praise. Nor must the employment of delicate thermometers for ascertaining calorific variations under different abnormal conditions be passed over without mention, as in many cases tending to help diagnosis and prognosis. After speaking of thrombosis and embolism, and pyœmia, he touched upon the efficacy of ovariotomy in the cure of dropsy and of stricture of the urethra, which now—thanks to the simple, innocuous, and, comparatively speaking, painless operation, and the ingenious instruments devised by Mr. Holt—in the great majority of cases, even those of the worst description, a speedy and permanent cure might be obtained. It is impossible to enumerate all the subjects on which Mr. Nunneley touched in his able and comprehensive paper. In reference to the modern surgical operation of removal of the entire tongue, he said that up to the present time he had removed the entire tongue nineteen times without any untoward symptom following in a single instance. In most cases the patient had not required any after treatment, being able to sit up on the following day, and in ten days to be considered well. In the majority of operations not a drachm of blood had been lost. After speaking of by what slow steps our forefathers progressed in attaining the knowledge and practice by which bleeding from a wounded artery was now, in ordinary circumstances, so easily stopped, Mr. Nunneley said that the ligature, as employed for many years past, was so simple, so easy of application, and, in the majority of cases, so satisfactory, that many surgeons were still quite contented with it; yet that it had grave defects was undeniable. A means for obtaining a certain and secure closure of a bleeding artery, in which no foreign substance shall remain, or, if remaining, shall be innocuous, had been a grand desideratum with all practical surgeons. Cold, exposure to the air, styptics of various kinds, and cauteries, actual and potential, were all useful when the bleeding vessel was of small size; but, as every surgeon knew, were not to be depended upon when the vessels were of more than a moderate calibre. To their learned associate, Sir James Simpson—(loud applause)—to whom the world was so much indebted, that had he been half as successful in destroying and making miserable human life in warfare, as he had been in saving suffering and conferring blessings upon distressed humanity, he would have been amongst those whom the State delights to enrich and ennoble—the profession owed a most ingenious method of arresting bleeding from divided blood vessels without the use of ligatures. He suggested the plan of closing the open vessel by pressing it against bone by a long steel pin carried through the soft tissues on each side of it, or by carrying the pin under the vessel, and twisting a loop of wire over its two ends in such a way as to allow of its being easily removed, when desired, without disturbing the parts. As to acupressure, for himself he must candidly confess that he had never felt sanguine that it possessed all the advantages its advocates claimed for it. For upwards of eighteen months he believed acupressure had not been used in the Leeds Infirmary. How far the method of soaking a fibrous material in carbolic acid, as suggested by Professor Lister, and the still more recent one of employing catgut so treated will accomplish all he anticipates, time alone would show. There remained but one other subject to which he proposed to allude. It was, however, an important one. He owned to approaching it with some hesitation and reluctance. He referred to the recent—should he venture to say fashionable—method of treating wounds by what had been called the "antiseptic treatment," by which it was to be feared the sound physiological and pathological doctrines and practice of the last generation of British surgeons were unheeded, and in danger of being temporarily forgotten by what seemed to him unsupported fancies, which had little other existence than what was found in the imagination of those who believed in them. That carbolic acid was a specific against purulent infection, or that it acted by destroying septic germs, he believed to be a fallacy, an *idola theatri*; but that it was a useful agent, among many others, which had a like effect with it, in coagulating animal matters, in accordance with its strength, stimulating the parts and contracting the smaller vessels, so as to arrest the oozing of blood and serum, he readily admitted, and if the claims for it were limited to this action, he believed that no one would be inclined to doubt its value. During the last three years since the "antiseptic treatment" had been in vogue, he had not allowed one of his patients to be treated with carbolic acid, while his colleagues had very extensively employed it, and he might say, at least at one time, possessing the full amount of faith necessary for securing success, fairly tried it. The result was, that his cases without it were as good as theirs with it. Had he during that time found their success with the antiseptic treatment was greater than his without it, he gladly should have availed himself of it; but he did not. On the other hand, as an additional proof that it had not been so, it might be mentioned that lately the omission of it, even in large operations, had been more and more frequent, until now its employment had become the exception instead of the rule.

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your number for June 16th, 1869, appeared a communication from the present writer suggesting the employment of spectrum analysis in various branches of medical investigation. When penning that letter I was under the impression that the spectroscope had not been previously employed by medical observers.

The issue by the New Sydenham Society of their "Biennial Retrospect," which has just taken place, has been the means of enlightening me considerably on this point. From the examination of that publication it appears that the spectroscope had been resorted to on the Continent by Sonnenschein and others in the medico-legal examination of blood stains. Max Jaffé, and, in our own country, Dr. Thudichum, have also availed themselves of this method of analysis for the promotion of physiological and pathological science; but the results attained by those investigators having been published in journals and periodicals not generally accessible, I was not kept quite *au courant* with the march of medical research in this particular direction.

I offer the above remarks lest I should be accused of attempting to circulate ideas at second-hand.

Very truly yours,
J. R. M'Mahon Murphy, A.B., M.B.,
Moderator in Natural and Experimental Science, T.C.D.

Thurles, July 24.

Medico-Parliamentary Intelligence.

HOUSE OF COMMONS.

THE DUBLIN MILITARY PRISON.

Mr. Kirk asked the right hon. gentleman, the Secretary of State for War why no allowance appeared for the medical officer of the military prison of Dublin, the duties appearing to be performed by any officer of the medical staff; whether Surgeon-Major Tufnell, the medical officer performing those duties, has not completed nearly twenty-seven years medical service, nearly all in Dublin, on the full pay of his rank; was he not the only medical officer on full pay in charge of a military prison; did he not hold civil appointments in Dublin, and was he not also extensively engaged in private practice in that city; was there any reason affecting the interests of the service rendering it desirable that he should continue to enjoy such exceptional privileges; and did his retention on full pay in charge of a military prison stop promotion among other medical men; and the employment of a half-pay medical officer in the prison of Dublin?

Captain Vivian replied to the question in the absence of Mr. Cardwell. He said—In answer to the question of my hon. friend, I have to say with respect to the first paragraph that Surgeon-Major Tufnell does perform the duty of medical officer of the military prison at Dublin, and that he has done so since the year 1846. He is paid as surgeon-major on the medical staff. With respect to the second paragraph, it is true that Surgeon-Major Tufnell has performed those duties not for twenty-seven years, but for twenty-eight years' completed service; but until 1860 he was only assistant surgeon, having foregone his promotion in order to retain his appointment. In 1860 he was promoted to the rank of surgeon in compensation for the loss of a Regius Professorship which he held in Dublin under Royal commission. With respect to the third paragraph, I have to state that he is the only medical officer on full pay in charge of a military prison, but that he holds that position by virtue of his appointment to it in 1846, by way of compensation for loss of promotion. That appears to have been admitted as a fact. With respect to the fourth paragraph, it is true that Surgeon-Major Tufnell holds different other appointments in Dublin. He is governor of the City of Dublin Hospital, one of the Council of Examiners of the College of Surgeons in Ireland, and has also a large private practice, but I do not know, and we have no reason to suppose, that these duties at all interfere with the performance of his public duties. I think I am bound in justice to say that so far as we are aware they do not interfere with his public duties. With respect to the fifth paragraph I have to state that Surgeon-Major Tufnell claims a vested right in his appointment, and says he is entitled to retain it as compensation for the loss of his Regius Professorship to which I have before alluded. With respect to the sixth paragraph, it is true the appointment of Surgeon-Major Tufnell stops the employment of a half-pay medical officer at the prison in Dublin, but it does not stop promotion among other medical men, because Mr. Tufnell is on the superannuation list. In 1874, however, he will have arrived at an age when his retirement will be rendered compulsory. Until then he can continue to retain his appointment, and as he has this vested right to the appointment it is not likely he will give it up.

Medical Gleanings.

FRACTURE OF SKULL; FRACTURE AND DISLOCATION OF HUMERUS OF LEFT ARM, AND FRACTURE AND DISLOCATION OF RIGHT.

C. B. Frazer, M.D., of East Saginaw, Mich. (*Am. Jour. Med. Sciences*), was summoned on October 11, 1867, to a lad of fifteen years, who had been caught by the crank of a balance-wheel in a shingle mill, and was taken up perfectly insensible. The following injuries were found: An incised wound of the head, about three inches in length, commencing about the middle of the superior portion of the temporal bone, and extending downward, backward, and upward, forming a semi-circular flap about an inch and an eighth at the widest portion; another fracture was found near the parietal eminence; and at the junction of the parietal bones with the occipital, a bloody tumour had formed, about two inches in diameter at the base extremities: a fracture of the external condyle of right humerus; fracture of the coronide process of ulna, and a backward dislocation of elbow; the annular ligament was ruptured, and a dislocation of radius from ulna. Left arm: a downward dislocation of humerus, and upon rotating it after reduction, crepitation was very perceptible at the joint, showing a fracture of the anatomical neck. Inferior extremities were somewhat contused but not fractured.

Chloroform was administered, and he proceeded to reduce the fractures and dislocations first. The right arm, after reduction, was placed upon an angular splint. The left was secured to the side by a body bandage.

The skull was next trephined, after having made a crucial incision, and dissected up the flaps. The depressed fragment, half an inch long, and three eighths of an inch wide, was removed with a pair of forceps. The dura mater was entire. The wounds were now closed, and, strange as it may appear, not one particle of suppuration occurred in either of them. They all closed by "immediate union."

At the expiration of the second week the body bandage was removed, and the arm allowed to rest beside him in bed.

In about four weeks he visited the office of Dr. F. for further treatment, and was there as often as once a day up to Nov. 25, 1867, when very nearly complete movements of the elbow-joint were secured, by cold douches, passive motions, and friction. The shoulder-joint is, to all appearance, as natural as before the accident.

HYDATIDS.

THE *Archives Générales de Medicine*, for January and February, contains articles on the frequency of hydatids in Iceland. This disease is very common in this colony from eating hydatid mutton, pork, and drinking water from ponds which sheep and dogs frequent, and therefore everything connected with it is of the greatest interest. In Iceland, Dr. Leared found that one of every five deaths was from this disease. Dr. Finsen, the author of these articles, found that, out of 7,539 cases of disease, 280 were suffering from hydatids ; and among 56 persons, living in different parts of the country, 13 were affected. There, as in this colony, the liver is the organ most frequently affected—176 times, in 255 cases, the cavity of the abdomen (the origin being uncertain) 54, and the lungs in 7. In this colony, the lungs and the omentum stand next in freqnency of liability to the liver. This may be accounted for in two ways—either from their becoming implicated when the upper part of the liver is affected, or from the animal being deposited in them either primarily or secondarily. The gastro-hepatic omentum seems to be the part most liable in the abdomen ; but it is often extremely difficult to determine whence the cyst has originated until after death.

In the case of a person of the name of Brown, brother to a stonemason living at Carlton, the cyst presented all the appearance of ascites, and when tapped, eleven quarts of fluid were drawn off. The history of the case seemed to point to the under part of the left lobe of the liver as the place where it originated, but, after death, a cyst not larger than the fist was found in the lower part of the right lobe.

Finsen observes that, in nearly all the cases, he found only one tumour, and that it was rare to find hydatids in the lungs.

He has drawn up a long list of the symptoms which may be experienced during the growth of the cysts ; but, in this colony there is a frequent absence of symptoms—the person suffering but little in health.

When the cyst is situated in the lungs, and near the large bronchial tubes, there may be cough of a spasmodic nature, and generally, unless it is accompanied with some alteration in the bronchial tubes, or the substance of the lung in its vicinity, there is no expectoration ; when situated in the liver, jaundice ensues, if the large biliary ducts are pressed on ; when pressing on the stomach, some interference with digestion ; and when on the intestines, more or less obstruction. The presence of a smooth, oval, elastic tumour is often the only sign, and there may be but little pain. There is, however, a symptom which I have noticed in the course of watching a large number of cases, and, when met with, it may be considered as diagnostic that the tumour is hydatid.

If the patient is kept for some time without drink, and caused to walk a considerable distance, but not so fast or so far as to cause pain or uneasiness, if the tumour is then measured, it will generally be found somewhat smaller. If he be then placed in a warm bath, the cyst will be found in the course of fifteen or twenty minutes (the more superficial it is the quicker) to enlarge, and it may even attain a considerable size. It is owing to the tendency that the hydatids have to absorb moisture, that patients complain, in this country, in damp weather, of fullness of the cyst, and it then evidently increases in size. If the hydatid is dead, there will be little or no alteration.

HYPODERMIC INJECTIONS OF MORPHIA IN LABOUR.

Dr. E. **Kosman**, Leipzig (*Am. Jour. Obstetrics*), considers hypodermic injections of the sulphate of morphia superior to any anæsthetic during labour. He injects very slowly one-eighth to three-fifths of a grain in the thigh. The indications for the injection are : Primiparæ, narrow pelvis, spasmodic contractions, and painful complications generally.

THE PONS VAROLII THE NERVOUS CENTRE OF GENERAL CONVULSIONS.

H. **Nothnagel** (*Virchow's Archives*) arrives at the following conclusions in regard to the *nervous centre of general convulsions*, which are derived from actual experiments. The centre of general convulsions is situated in the substance of the pons. Its lower boundary is corresponding to a section at the height of the inferior border of the pons. The faculty to perform the function of a centre of spasms is to be denied to the substance of the medulla oblongata.

Finally, he endeavours to prove that the spasms are produced by way of reflex. In some instances the section of the medulla oblongata had been made below the pons, the animals remaining absolutely quiet. Again : the convulsions occurred if the section had left a portion of the pons connected with the medulla oblongata, showing the centre of action to be situated outside of the medulla.

At last the anatomical condition of the region of spasms is confirmatory to the view of reflex action. The region nearly corresponds to the situation of the gray nuclei and root-fibres of the sensitive cranial nerves. While the nuclei and roots of the motor cranial nerves are near the raphe, those of the sensitive nerves are more lateral. The root-fibres of the portio major trigemini, in particular, descend, according to Schroeder van der Kolk, through the whole length of the medulla. This anatomical condition, it must be conceded, is no direct proof of a reflex action, but it renders it admissible and plausible.

From all this it seems that the convulsions following the injury of a defined region on the floor of the fourth ventricle are to be explained as spasms induced by reflex action.

Medical News.

Royal College of Physicians of London. — At the ordinary general meeting, held on the 29th ult., the following members of the College were elected Fellows :—John Thomas Arlidge, M.B., Lond., Newcastle-under-Lyme ; John Cockle, M.D., Aberdeen, 13, Brook-street, London ; Matthew Alexander Eason Wilkinson, M.D., Edin., Manchester ; John Langdon Haydon Down, M.D., Lond., 39, Welbeck-street, London ; William Alexander, M.D., Edin., Halifax ; William Henry Ransom, M.D., Lond., Nottingham ; Owen Daly, M.D., Dublin, Hull ; Henry Day, M.D., St. And., Stafford ; George Fielding Blandford, M.B., Oxford, 3, Clarges-street, London. Henry Maudsley, M.D., Lond., 38, Queen Anne street, London ; William Henry Broadbent, M.D., Lond., 23, Upper Seymour-street, London. At the same meeting the following gentlemen, having passed the required examinations, were admitted Members of the College :—James Watt Black, M.D., Edin., 15, Clarges-street, Piccadilly ; Francis Cooke, M.D., Edin., Cheltenham ; Thomas Trollope, M.D., Camb., St. Leonards-on-Sea ; and Joseph Hogg Baller, M.D., St. Andrew's, 13, Gilston-road, West Brompton.

Society for the Relief of Widows and Orphans of Medical Men.—The Directors held their Quarterly Court on Wednesday, July 14th, Dr. Burrows, F.R.S., President, in the chair. It was announced that the large sum of £1,427 10s. had been voted for the half-yearly grants, being £177 in excess of the sum distributed last half year. Fresh applications were made from seven widows and twenty-six children, to whom the sum of £236 10s. was given. There are at present fifty-seven widows and forty-nine children receiving relief, an increase of five widows and twenty-six children during the half year. One widow has died, another is no longer eligible, and three children, having attained the age of fifteen, have ceased to be eligible for relief. The Directors earnestly appeal to the wealthier members of the profession to assist them by their contributions, without which the funds of the Society will not suffice to meet the continually increasing demands for relief. Contributions may be sent to the office, 53, Berners street, London, W.

The Empress Charlotte.—A melancholy little incident is related of the ex-Empress Charlotte. This unfortunate Princess has been staying for some time at Spa. The other day she insisted with such vehemence on playing at roulette that it was impossible to restrain her. On approaching the table she deliberately placed a gold piece on the number 19. The Emperor Maximilian was shot on June 19. The wheel turned, and, though 37 chances were against her, she won. She smiled sadly, took up the money, and quietly left the room. On her way out a poor man passed by. She gave him all the money, with the injunction that he was "to pray for him." It is known that the Empress Charlotte never pronounces the name of Maximilian.—*Pall Mall Gazette.*

Poor-Law Medical Officers' Association.—The annual meeting of the above association was held on Wednesday, at the Freemasons' Tavern ; Dr. Rogers, the president, in the chair

The first annual report of the council, which was read, stated that if the association could not boast of any great practical achievement, their labours had not been altogether in vain, while the mere union of medical men for the attainment of a common object had been openly recognized as an important event in the current history of the profession. The council had unceasingly advocated the necessity of an adequate and, as far as practicable, a uniform payment in proportion to work of the medical officers generally, and the vital importance of permanence of appointment in all cases. They had reason to believe that some boards of guardians were reconsidering the salaries of their officers, but no general improvement, however, could be hoped for in this respect till the House of Commons accorded to the medical officers the *status* of Civil servants of the Crown, and directed the Poor-Law Board to fix the salaries, which should be paid altogether, instead of half only, out of the Consolidated Fund. But this could not be done until the poor rates were equalized, a policy to which the present head of the Poor-Law Board was fully committed. The report further stated "With regard to permanent appointments your council have the satisfaction of knowing, from Mr. Goschen's own lips, that he is opposed to the differences in the terms of appointment which now exist; and they do not doubt he will use his best endeavours to place all medical officers on the same footing in this respect. Poor-Law questions are, at the present time, exciting considerable attention, more particularly as they affect the metropolis. And well they may, seeing that the pauperism of the metropolis—Mr. Goschen himself being witness — has increased nearly 50 per cent. in three years. The measure now before Parliament, to amend Mr. Hardy's Metropolitan Poor Act, 1867, will, no doubt, become law this session; and ere long your council hope to see the dispensary system fairly on its trial. They rejoice to know that the President of the Poor-Law Board is in favour of the system." After cordially congratulating their Irish colleagues upon the success which had attended their exertions, the report, which was adopted concluded thus:—"The association, moreover, is a standing protest against the wrongs of the service. Its power is not inconsiderable even now; how greatly it would be increased were its numbers doubled—trebled; or if it included in its ranks the entire service of 3300 officers, none can tell. Such unanimity is beyond hope; but if every member would, at this time, do his utmost to obtain recruits, some approach to it might be soon attained." The receipts during the year had been, 271*l.*, and, notwithstanding the expenditure had been exceptionally heavy, a balance of 58*l.* remained in hand. The Chairman then addressed the meeting at great length, in the course of which he said they had given considerable impetus by their unanimity and critical investigation to the settlement of the question of cubic and floor space; that they pressed successfully upon the Poor-Law Board through the Lunacy Commissioners the issue of an instructional letter which laid down a more humane and decent mode of dealing with pauper lunatics when requiring certificates previous to removal to asylums, and that after great trouble they had succeeded in showing the Poor-Law Board the advisability of establishing a uniform dietary suited for the different classes of workhouse inmates. He referred in eulogistic terms to the important services of the "veteran reformer, Richard Griffin," and passed on to ask when would the medical bodies in this country see the justice and advisability of doing as the Irish corporations had done, reminding them of the good they would do by extending to them the right hand of sympathy.

Royal College of Physicians, London.—The following communication, which has been addressed to the Royal College of Physicians by the Poor-Law Board, is one of considerable interest to young medical men, who are thus enabled to obtain both a medical and a surgical qualification by the single course of examinations instituted by the College in accordance with the Act 32 Henry VIII., cap. 40:—"Poor-Law Board, Whitehall, S.W., July 16. "Sir,—I am directed by the Poor-Law Board to acknowledge the receipt of your letter of the 7th inst., in which you transmit for their information a copy of the form of licence to be granted henceforth by the Royal College of Physicians, London. I am directed to state that the Board will in future recognize the licence in question as conferring the right to practise both medicine and surgery, and thus rendering the holder of such licence legaly qualified forthe office of medical officer under the regulations of the Board.—I am, Sir, your obedient servant, Arthur Peel, Secretary.—Henry A. Pitman, M.D., Esq., Registrar, Royal College of Physicians, Pall-Mall East, S.W."

NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

Dispensarius.—Your letter does not appear to us in any respect to affect the merits of the controversy, and, being personally offensive, we are compelled to decline it.

Dr. Kelly, Kilconnell.—In the defective state of the law you have no remedy against a bone-setting quack, unless he should bring himself within your reach by either of two proceedings. If he should use publicly any title implying that he is a legally qualified practitioner, you may obtain a conviction under the Medical Act. If he treats any case unskilfully, the persons aggrieved may indict him for malpraxis; but it would not be open to any third person to do so.

Dr. M'Manus, Ballybahon.—The Poor-Law Medical Officers' Superannuation Bill only waits the Royal assent.

Errata.—In Dr. Purdon's Paper on "Vegetable Parasitic Diseases of the Skin," in our last; page 75, first column, lines 9, 29, 54, for "alopecia acuta," read "alopecia areata;" line 17, for "epidemics," read "epidermis;" line 29, for "deculvans," read "decalvans;" line 49, for "time," read "tinea;" line 60, for "vesicolor," read "versicolor."

Dr. T. W. Martin, in our next.

Communications, Enclosures, &c., recived from Mr. Annandale, Edinburgh; Mr. Adams, London; Mr. Wilkinson, St. Mary's Hospital; Dr. Ross, London; Dr. Palfrey, London; Mr. Lewis; Mr. Rivington, London; The Secretary to the Society for Relief of Widows and Orphans of Medical Men: The Secretary of the Devonshire Hospital; Dr. McEvoy, Balbriggan; The Registrar General, Mr. John Pollard, Metropolitan Board of Works; Mr. Davenport; Dr. Jolliffe, Shepherd's Bush; Dr. Purdon, Belfast; Mr. Monckton, Wadebridge; Mr. Barnes; Dr. Faber; Dr. Parvin, Indianapolis; Dr. Pitman, Royal College of Physicians; Dr. Alexander Chain, Liverpool; Dr. McGrigor Croft, St. John's Wood; Dr. Burder, Bristol; Dr. Drysdale; Dr. Rogers; Dr. Robinson, Hounslow; Dispensarius; Mr. Kelley Kilconnell; M.A.B., London; Mr. Tichborne, Dublin; Dr. Macmanus, Ballymahon; Dr. Edwards Crisp, Chelsea; Dr Maunsell, Dublin; Dr. Martin; Dr. P. Heron Watson, Edinburgh; Dr. Waring Curran, &c., &c.

DR. EDWARDS CRISP AND THE CARMICHAEL PRIZE ESSAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Although you refuse to insert the abstract of the letter I placed before the Medical Council, and my letter to Mr. Hargrave, you will surely allow me to correct the misrepresentation you have made respecting my *claims* before the Council of the Royal College of Surgeons, Ireland; I have never made any *claims*; I have never opposed the adjudication, nor the non-adjudication of this Prize on pecuniary considerations, and I have never said that my essay was worthy of the Prize. I have undertaken the exposure at great trouble and expense, solely on public grounds, as you will see, if you will suspend your judgment for a short time.

Yours obediectly,
Edwards Crisp, M.D.

Chelsea, July 31, 1869.

*** Our correspondent appears to have misunderstood our note in last week's Journal. The *claims* referred to by us were not those of a pecuniary nature, but those which Dr. Crisp has before, and is still endeavouring to press upon the Royal College of Surgeons, Ireland,—viz., the readjudicating of the Prizes.

We refrained from an expression of opinion upon the point at issue, and we declined to print the letter of our correspondent, for the simple reason given in our last.

◆

VACANCIES.

Royal Hospital for Diseases of the Chest.—Honorary Physician. Election September 7th.

Royal Infirmary for Children, S. E.—Honorary Physician. Election August 4th.

Darlington Hospital.—Resident Medical Officer. Salary £100, with furnished apartments.

Royal Portsmouth Hospital—House Surgeon. Salary £120, with board and residence.

◆

BOOKS RECEIVED.

Scientific Associations, their Use, Progress, and Influence. By H. J. Fotherby, M.D., &c., London: Bell and Daldy.

Report on the Sanitary Condition of St. Giles. By George Ross, M.D.

Quarterly Sanitary Report for Glasgow and Districts.

The California Medical Journal; The Homœopathic Review; L'Union Medical; Pharmaceutical Journal, &c.

◆

Deaths.

Aldren.—On the 13th ult., at Euchumpilly, Central Provinces, India, Robt. Aldren, M.B., C.M. Edin., Assistant-Surgeon Madras Army, and Civil Surgeon Upper Godavry District, aged 24.

Hele.—On the 17th inst., Henry H. Hele, M.R.C.S.E., of Teignmouth, aged 78.

Jones.—On the 17th inst., W.D. Jones, M.D.. of Lancych, near Newcastle Emlyn, aged 77.

Kirk.—On the 25th ult., Geo. Kirk, L.R.C.P.Ed., of West Hartlepool, Durham, formerly of Middlesbrough, aged 61.

Robinson.—On the 12th inst., Collings Robinson, M.D., of Cheltenham, aged 61.

Shirlaw.—On the 28th of April, at West Taieri, New Zealand, J. Shirlaw, M.D.

THE INTRODUCTION OF THE CLAMP IN OVARIOTOMY.

Mr. T. Spencer Wells writes as follows to the editor of the *Boston Medical and Surgical Journal*, in reply to a letter from Dr. Parks, inquiring who was entitled to the honour of having invented the clamp used in his operations in ovariotomy :—

"The credit of the introductions is due to Mr. Hutchinson, Surgeon to the London Hospital. He first used one in 1858. It was simply the common calliper of carpenters, which he used and left applied, handles and all. Then the handles were made movable, so that they could be taken off as soon as the clamp was fixed. Then I made the blades parallel, and did without handles. But I afterwards returned towards the original form of clamp, altering the joint and the form of the opposing surfaces of the clamp until I arrived at that which I now use. You may see it figured in Druitt's Vade Mecum, ninth edition, 1865, page 541. I have now (January 25, 1869,) completed 300 cases. Of the

1st 100 cases, 64 recovered and 34 died.
2d 100 „ 72 „ „ 28 „
3d 100 „ 77 „ „ 23 „

Total 300 „ 213 „ „ 85 „

A general mortality of 28 per cent., but it is very encouraging to note that the mortality has been steadily diminishing with increasing experience."

Since October last he has completed the operation of ovariotomy in 36 cases. Of the thirty-six women, 31 recovered and 5 died : and it is a remarkable fact that in *every case* in which the pedicle was long enough for him to use the clamp the patient recovered.

ECTROPIUM INTESTINORUM.

A mother, 21 years of age, was delivered of a male child, in which the following state of things existed :—From an opening two inches in length at the umbilical region, ¼ inch to the right of the umbilicus, and parallel to the linea alba, bulged out the greater portion of the intestines. Their coats were hypertrophied, and the abdominal walls were to such an extent contracted, as to allow only the admission of the small finger on both sides of the orifice. The rigidity of the abdominal wall did not allow of any stretching. It was an eight-months child, passed its natural secretions, fæces and urine. In the morning it vomited bile, and in the afternoon nursed at its mother's breast ; its pulse was regular, as was also its respiration. The portions out were made up by the duodenum, jejunum, and ileum of the small intestines, and the colon and a portion of the rectum of the large intestines. The child died the day after its birth, having lived exactly 21½ hours.—Geo. Fredigke, *Chicago Medical Examiner*.

OSSEOUS REGENERATION OF STERNUM.

Dr. Enrico Bottini communicates to the *Annali Universali di Medicina* the particulars of the case of a soldier, æt. 30, wounded in the superior region of the sternum during the Italian campaign of 1866. The ball lodged, producing caries, necessitating an operation for its removal which exposed the pleural sac, the osseous walls of the sternum having been gradually absorbed, and a prompt recovery ensued, and new osseus tissue was formed analogous, in resistance to the touch, to the rest of the sternum.

NOTICE TO ADVERTISERS.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 11, 1869.

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ON PAIN AT THE HEART AND IN ITS NEIGHBOURHOOD—CASES AND APHORISMS.

By HORACE DOBELL, M.D.,

Senior Physician to the Royal Hospital for Diseases of the Chest.

BETWEEN a fully developed attack of angina pectoris and an ordinary "pain at the chest" from indigestion, the gradations are almost endless. The varieties in the character, exact seat, direction of extension, duration, collateral symptoms, &c., are extraordinary. The practitioner may well be puzzled in each particular case to set a just value upon the meaning and importance of the pain; and it is no wonder that "pain at the heart" should so often scare the patient, who is sure to have heard of some one who died suddenly with "exactly similar symptoms."

Very early in my medical career I witnessed, and had a great deal to do with, an appalling case of angina pectoris. It made so deep an impression on my mind that, when a student at St. Bartholomew's, I was always looking out for angina pectoris; and long after I began private practice I was haunted by the remembrance of this case, and anxiously watched every patient who complained of "pain at the heart," lest I should, by chance, fail to appreciate the incipient stage of this fearful complaint. As years went on I found that case after case, which I had thought might develop into angina pectoris, got well; that in other cases, attacks of angina would occur when least expected; that exceedingly few of my cases with pain at the heart died; and that, of course, the most interesting were those which eventually recovered; while of those that died it was almost sure to happen, by one chance or another, that no *post-mortem* examination could be obtained. So that, after keeping a watchful note of a case for months or years, with the expectation of one day seeing the explanation of symptoms in the morbid anatomy of parts, the opportunity of doing so very rarely occurred. Yet it appeared to be an object worth a great deal of trouble to attempt to form some practical conclusions as to the meaning of the different varieties of pain at the heart and in its neighbourhood, both with regard to the possibility and prospects of relief or cure, and the means of such relief or cure; and, also, with a view to forming a correct prognosis, and being able to reassure the patient or his friends when needlessly alarmed; or, on the other hand, to warn of approaching danger those who failed to see the appalling import of certain apparently trivial symptoms. I, therefore, continued to keep careful notes of all marked cases of pain at the heart or in its neighbourhood that came before me, whether in private or public practice, taking more and more pains to obtain an accurate description of the seat, direction, and character of the painful sensations, and, whenever possible, watching the patients in their after life. In this way a large number of cases have been carefully collected, which I believe now fairly illustrate nearly all the varieties of pain at the heart. Unfortunately, the number of cases, and the length to which many of them necessarily run, make it impossible to obtain space for them in our medical journals. I shall not attempt, therefore, to give either the full details of cases or to produce my complete series of illustrations of the different forms of pain,—this I must reserve for some future work. In these papers I will confine myself to selecting from a few of the shorter cases such extracts as illustrate some of the aphorisms which have sprung out of my notes, and which appear to be of most interest to the practitioner.

Aphorism 1.—Pain in the region of the heart and down the left arm does not necessarily indicate heart disease.

CASE 1.—Emma E., aged twenty-five, married; ill two years. Violent pain, sometimes aching, but more often pricking, begins under the left breast below the nipple, *extends up the left shoulder, down the left arm into the fingers*, and leaves a sense of numbness. Sometimes it extends to the epigastrium, but never to the right side or right shoulder. Some amount of pain is constant, but it is much aggravated by exercise or excitement, and especially by "windy spasms," to which she is very subject. All food produces pain at the epigastrium soon after it is taken. Lying down produces headache and sense of fulness at the chest. Bowels and menstruation regular and normal, urine dark and depositing urates. She thinks she was quite well till a "bilious attack" two years ago; never vomited blood; no rheumatic history; no hereditary disease; heart's dulness normal; action reluctant; sounds sharp; no bruit; sulphate and carbonate of magnesia with bromide of potassium and nitrous æther every morning; effervescing citrate of soda and potass three times a day; abstinence from cheese and malt liquors. At the end of two weeks all symptoms much relieved. A blister to the epigastrium, and a powder of soda, zinger, and saccharated carbonate of iron in water after each meal. At the eighth week the patient was quite well.

CASE 2.—Martha G., aged twenty-five, single; ill three months. Pain at the epigastrium and under left breast directly after food; vomiting of food four hours after it is taken; *when sick the arms become numb*; physical signs normal; anæmic. Powder of soda, calumba, and zinger in water after each meal, alternated with effervescing citrate of soda and potass with hydrocyanic acid and a pill of sulphate of iron, quinine, and aloes, three times a day. At the third week quite well.

CASE 3.—Susan B., aged fifty-three, widow; getting gradually worse six years. Pain just below the left nipple, runs round to left axilla and scapula, *down the left arm*, and up the left side of neck; and the *left hand and arm die up to the elbow*. The pain is usually aching, but exercise brings on a "dreadful pain," always accompanied by a peculiar paralyzed feeling of the left side of the face, and by faintness. She would faint at these times if she did not sit down. Everybody, including her doctor, "who sees her during an attack, thinks she is dying;" eating brings on aggravation of pain; hot drinks relieve it the best; and she gets much relief from retching, and vomiting white froth; has not much flatulence; aspect very cachectic; appetite bad; loses flesh; she thinks the complaint was brought on by over fatigue and anxiety during a ten years' illness of her husband. Respiration feeble generally; first sound of heart defective, but no bruit; second sound peculiarly sharp and loud. Abstinence from cheese and malt liquor; powder of soda, zinger, and saccharated carbonate of iron in water after each meal, and a pill of quinine and aloes twice a day. At fifth week all symptoms and signs of illness gone; appetite good.

CASE 4.—Jane C., aged twenty-eight, married; ill four years. Palpitation of the heart, and pain of cutting character under the left breast, producing *numbness of the left shoulder and down the left arm*, and at times down the left leg; right side never affected; when the pain and numbness are bad she becomes hysterical, but does not feel so at first. After eating left side distends, and there is pain below the left scapula; anæmic; flooded before confinement three years ago, and has been weak ever since; but worse since small-pox three months ago; anæmic bruit in jugulars and carotids; heart sounds sharp; no bruit. Dover's powder at night once; powder of soda, zinger, and saccharated carbonate of iron in water after food, alternated with effervescing citrate of potass and soda with bromide of potassium, citrate of iron and valerian. At the eighth week quite well.

CASE 5.—David Y., aged thirty-two, scripture reader; ill a year this time, but was formerly under my care with similar symptoms, from which he quite recovered and remained well many months. Constant pain in the left side, extending from a little below and to the right of left nipple to a little above it, also under left scapula *and down the left arm to the elbow*; also, down the left side of abdomen as far as the sigmoid flexure; never extends to throat. The pain is lingering, dull, aching, and burning; increased by food, especially cheese; not increased by exercise. It first came in the abdomen, and "worked up;" urine charged with urates; physical signs normal. Abstinence from cheese and malt liquor; compound rhubarb pill, powder of soda, calumba, and zinger in water after meals, alternated with effervescing citrate of potass and soda. At the seventh week quite well in all respects.

CASE 6.—James P., aged thirty-four, clerk; ill three months. Pain and tightness at epigastrium, under left breast *and down the left arm*, in the direction of the ulnar nerve. It comes directly after food, lasts till digestion is over, and then stops; not aggravated by exercise; but worse when sitting still; he sits much. The pain is attended with palpitation of the heart; urine loaded with dark urates; heart easily excited by nervousness; sounds normal. Quite cured in three weeks by powder of soda, calumba, and zinger in water after meals, compound rhubarb pills, more exercise, and abstinence from cheese and malt liquor.

Such cases as these are exceedingly common, and I have a large number recorded, each differing in some of the details, and presenting some special point of interest. But the explanation of nearly all may be comprised under the four following heads:—

1.—A dyspepsia, which in the large majority is characterized by an excess of acidity, and has been long neglected or aggravated by mistaken treatment.

2.—An erratic neuralgia taking its start from the stomach.

3.—An impression on the vaso-motor system of nerves, producing a local interference with circulation. (With regard to this, I agree with Dr. Reynolds, in the remarks made in his paper, read at Oxford, August, 1868. See *British Medical Journal*, Dec. 26, p. 655.)

4.—Deteriorated blood, consequent upon the dyspepsia and other causes, and the effects of this upon nutrition, especially of the nerves and heart.

The readiness with which the cases are cured by diet, regimen, and medicines, directed to the dyspepsia, deteriorated blood and vaso-motor disturbance, testifies to the absence of permanent organic disease. But in Cases 1 and 3 the heart sounds showed that the normal muscular vigour of the systole was beginning to suffer, and hence the pains were aggravated when the heart was *taxed by exercise*. And this indication of threatened organic disease brings us appropriately to a second aphorism, which, notwithstanding such cases as I have instanced, is equally true and important with the first.

> *Aphorism* 2.—The conjunction of pain in the region of the heart and pain in the left arm may be a most important symptom of heart disease, and is never to be disregarded.

This is well illustrated by the following cases:—

(To be continued.)

◆

ON THE ANTAGONISTIC ACTION OF BELLADONNA AND OPIUM.

By BERNARD KAVANAGH, M.D.,

Surgeon to the City of Limerick Infirmary, Consulting Physician to the Lying-in Hospital, and Physician to the City of Limerick Dispensary.

THE following case well illustrates the antagonistic action which is now known to exist between opium and belladonna.

On the evening of the 10th July, Mr. L. called at my house with his two young children, a girl and boy aged respectively three years and nine months, and two and a half years, saying they had taken the belladonna. (It was extract of belladonna, slightly thinned with glycerine, to be applied to the breasts after premature confinement, to suppress lactation.) He and the two servants who accompanied them suffered from all the terror and consternation incidental to such a catastrophe. The symptoms were as follow:—The girl, who was the elder, and who had taken the larger quantity, laboured under the most frantic excitement, at the same time quite unconscious as to everyone and everything about her, the pupils dilated to the *utmost* extent, the entire skin as red as in scarlatina, though it was only at most an hour and a quarter from the time they took it till I saw them, and the pulse was about 150. The boy was similarly affected, but not altogether so insensible to external objects, not having, as I believe, taken so much of the poison.

I immediately administered five drops of the tincture of opium in the form of enema to the girl, and three drops to the boy, and took them to their own home as quickly as possible, when I applied the stomach pump to both. The fluid pumped from the girl was quite dark, that from the boy not so much so. I pumped some pure water in and again pumped it out until no further trace remained, and set myself to the counteraction of what had been absorbed. I gave five drops more of the tincture to the girl and three to the boy as a small draught; but the excitement caused by giving it was such that I relinquished that mode of doing so, and again had recourse to the enema, which I administered myself with a Maw's syringe, giving five drops in this way to the girl and three to the boy every hour during the night. The violent symptoms continued without any abatement till morning, when about five o'clock both gradually became drowsy, and, soon to my infinite satisfaction, fell into a profound sleep, "a consummation so devoutly to be wished for." I left them at half-past six still sleeping, and, returning at ten o'clock, I found both awake, having slept for some hours. The nurse informed me that the boy was after eating a piece of bread and butter, and the girl recognised her father and me for the first time since the occurrence, and voluntarily stretched her hand to us. The pupils of both had contracted somewhat, but were still very much dilated: the pulse had considerably fallen, being now only 120. Finding them in this satisfactory state I again left, and returned at 4 p.m, when I found them both in their mother's room engaged with their toys and looking as well as ever, having slept a good deal in the interval between my two last visits; the pupils more contracted than at 10 o'clock, but still much dilated beyond the natural size; pulse only 100. Next morning I saw them again, apparently in perfect health, except that the girl was weak and the pupils still slightly dilated. They had both taken light food with a relish, from the time of their recovery, from which time also the redness of the skin had rapidly disappeared. My next visit was two days afterwards, when I found them not only in perfect health, but the pupils quite of the natural size.

This case, like some others which have been recently published, is a good illustration of the opposite effects of opium and belladonna, and though painful and anxious the time spent in administering the antidote, yet, having entire confidence in its efficacy, it was full of interest to me, as it seldom falls to the lot of any medical man to have an opportunity of testing it.

I have no doubt that these children took four times more of the belladonna than would have been sufficient to produce poisonous effects; and when it is borne in mind that at least fifty drops of the tincture were administered to the girl and at least thirty to the boy, and that under other circumstances one would not like to be after giving a quarter that amount to children of their tender age, also its producing none of the effects of opiumism, together with their rapid recovery, *no other remedy having been used*, there can be no further doubt of the fact that these substances are mutually antagonistic of each other.

◆

PROPERTIES OF CURARE.

MM. Auguste Voisin and Henry Lionville (*Chicago Med. Journal*) have determined that curare is a poison of the motor nerves; that muscular irritability is preserved intact, and that death from curare poisoning occurs only from abolition of motor power in the entire economy.

OBSERVATIONS ON THE ARRANGEMENT OF THE REFLECTIONS OF THE PERITONEUM.

By Alexander Macalister,
Demonstrator of Anatomy Royal College of Surgeons.

In collating the descriptions of the peritoneum in our various manuals and works of anatomy, a considerable discrepancy will be found in the account of the formation of the transverse mesocolon: the majority of authors, as Gray, Harrison, Cloquet, Ellis, Blandin, Marjolin, Pittard (Todd's Cyclopædia), Portal, Jamain, Blancard, Bartholinus, Froriep, Vesalius, Glisson, Fabricius ab Aquapendente, Spigelius, Lauth, &c., holding the view that this transverse fold is the direct continuation backward of the two ascending layers of the great omentum which separate to enclose the arch of the colon, and then, re-uniting and passing back to the spine, constitute the true transverse mesocolon; others, as Luschka, Huschke, J. F. Meckel, Müller, Hansen, Allen Thomson, and Holden, advocate the view which originated with Haller, that the mesocolon is distinct from the omentum, and formed by a simple duplicature of the single layer of peritoneum, descending from the spinal termination of the great omentum.

Attention has been also directed to this point recently, by a notice favourable to this theory in the last edition of "Quain's Anatomy," and by a paper on an anomalous arrangement of the peritoneum, by Dr. Chiene, Demonstrator of Anatomy in the University of Edinburgh ("Journal of Anatomy and Physiology," vol. ii. p. 13, et seq.), in which this latter view is advocated from the arrangement found in a subject in which, probably from intra-uterine peritonitis, the usual changes in position had not taken place in the course of the development of the different parts of the intestinal tube, and, as a consequence, the transverse mesocolon had not contracted an indivisible adhesion with the recurrent layers of the omentum. The subject is also referred to by Professor Cleland, of Galway, in a paper in the same Journal (vol. ii. p. 201), and from some observations which are also based upon a specimen of abnormal arrangement of this portion of the peritoneum, he deduces the conclusion, that the statement that at a certain period of development there is a mesocolon quite unconnected with the walls of the sac of the great omentum, is true with regard to the sigmoid flexure descending colon, and precisely one half of the transverse colon; but that for the right half of the transverse colon, the peritoneal lamina derived from the pyloric ends of the stomach is directly continuous with the investment of the colon. Adhesions, he likewise remarks, are, as far as at present known, the result of pathological changes.

The opinions on this subject thus resolve themselves into three:—1st, That the mesocolon is the direct continuation of the recurrent layers of the omentum, which separate to enclose the colon. 2nd, That the mesocolon is separate from the omentum, and continuous with its descending layer alone. And, 3rd, That the mesocolon is partly (on the left) separate from, and partly (on the right) formed by the ascending layers of the great omentum.

Now, in order to determine which of these theories of formation is correct, there are three tests applicable. The first is that of comparative anatomy, the second is embryology, the third is that derived from the various forms of anomalous arrangements of this part of the peritoneum. And I purpose making a few remarks on these points, as applied to the elucidation of peritoneal development.

1st. With reference to comparative anatomy.—My attention was recently called to this subject of peritoneal arrangement forcibly on dissecting a Badger (*Meles taxus*). On opening the cavity of the abdomen, I found the upper part of the peritoneum arranged as usual, as far as the serous investment of the stomach and spleen, from the lower margin of both of which the great omentum descended.

The peritoneum forming this fold did not project farther to the right side than the pylorus, and from that point to the right, the serous lamina forming the meso-duodenum, which was large and moderately loose, did not pass to the omentum at all, but surrounding the duodenum, passing backwards and then continuing outwards along the middle colic branches of the superior mesenteric artery, formed a right of the transverse mesocolon. The descending layers from the convexity of the stomach passed downwards, and formed a large omental sac, whose cavity was distinct. The recurrent layers passing back to the spine, met the pancreas and clothed it on its anterior, upper and lower aspects, surrounding it for more than two-thirds. The two layers here separated, the one continuous with the lamina involuted through the foramen of Winslow, ascended resting on the aorta, and was arranged as usual, not extending quite as far to the right as it commonly does, the descending lamina covered the left kidney on the left side, and in the middle and on the right, passes along the colic vessels to enclose the colon, forming the transverse mesocolon. This fold was continuous with the left lumbar mesocolon, and on the right with the right mesocolon, which was loose, and allowed the colon a considerable range of mobility. The mesocolon was joined thus of a single layer passing from the spine surrounding the intestine, and passing back to impinge on the spine prior to its contributing to the formation of the mesentery.

From this dissection it is at once clear that the theory of Haller, Luschka, &c., is borne out in this animal at least; and when the peritoneal arrangement of the Porpoise or Balænoptera among the Cetaceas is compared with this, the formation of the mesocolon will be found to be precisely similar.

The same method of arrangement occurs in the Armadillo, Mole, Tiger, and Lion, in all of which the recurrent layers of the omentum ascend to and separate at the pancreas, the involuted or proper omental layer ascending, while the inferior or continued lamina forms, by passing along the middle colic vessels, the transverse mesocolon. John Hunter, although he does not seem to have supported any particular theory of the formation of the mesocolon, notices in most of his dissections how the layers of the epiploon terminate posteriorly; and in his "Essays and Observations" (vol. ii.) he describes the omentum as descending to the colon, and adhering to it in the Pig, Horse, Tapir, and Hare (in the latter animal, however, it is not attached at its left extremity, according to my observations); partly adhering (on the right side) and free on the left and adherent to the pancreas in Macacus silenus, Cynocephalus porcarius, Cebus apella, Papio maimon, and Lemur mongoz; and this arrangement I have confirmed in many quadrumanous animals which I have dissected, as Macacus nemestrinus, and Sinicus, Cercocebus fuliginosus, and Cercothecus ruber. Leaving these comparatively few animals out of account, in the vast majority of mammals the arrangement is certainly in accordance with the theory of Luschka and Haller. Thus, Hunter notices that in Jacchus vulgaris the epiploon adheres to the great curvature of the stomach, and to the root of the mesentery, but not at all to the colon. He also notices the arrangement alluded to above in the Lion and Tiger, and describes a similar disposition in the Leopard, Dog, Zibetha, and Civet (*Viverra*, *Zibetha*, and *Civetta*), *Rhyzæna tetradactyla*, Otter, Skunk (*Mephitis chinche*), *Ratelus mellivorus*, Seal, Sloth, both *Cholœpus* and *Bradypus*, Armadillo, Anteater, Agouti, Marmot, Gray Squirrel, Paca, Phalanger, Opossum (*Didelphys virginiana*). These may thus be taken as the representatives of the entire orders—Carnivora, Edentata, Cetacea, and in part of Rodentia, Marsupalia, and Quadrumana. Some of these and their allies, as the Otter, Seal, and Opossum, Dog, Sloth, Armadillo, Porcupine, Hedgehog, and Mole, I have verified for myself; and for the others, the description given by Hunter is, contrary to his usual obscure style, clear and explicit. The deduction from comparative anatomy is thus easily traced, for if all animals be developed upon the same type, it is manifest that while the theory of Luschka, Meckel, and Haller, accounts for both the appearances from adhesion, and those from separation of the omentum and mesocolon, the older theory cannot account for the two separate plans of extension noticed in the above brief sketch of the mammalia; cases of adhesion do not invalidate the former theory, but one case of separation, if we acknowledge a common typical development, is fatal to the latter theory.

Having followed this method of evolution by tracing the omentum in the mammalian class of the animal kingdom, we shall, in the second place, trace the evolution of the omentum and mesocolon, in the life history of a single animal, by examining the peritoneum in its fœtal conditions in the human embryo. In its primitive and simplest appearance of development, the peritoneal membrane appears as a differentiated parablastic lamina derived from the ectoblastoderm, lining the common body cavity. No appearance of a great omentum can be perceived in the human embryo during the first month, but about the eighth week, a little fold of peritoneum projects from the greater curvature of the stomach. This has been very accurately and carefully delineated by Johann Müller (Meckel's Archiv. 1830, p. 395, pl. xi.), and by Meckel (ibid. vol. iii.). This projecting fold is distinctly made by the two layers of peritoneum, which have invested the stomach, uniting along its great curve, passing down for a short distance, then turning backwards not upwards, and impinging on the spine, sends its lower layer out as the upper lamina of the transverse mesocolon. Before this fold is visible as an actual descending layer, that is, about the seventh week, the omental or involuted layer does not descend below the level of the stomach; and hence the continuity of the mesocolon with the anterior layer alone is very clearly apparent. As this internal layer, *i.e.*, the true sac of the omentum, enlarges and descends, it pushes before it the fold descending from the stomach and extends it into a pouch. The adhesion, however, between the root of the mesocolon and the spine is, however, not displaced by this growth; and so the omentum, which at first lay above, and not even in contact with the transverse colon, gradually extends in front of it and overlaps it, becoming pendent anteriorly. It is thus to be seen that until the stomach assumes its transverse position, no trace of an omentum is visible, and that the transverse mesocolon is really formed from that portion of the mesogastrium which is carried by the colon in the course of its transit across the spine, from the left side to the right iliac fossa.

In an embryo of barely three inches length, in which the cæcum was still in a condition of transition, having only arrived at the upper part of the right lumbar region, the peritoneal relations were clear and unequivocal. The lesser omentum was extremely short, and the spleen was by peritoneum closely tied to the left extremity of the stomach. From the convex margin of the stomach, a short great omentum descended for about two lines, turned up on itself, and was distinctly traceable back to the spine from whence its inferior lamina passed out, forming a separate mesocolon for the entire length of the transverse colon. On the right side, the meso-duodenum was distinct, and surrounded this organ, after which it was continued forwards to surround the right or hepatic angle of the colon, and this was in a downward direction, continuous with the right lumbar mesocolon; thus, in this embryo, which was probably about the tenth week of development, a perfect and definite separation between the layers was traceable.

A still more distinctive and characteristic arrangement I met with in another fœtus, about 4¾ inches in length, probably about the end of the third month in age. In this, the viscera were more nearly in their normal states of arrangement, the great omentum, distinct and descending for about a quarter of an inch on the right, and four lines on the left; after a short course it turned up, and was traceable above the level of the transverse colon, where it united with the transverse mesocolon. On the left side, the adhesion or union was extremely indistinct, and takes place only at the spine, in fact, the arrangement was as described by Professor Cleland; but from this side over to the right, there was no sudden alteration, but a gradual extension colon-wards of the union of the two layers of peritoneum, so that the adult condition, so clearly and evidently *not* present in the former embryo, was established at a *point* immediately to the left of the hepatic angle of the colon; but from this point, on tracing the mesocolon to the left, a gradual recedence of the adhesion took place, so that on pulling down the colon, and reflecting upwards the free edge of the omentum, the line of amalgamation was seen to trend upwards, and to the left from the colon to the spine. This condition has been referred to by Müller, and he figures a diagrammatic section (pl. xi. fig. 8) of a partial union of the mesocolon and omentum, extending for half way in these folds.

In dissecting an adult female subject within the past month, the condition of adhesion was perfect as far as the splenic flexure, and although the bag of the omentum was normal, yet no dissection could separate the mesocolon from the omentum, even at the left side. Now I conceive, that in this case, and it is one of very common occurrence, we have the condition which Professor Cleland regards as only the result of pathological change.

So far does the embryological evidence coinciding with that from comparative anatomy bear out the same theory of peritoneal arrangement, and it only remains for us to notice briefly some of the anomalies of arrangement which may throw light upon this subject. The anomaly described by Dr. Chiene (loc. cit. p. 14) is a permanent state of the original embryonic separation of the two laminæ, attended with a displacement of the duodenum and cæcum. That described by Professor Cleland was probably one of partial adhesion; in fact, a permanent condition of the fœtal state resembling that of Müller's fig. 7, with some varieties in the position of the intestinal folds which masks its arrangement.

Three kinds of anomalies have fallen under my notice, —1st, that of a very short omentum, in which the descending layer, when extended, scarcely covered the transverse mesocolon, but with the usual attachments. 2nd, A partial want of union at the left side, giving the peritoneal arrangement noticed by Professor Cleland. 3rd, A complete obliteration of the cavity of the omentum, without any traces of inflammation, a condition dependent on an increase in the adhesion power of the laminæ affecting the two contiguous internal surfaces of the sac.

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IDIOPATHIC TETANUS.

By Francis E. Clarke, M.B., T.C.D., M.R.C.S. Eng.

Seeing an article in the Medical Press and Circular of June 3rd, regarding the treatment of tetanus, founded on two cases brought under the consideration of the Surgical Society, and recognizing the importance of every interesting case of the kind being made public, I am led to communicate the following, which I shall endeavour to make as brief as possible:—

M. A. W., a little girl, aged twelve years, was first seen by me in company with Dr. Clarke, of Dunfanaghy, Co. Donegal, on December 28th last, at the request of her father, who is in extremely poor circumstances. Her mother has been dead some years, and, consequently, she has not received proper care. She resides in a wretched cabin in one of the most exposed and mountainous districts along the northern coast of Ireland. The week preceding this had been excessively cold and wet, and to this inclement weather she had been much exposed, and for the last two days had become the subject of fits. During these there were complete rigidity of the muscles of the back and lower limbs, opisthotonos, and slight tendency to trismus. She suffered no pain or rigidity during the intervals, but appeared extremely low and depressed. Pulse small, rapid, and weak; tongue dry, bowels costive, great tendency to yawn; slight pain in the lumbar region; dilatation of both pupils, and suffused conjunctivæ. A full dose of turpentine was ordered, which was to be repeated in the evening, and castor oil on the following morning.

26th.—Worse; countenance has assumed a most uneasy, apprehensive aspect. The paroxysms very frequent during the day until evening, when eight minims of tincture of Indian hemp were administered, by which sleep was induced, only one spasm occurring during the night.

30th.—She complains of vertigo and of her vision being greatly affected. The pupils still largely dilated; spasms neither as frequent or severe. Pain in the lumbar region being worse a blister was applied.

31st.—Paroxysms more frequent; pupils, if anything, more dilated. A mixture containing four-drop doses of tinct. cannab. Indic. with cherry-laurel water was ordered to be given at intervals of three hours if spasms continued.

January 1st, 1869.—Better; unpleasant symptoms of the drug again complained of. It was ordered to be discontinued except at bedtime.

From this date no change perceptible for some days. Indian hemp appeared gradually to lose its control; and the patient's great intolerance to it precluded the dose being increased. The extreme torpidity of the bowels was constantly relieved by calomel.

13th.—Trismus now present in increased intensity and spastic rigidity quite apparent during the intervals in the muscles of the back of the neck. Indian hemp again given; galvanism tried, but without any appreciable result.

18th.—Worse; breathing, although hurried, is laboured and accomplished with difficulty; opisthotonos; trismus; risus sardonicus now visible; extreme dilatation of both pupils; the irides appearing as mere rings scarcely visible; body greatly emaciated, and diarrhœa; ordered chalk and opium powder and Indian hemp.

20th.—Much worse; no sleep; frequent paroxysms; trismus so permanent that liquids could with difficulty be taken. Ordered half a grain of opium at night.

21st.—Still worse; although the paroxysms are less frequent the urgent symptoms continue; dyspnœa; dysphagia; hiccough; stupor combined with insomnia; dilated pupils; labouring heart; meteorism and rigidity of the abdominal muscles. Ordered turpentine enema; linseed poultices to abdomen, and wine.

22nd. — Trismus again extremely alarming. Calomel was now given, and mercurial ointment rubbed into axillæ and over spine; assafœtida and opium injections.

23rd.—No improvement; mercury assiduously persevered with.

25th.—Much better; salivated. From this day the paroxysms gradually diminished in frequency, assafœtida injections occasionally being given and mercury kept up.

31st.—Nearly quite well. A paroxysm occurred in the morning, which proved to be the last.

The duration of this case is most interesting, lasting, as it did, thirty-six days, which, even for the idiopathic form, is much longer than usual.

Rigidity of the muscles during the intervals not being apparent, at all events for the first fortnight, appears singular, the late Professor Colles, in his "Surgical Lectures," having laid it down as a rule that this spastic rigidity is the diagnostic mark of tetanus in general. The extreme and permanent dilatation of the pupil was most remarkable, even opium having little control over it. This drug is generally contra-indicated by the received pathology of tetanus, as tending to increase polarity and congestion of the spinal cord; but considering this dilatation of the pupils probably caused by some irritation of the sympathetic, leads me to suppose the possibility of there being a slightly contracted state of the blood vessels of the cord from the same source. Were this the case opium would be indicated rather than the reverse. But, on the other hand, is increased polar excitement and diminished afflux of blood at all compatible? Even frogs have been made tetanic by the administration of opium causing congestion of the cord ; and Mr. Lockhart Clarke says he has detected inflammatory symptoms by *post-mortem* examination, although autopsies until lately were said not to reveal anything. Secondly, is a dilated state of the pupils invariably present ?

Cannabis Indica at first produced a most salutary effect, but subsequently appeared to lose its influence. The extreme intolerance which the child had to it, and indeed to all narcotics, rendered larger doses hazardous ; but, did this peculiar idiosyncrasy not exist, I feel certain that Indian hemp persisted in, and given in gradually increased doses, would be found a most valuable remedy.

The patient certainly recovered whilst under the influence of mercury, but whether it conduced to such I cannot determine.

As to the recurrence of the symptoms, the jaws were not first affected, as is usual in traumatic tetanus.

I regret that ice to the spine or nicotine could not have been tried ; but the wretched circumstances of the patient and want of proper nursing precluded any treatment requiring either energy or intelligence.

South Molton, Devonshire : July, 1869.

◆

ON THE CAUSATIVE AGENCY OF THE SKIN AND LIVER IN THE INDUCTION OF PHTHISIS AND OTHER SCROFULOUS MALADIES.

By Francis M. Luther, M.D., Cappoquin.

The blood is alkaline ; the sudoriparous glands remove acids from it as fast as they are generated, the process being mainly one of simple transudation. Liebig states that the alkalinity of the blood aids, in a remarkable manner, the oxydation and combustion of grape sugar ; it also aids the solution of oxides of iron. To it is due the extreme facility with which the blood moves through the minutest vessels, the delicate coats of which are impermeable, or very nearly so, to alkaline fluids. The free alkali acts as a resistance to many causes which, in its absence, would coagulate the albumen (see "Carpenter's Physiology," p. 83).

An acid state of the blood, therefore, prevents the oxydation of liver sugar by the lungs, hinders the absorption of iron into the blood, favours congestion and the deposition of lymph and transudation from the blood-vessels. Now, the blood has been proved to be acid in diabetes, and diabetes usually terminates in phthisis. It is possible that the acidity of the blood and the glycohemia which are constantly operating in diabetes, may occasionally occur in incipient phthisis. It has, indeed, been asserted by competent observers, that glycosuria always precedes phthisis ; and phthisis prevails in countries subject to variation of temperature, where, from frequently-obstructed perspirations, the blood must be often acid. Glycohemia frequently causes anthrax, also spontaneous mortification of the toes. Virchow, of Berlin, denies that tubercle is a product *sui generis.* He implies that it is a normal tissue undergoing retrograde metamorphosis. If, as has been asserted, glycohemia always precedes phthisis, why do we not have the phenomena of diabetes—viz., excessive thirst, insatiable appetite, and diuresis ? I answer, because the system is not saturated with the poison as it is in diabetes. How many glasses of alcohol will not a tippler drink before the false appetite and the thirst for cold water, so well known to such persons, supervene ? Probably, if attention were directed to the subject, some diuresis might be noticed ; but the lung may be equal to the task of elimination, and yet be materially injured by the presence in its capillaries of saccharated blood. A degree of uremia, not sufficient to attract notice, by the induction of dropsy or any of the more marked symptoms of kidney disease, may cause serious structural change in the arteries, heart disease, or aneurism. Again, I am almost certain that congestion of the portal system and liver precede the development of phthisis ; and it is well known that fatty degeneration of the liver is discoverable after death in a vast majority of phthisical cases, and in a few other diseases, unless Bright's disease. This fatty degeneration of the liver is not found in cases of hydrothorax or hepatized lung, so that it cannot be due to its being overtasked in excretion of hydrocarbon. The congestion of the liver, which I presume to exist, impedes the secretion of bile (the bowels, in the early stages of consumption, are usually constipated, unless when there is diarrhœa, both results of different degrees of congestion) ; it hinders, or perverts, the manufacture of liver fat, possibly making a fat unfitted for being deposited in the cellular adipose tissue, or aiding in cytogenesis calorification, &c. Emaciation is a very early symptom in phthisis, and other tubercular diseases, and yet, strange to say, the blood is found to be loaded with fat in tuberculosis. In healthy blood the fat exists only in a saponified state ; but when the blood is acid, it cannot be saponified. It is right, however, to state that this accumulation of fat in blood was also noticed in Bright's disease, nephritis, diabetes, chronic diseases of the liver, dropsy, jaundice, mammary abscess, and pneumonia. In the first three we may presume the blood to be acid ; in the liver diseases congestion, of course, existed ; in that of mammary abscess the fat, which should have been eliminated with the milk, was thrown back on the blood. Now, as regards the "lædentia" and "juvantia," dandelion is very much estimated in the country in the treatment of consumption ; and Astley Cooper treated all scrofulous diseases with different mercurials and alkalies—hydrargyrum cum creta, oxymuriate of mercury, carbonate of soda, and liquor potassæ. Again, Coulson, in his work on the hip-joint, says: —"The organ most frequently found deranged is the liver ; and at the infirmary leeches and other local means are applied to this organ oftener than to the affected joint." Water on the brain is believed to be a scrofulous affection ; in it the action of the liver is undoubtedly perverted, and the appetite is frequently abnormal, like that of a diabetic patient. Now, calomel and diuretics are more beneficial in this malady than any other remedies, restoring the tone of the liver, and, perhaps, assisting the kidneys to eliminate sugar.

I doubt extremely if the mercury acts in this disease as an antiphlogistic ; at all events, salivation is seldom produced, and is not necessary. But it may be said that salivation is very injurious in scrofula. I grant that ; but salivation produces excessive congestion of the portal system (the very object we desire to avoid), as is evinced by the colics and dysentery which form a distressing symptom of it. The analogy existing between typhoid fever and consumption, and the prejudice which exists on the Continent that the latter disease is contagious, is worthy of notice, but is, however, foreign to this subject.

I would strongly urge the use of the Turkish bath in phthisis and other tubercular diseases, with the double object of exciting the functions of the skin, and relieving the congestion of the abdominal viscera.

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Further Observations.—In order to counteract the acidity of the blood (which I suppose to exist in phthisis, and to be a powerful factor in the production of tubercle) I would subject the patient, after the Turkish bath, to alkaline douches or immersion ; and, with a view of relieving the engorgement of the portal system and chylopoietic viscera, I would exhibit frequent emetics and cholagogues, while cupping and blistering the liver rather than the lungs. Therapeutics consists of subtraction, addition, and proportion. Eliminate here, pour in there, and preserve due harmony of action in all organs.

Still, while suggesting (to such as can follow up the ideas thrown out) a course of treatment for phthisis and scrofula, I think one ought not to abandon the hope that a specific may exist, and, if so, be found, for those direful maladies. That excellent practical physician, Thomas Sydenham, did not doubt but that many such remedies existed in Nature. He was of opinion that they were to be sought in the vegetable kingdom, and that, since Nature makes little or no effort to throw off chronic diseases, at least none so certain as to afford useful indications for treatment, specific or antidotal remedies were to be sought for such cases. What method, save empiricism alone, should guide our search after a specific, I cannot, however, fancy, since the word means a remedy whose mode of action we cannot explain, and one, therefore, which theory cannot aid us to find.

Since science, however, is so very imperfect, and so unproductive of curative results, experiments should be made with various medicines, some one or other of which may come to deserve the proud title of remedy for those hitherto incurable maladies.

I wonder the exhibition of lemon juice has never been tried in phthisis. It would be an interesting experiment to administer a course of it to a number of hospital patients simultaneously. I purpose trying it in the next case of well-marked phthisis that comes under my notice. It is a question whether the victories over disease won by science much exceed in number or importance those gained by empiricism.

Perhaps some day tubercular deposits in the lungs may be discussed by electrolysis, as they have been in glandular tumours.

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ON EXTENSION IN FRACTURES OF THE THIGH BY MEANS OF A WEIGHT AND PULLEY,

INCLUDING A SUGGESTION OF THE WEIGHT AS A MODE OF PRODUCING COMPRESSION IN ANEURISM.

By Henry Thompson, M.D.,

Surgeon to Tyrone Infirmary.

Should Mr. Stapleton have succeeded in treating fractures of the femur successfully, keeping up the extension as long as required by the above method, he decidedly deserves credit; but as to the originality of the plan, to that he has no claim, for I distinctly recollect it having been used under Mr. Cusack's direction very nearly, if not quite, forty years ago in Steevens's Hospital. It was not the usual practice, but only adopted in oblique fractures and other cases, in which there was unusual difficulty in keeping up the necessary extension, and these cases were very few.

As well as I recollect, it was an extremely irksome and unbearable mode of effecting the purpose, and on that account generally very soon given up, and only resorted to when other means failed. If Mr. Stapleton has deprived it of those objections he is entitled to as much credit as if he had originated it.

So much for the use of a weight to keep up extension. The weight has also been used for the purpose of keeping up pressure, where that is called for, as in aneurism and some other diseases; but I do not know that the following plan of adapting it to the production of elastic pressure in the former disease has as yet been described. It occurred to me to try it in a case in which no other apparatus could be endured, and in which by its means the pressure could be maintained for any length of time.

The patient, affected with popliteal aneurism, was placed on the pelvic cushion of Read's or Carte's compressor; to the side of this, which was farthest from the diseased vessel, was fixed a loop of strong India-rubber, just large enough to admit the end of a thin deal lath, which passed across the front of the body and projected about a foot over the side of the bed at the diseased side. In this lath, where it passed over the part of the artery to be compressed, was cut a square mortice, through which passed the stem of the compressing pad, and over the top of this stem another strong band of India-rubber; the projecting end of the lath was furnished with several notches about half an inch asunder, and from one of these was suspended a half-pound weight. Thus we had an elastic loop confining the fixed end of the lath, an elastic band acting directly on the compressing pad, and the high elasticity of the lath itself, combining as much elasticity as could well be brought to bear, and at the same time admitting of any amount of pressure, by increasing the weight or moving it from notch to notch so as to lengthen, and of course increase the power of, the lever by each move—this the patient could do for himself—and, by changing the position of the weight occasionally, gave himself so much relief without interfering with the compression of the vessel, that he was able to bear it longer than by any other plan, including digital, by relays of assistants, that I ever saw used.

On this principle a very handsome instrument could be constructed, substituting a steel bar for the lath and furnish a polished cradle to keep off the bedclothes, &c.; but the one I used, extemporized for the occasion, with a needle, some strong thread, and a penknife, answered the purpose well, and has the advantage of being accessible to every one.

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Our Analytical Department.

MUSTARD.

REPORT ON THE QUALITY AT PRESENT SUPPLIED TO THE BRITISH MARKET.

(Continued from page 100.)

1st *Sample.*—Finch, Rickman, & Co.'s Mustard (Fine).

Messrs. Finch, Rickman, & Co., London.

"Manufactured from the finest seeds, and guaranteed free from anything injurious."

Ash 2·5 per cent.—*Largely adulterated with wheat flour, and coloured with turmeric.*

2nd *Sample.*—Coleman's Mustard (Superfine).

Messrs. J. & J. Coleman, 108, Cannon-street, London.

"Manufacturers to the Queen, the Emperor of the French, and the Prince of Wales. Highest award for mustards, London 1862, Paris 1867, Dublin 1865."

Three per cent. of a nearly white ash, slightly coloured with turmeric.—*Mixed with small amount of wheat flour, and coloured with turmeric.*

3rd *Sample.*—Coleman's Mustard (Fine).

White ash 3 per cent. More largely coloured with turmeric than the second sample.—*Mixed with a large quantity of wheat flour, and coloured with turmeric.*

4th *Sample.*—Coleman's Mustard (Genuine).

This mustard contained no turmeric or other foreign substance, and gave 4½ per cent. of a greyish ash.—*Genuine.*

5th *Sample.*—Keen's Mustard (Fine Quality).

Messrs. Keen, Robinson, Bellville, & Co.

"First manufacturers in London," "1742;" "Purveyor to the Prince of Wales."

This mustard gave 4 per cent. of an ash, which was nearly white. Contained wheat flour and a small quantity of turmeric.—*Adulterated with flour and coloured with turmeric.*

6th Sample.—Sadler's Genuine Durham Mustard.

"Manufactured expressly for Phythian from the finest seeds, and warranted genuine."

This mustard gave rather a high percentage of ash—viz., 5·5 per cent.—but appeared genuine. It was not coloured with turmeric.—*Genuine.*

7th Sample.—Coleman's Mustard (Double Superfine).

This specimen of mustard gave 4 per cent. of a white ash. It contained turmeric and rather a large proportion of wheat flour.—*Adulterated with flour and coloured with turmeric.*

8th Sample.—Taylor Brothers' Mustard (Superfine).

"*The challenge, purity, pungency, and flavour.*"

Messrs. Taylor Brothers, London.

This mustard gave 5 per cent. of ash, and was strongly fluorescent. It contained a considerable quantity of wheat flour.—*Adulterated with flour, and strongly coloured with turmeric.*

9th Sample.—Sadler's Celebrated Old English Mustard (Double Superfine).

Messrs. Sadler & Co., Southwark, London.

"Manufactured more than a century. Prepared from the finest seeds."

This mustard gave about 4½ per cent. of white ash. It contained wheat flour, and was coloured with turmeric.—*Adulterated with flour, and coloured with turmeric.*

10th Sample.—Keen's Mustard (Superfine Quality).

This sample gave 4 per cent. of ash, which was nearly white, and contained wheat flour and turmeric.—*Adulterated with flour, and coloured with turmeric.*

11th Sample.—Taylor Brothers' Mustard (Double Superfine).

This mustard gave 3 per cent. of ash, and seemed to contain rather a large amount of wheat flour. Coloured with turmeric.—*Adulterated with flour, and coloured with turmeric.*

12th Sample.—Keen's Genuine Mustard.

This mustard gave about 4 per cent. of ash, nearly white. This sample seems, in every respect, pure.—*Genuine.*

13th Sample.—Keen's Mustard (Double Superfine).

Ash 4 per cent. Was coloured with turmeric, and contained wheat flour.—*Adulterated with flour, and coloured with turmeric.*

14th Sample.—Finch, Rickman, & Co.'s Mustard (Superfine).

This mustard gave 3 per cent. of ash; it also gave but a small amount of fluorescence, but contained wheat flour.—*Adulterated with flour, and slightly coloured with turmeric.*

15th Sample.—Genuine Mustard (Double Superfine).

Messrs. Finch, Rickman, & Co., London.

This mustard gave about 5 per cent. of ash, nearly colourless. It contained no turmeric, and was, in every respect, a genuine sample of mustard.—*Genuine.*

16th Sample.—Mustard (Double Superfine).

Manufactured by Finch, Rickman, & Co., London.

Gave 3 per cent. of ash fluorescent, and contained wheat flour.—*Coloured with turmeric, and adulterated with wheat flour.*

17th Sample.—Superfine Durham Mustard.

This mustard exhibited considerable fluorescence. The ash was rather coloured, and amounted to 5 per cent.; it contained wheat flour.—*Adulterated with flour, and strongly coloured with turmeric.*

18th Sample.—Taylor Brothers' Mustard (Fine).

This mustard was adulterated with wheat flour and pepper, and exhibited considerable fluorescence. The ash was 5 per cent.; the fluorescence was considerable.—*Adulterated with flour and pepper, and coloured with turmeric.*

19th Sample.—Fine Durham Mustard.

Messrs. Sadler & Co., Southwark, London.

Contains wheat flour, and fluorescent. Ash 4 per cent.—*Adulterated with flour, and coloured with turmeric.*

20th Sample.—Taylor Brothers' Genuine Mustard.

"Dr. Hassall, in his Report, says:—'I find Taylor Brothers' genuine mustard to consist entirely of the flour of mustard seed of superior quality, delicate flavour, and much pungency.

"'(Signed) Arthur Hill Hassall, M.D.'"

Alcoholic solution; not fluorescent. Ash 4 per cent., and in every other respect genuine.—*Genuine.*

21st Sample.—Shelley's Mustard (Double Superfine).

Messrs. Shelley & Co., Dublin.

Alcoholic solution; fluorescent; contains capsicums. Ash 7 per cent., the excess of which consisted of sulphate of calcium; it also contained wheat flour.—*Adulterated with flour, sulphate of lime, and pepper; and coloured with turmeric.*

22nd Sample.—Cherry's Mustard (Brown).

Dublin.

This mustard was hardly fluorescent at all, but exhibited a trace. The ash was 11 per cent., the excess of which appears to be gypsum, or plaster of Paris. It contained wheat flour.—*Adulterated with flour and sulphate of lime.*

23rd Sample.—Shelley's Mustard (Brown).

Messrs. Shelley & Co., Dublin.

This mustard, like sample 22, contained no turmeric, or, if present, a very minute trace. The ash was, however, 11 per cent., about half of which is sulphate of calcium. Contained capsicums.—*Adulterated with capsicums, flour, and plaster of Paris.*

24th Sample.—Armisteads' Mustard (Genuine Brown).

Messrs. Armisteads & Co., London and Leeds.

"Established 1748; unrivalled for purity, strength, and flavour; tried upwards of a century, and universally approved, being prepared by a peculiar process ensuring the full strength and flavour of the seed."

The alcoholic solution of this mustard exhibited considerable fluorescence. It also gave a very large ash, 13 per cent., about 9 of which consisted of sulphate of lime; it also contained pepper.—*Adulterated with sulphate of lime and pepper.*

25th Sample.—Common Mustard (Seconds).

Maker unknown; retailed at 6d. per lb.

Ash 3 per cent. The tincture exhibited strong fluorescence, and when examined by the microscope it was seen to consist almost entirely of wheat flour; it also contained pepper.—*Largely coloured with turmeric, and adulterated with flour.*

26th Sample.—COONEY'S GENUINE BROWN MUSTARD.

Messrs. C. Cooney & Co., Dublin.

Contained turmeric, and gave 13·5 per cent. of ash, the excess of which consists of sulphate of calcium.

No.	NAME OF MAKER.	QUALITY.	ADULTERANTS. Plaster of Paris.	ADULTERANTS. Wheat Flour or "Struck."	ADULTERANTS. Pepper.	ADULTERANTS. Turmeric.	Ash.	Moisture.
15	Messrs. Finch, Rickman, & Co.	Genuine.	None.	None.	None.	None.	5	5
16	" "	Double Superfine.	"	Present.	"	Present.	8	6
14	" "	Superfine.	"	"	"	"	8	7
1	" "	Fine.	"	"	"	"	3·5	7
4	Messrs. J. & J. Coleman & Co.	Genuine.	"	None.	"	None.	4·5	6
7	" "	Double Superfine.	"	Present.	"	Present.	4	6
2	" "	Superfine.	"	"	"	"	4	6
8	" "	Fine.	"	"	"	"	3	6
12	Messrs. Keen, Robinson, & Co.	Genuine.	"	None.	"	None.	4	4
13	" "	Double Superfine.	"	Present.	"	Present.	4	6
10	" "	Superfine.	"	"	"	"	4	6
5	" "	Fine.	"	"	"	"	4	8
6	Messrs. Sadler & Co.	Genuine.	"	None.	"	None.	6	6
9	" "	Double Superfine.	"	Present.	"	Present.	4½	6
17	" "	Superfine.	"	"	"	"	5	7
19	" "	Fine.	"	"	"	"	4	6
20	Messrs. Taylor Brothers.	Genuine.	"	None.	"	None.	4	4
11	" "	Double Superfine.	"	Present.	"	Present.	3	7
10	" "	Superfine.	"	"	"	"	5	6
18	" "	Fine.	"	"	Present.	"	5	6
21	Messrs. Shelley & Co.	Double Superfine.	Present.	"	"	"	7	6
23	" "	Brown.	"	"	"	None.	11	5
22	Cherry.	"	"	"	None.	"	11	5
24	Messrs. Armisteads & Co.	"	"	None.	Present.	Present.	13	5

It will be seen from the above Report that almost the universal adulterant is wheat flour. "*White struck*" is the technical term by which the manufacturers know this substance universally used by them. It is the finest wheaten flour, slightly coloured with turmeric (about one pound to the ton*) (? cwt.). It will be seen from our Report that "*white struck*" is used in all the mustards except those labelled "genuine," and even some of these; generally, however, those so branded, on examination, proved to be really genuine articles. From a sanitary point of view, there may not be much harm in the substitution of a certain percentage of flour for mustard; but on the public such a substitution is illegal and a fraud; and to the class of purchasers who are able to buy their mustard in the original package, we say: buy your mustard, and, if you wish to get mustard not struck, see that the canister has the name of a respectable manufacturer upon it, and that it is branded genuine. Such an extra superlative soubriquet as "double superfine" no longer expresses, as the people imagine, the fineness of the mustard, but only that the manufacturer put in but a limited amount of "struck." How is the poor man, who pays his 1d. or 1½d., to know what he gets? Sample 25 is a fair specimen of the character of mustard that he gets—we are afraid, in some instances, much worse; and he pays frequently a very high rate per pound for the rubbish (retail at 1d. per ounce, or 1s. 4d. per pound, by the huckster). Sample 25, if sold, would be retailed by any respectable house for 6d. per pound; the manufacturer gets about 3½d. We can well imagine what this can be at the present price of mustard seeds.

The proportion of struck is generally as follows:—

Genuine.—All mustard; retailed at 2s. per pound.

Double superfine is the mustard most in demand, and consists of about 5 per cent. of "struck;" is retailed at 1s. 8d.

Superfine consists of 10 to 12½ per cent. of struck, and is retailed at 1s. 4d. per pound.

"Fine" is about the same, only that the mustard is not sifted through so fine a sieve.

The husks, or "hulls," as they are technically termed, are the particles of epidermis of the seeds. The different qualities of mustard are sifted through different qualities of silk sieves. The finer the quality of silk, the less of this "hull" passes through; hence the common qualities are much darker on account of this "hull." As regards the manufacturers, we will do them justice to say that we believe that many of them have no larger profits upon the low-class mustards than upon the genuine; but it makes it none the less an adulteration. The other adulterants are what may be termed accompaniments. The flour is the lie that brings many others. As the quantity of flour is increased, it becomes necessary to add turmeric; if it were not for this, it would, by its pale complexion, tell its own tale. Pepper, for the same reason, is added to compensate for the want of pungency found in the flour. The pungency of pepper is, however, quite distinct from that of mustard, which produces no permanent heat in the mouth.

A more serious adulteration is sulphate of lime, or plaster of Paris. This is probably used to facilitate the dressing of the mustard. In some cases the quantity of sulphate of lime present is sufficient to enable any one to manufacture plaster casts out of the ash. Such a state of things is most undesirable, and should be at once abandoned.

The vendor of mustard is more to blame in most cases, for he is aware that it is an adulterated article. We have been informed, on good authority, that the brand "double superfine" is the one most exclusively sold in the better establishments, and that the British artizan, at the best, has to put up with a "*fine quality.*" The present position of the mustard market is a specimen of the utter sterility of the laws regarding adulteration in this country.

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DEATH BY ELECTRICITY.

M. Matteucci (*Chicago Med. Journal*) has recognised the fact that poisons do not all act in the same manner, and that, when the animal is killed by electric discharges, the excitability of the nerve by the current is destroyed. This observation ought to be taken into consideration in this regard, as it shows the danger of exciting the nerves too strongly.

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* A specimen of the refinement of analyses, as these mustards generally contain about 0·04 per cent. of turmeric, yet can be readily detected.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 11, 1869.

THE MEETING AT LEEDS ON THE MEDICAL COUNCIL.

IN the condensed report of the large gathering of the Profession at Leeds, published in our last number, may be read the exceedingly important fact that a large majority of those present, after a full debate, pronounced in favour of members of the Medical Council being elected by the members and licentiates of the bodies they represent. This is a great advance on the part of the Association, the executive of which has been so occupied with the desire to promote representation by means of members elected by registered practitioners as such, that it has quite overlooked the point so eloquently urged by the Rev. Dr. Haughton. We have so frequently insisted on the plan that Dr. Haughton triumphantly carried, that we cannot but rejoice to find an appeal to the sense of the Profession producing this striking result. We knew indeed that it must do so, because we are in a position to know how deeply the feeling has sunk into the Professional mind, that this scheme is at once simple and just, and, if carried out, would go far to redress many of the wrongs under which we labour.

It is now manifest that the scheme in question must form part of any amendment of the Medical Acts, and we completely agree with Professor Haughton, that it is wise to ask not this or that alone, but all that we desire; for it is as easy to pass a comprehensive measure of reform as a minor one. We have never advocated making this one reform of the Council a plea for legislative interference. We have rather held that the Legislature originally intended such a movement, and we are corroborated by the originator's letter to the Council. In that communication Dr. Prosser James showed that he submitted such a plan to the late Lord Palmerston's Government, and that the clauses of the Act embrace it, and were intended at the time to apply to that mode of electing the Council. From that time the question has never been at rest. The ruling bodies of our corporations usurped the authority to nominate, but not without murmurs and protests. The University of London graduates spent some £100 in a lawsuit on the matter, and failed for want of energy and more funds. This was not all. Dr. Prosser James is said to have expended four or five times as much as this in preparing the way for an appeal to the law courts in reference to most of the corporations, and we are assured that the opinions he expressed in his letter to the Council are fortified by some of the highest legal authorities of the day. Last year the columns of the Journal of the Association witnessed how strongly his views were endorsed by many correspondents, and how widely they had spread through the Profession. The *Medical Times* has lately given expression to an approval only qualified by a desire to limit the numbers of the Council, and very naturally suggests an extension of the plan of grouping which exists in the case of the Scottish Universities. There is much doubt whether the Council should be curtailed in numbers, and our contemporary has done well to give it expression. The *Lancet* has admitted in several articles the fact that this plan is spreading, and in one or two distinctly approved it, although, with a jealousy unworthy of its history or position, it has attempted to attribute its origin to others—knowing full well that the origin had been clearly shown in these columns as well as in those of the *British Medical Journal*, both this year and last. The *Medical Mirror*, which all along upheld the direct election by registered men in its last number, pays a handsome tribute to the proposer of the other plan, and acknowledges how much it would effect. Lastly, the general press has thoroughly approved the plan of election in the manner we have advocated. With such a growing opinion there can be little doubt of the result, and the proposer of the scheme may be congratulated on its success.

We are not forgetting the astounding little countermove at Leeds. After an Association has passed a vote it is the rule to abide by it. But those who had worked so ardently for the other plan apparently did not see that their hands were really being strengthened, and so asked leave not to consider the vote binding in communications with Government. This was a sad mistake. It produces on outsiders the impression that the few only cared for a hobby, and it will, unless care be taken, go far to weaken the effect of any communication to the Government that the committee of Council may adopt. On general grounds such reluctance of an executive to act with the great body evinces a want of harmony or a failure of insight which may be fatal to the influence of the Association. It is therefore strongly to be deprecated, and we were glad to hear some of the members speak out boldly on the point. It should have been remembered by all that an appeal had been made to a large meeting, and that the result was an immense majority for Dr. Haughton's resolution. Nothing could change that vote. No tampering could destroy the fact that, having discussed the plan, the meeting approved it. But, more than this, Dr. Haughton had put the case in its true light. The plans, as we have shown before, are not antagonistic, and the meeting would have made them supplement each other. Thus the Association would have invited the junction of the forces of those engaged in a common cause. Medical reformers have been too divided, and those who would partially reverse such a vote as this would withdraw the hand of fellowship from equally earnest labourers with themselves. The time is coming when all should be ready to unite in a great effort for the common good. Much as has been the excitement caused by the question of the Medical Council, it will soon be eclipsed in far larger issues. We desire the Council reformed. We feel it might have reformed itself; but as it has refused everything, it is time for a great Medical reform to be undertaken by the Legislature. In view of the approach of this, we call upon all Medical reformers to take their stand together—to fight, not for the minor points, over which perhaps too much time and thought have been wasted—but to do battle for a measure broad enough to satisfy the Profession and protect the public.

SCOTLAND.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH, ON THE MEDICAL COUNCIL.

The Royal College of Physicians deserves the gratitude of the whole Profession. It has spoken out on a topic which daily grows in importance, and, in doing so, has given utterance to the feelings of thousands of Medical reformers. It has in the strongest terms condemned the Medical Council. Here is the verdict of the College on the General Medical Council, about which we have had to speak so strongly :—

"That this College, after ten years' trial of the Medical Act (21 & 22 Vict., cap. 90), is satisfied that it has not fulfilled either the wishes or the requirements of the Profession. That the College, while gladly admitting that the Medical Council have done a good deal to improve Medical education, is nevertheless of opinion that it has failed to deal with sufficient firmness with several Examining Boards who have refused to carry out the recommendations of the Council.

"That this College is of opinion that the Medical Council is not the best body to inaugurate any new measure of Medical reform.

"That the College, therefore, remit to the Council, with powers to prepare, for the approval of the College, a memorial to Her Majesty's Government in regard to the necessity of a new Medical Bill, and to hold conferences with any other bodies in regard to it.

"That the Royal College of Physicians of Edinburgh is of opinion that the multiplicity of Examining Boards, each giving separate diplomas, is an evil.

"That the College is of opinion that it would be desirable if the various Examining Boards in Scotland would unite to form an entrance examination, leaving it to each of them to bestow, in addition, such diplomas as their charters entitle them to confer.

"That the College remit to the Council to endeavour to promote such a view by conference or otherwise."

No one is likely to dispute that the Medical Council has proved itself incompetent to rule the Profession. It has turned a deaf ear to all who would have improved its constitution, and, wrapping itself in self-complacency, has forfeited the confidence of the Profession, the Government, and the public. Many have been those who thought its greatest fault was its care for the licensing bodies. The Edinburgh College, led by Dr. Alexander Wood, shows that some of these corporations are better than the Council. We sincerely trust that the other bodies will accept the invitation to a conference. By so doing they may retain all that is worth retaining of their privileges. If they do not they must take the consequences. The axe is laid to the root of every corporate tree, and some of them seem likely to be laid low.

There is only one point we should have wished further entered upon. The College admits its Fellows to vote in the election of its representative in the General Council. Is it prepared to extend the franchise to licentiates? This is a question that we think Dr. Alexander Wood should certainly have said something about. The battle on this point is, in fact, almost won. No Liberal Government will suffer the nomination of members of a reformed Council by narrow constituencies, and those corporations which demur to the full extension of the franchise are very likely to be left in the lurch altogether, and their diplomas looked upon merely as those of societies to which the entrance is chiefly restricted by the payments.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONIAL.

The ceremonial of graduation of students in medicine took place on the 2nd inst., in the General Assembly Hall, which was filled by a gay assemblage of ladies and gentlemen. The graduates, dressed in their robes, occupied the central area of the hall. Vice-Chancellor and Principal Sir Alexander Grant presided.

There were twenty-six candidates who received the degree of Doctor of Medicine under the new statutes, and five under the old statutes. Thirty-nine candidates received the degree of Bachelor of Medicine and Master in Surgery, and five received the degree of Bachelor of Medicine only.

Sir Roderick I. Murchison received on this occasion the honorary degree of LL.D.

Notes on Current Topics.

Baby Farming.

At the Guildhall, last week, a woman was brought up charged with starving and neglecting a child left with her by its mother to bring up. In defence, she said she had not been paid for several weeks. Though a year and three quarters old, the child only weighed 10 lb. 5 oz. The magistrate said it was a most cruel case.

Workshops' Regulation Act.

Mr. Jay, of the Regent-street Mourning Warehouse, has been fined for infringement of this Act. Personally, Mr. Jay has always been an advocate for the strict enforcement of such an Act, but it was shown that one of his superintendents had asked some of the young women to remain beyond the legal hour to finish some mourning required for a funeral. Of course, legally, Mr. Jay is responsible for the conduct of his superintendent, and was duly fined, although it was shown he had given strict orders not to infringe the Act. The fine will not be of any consequence to Mr. Jay, who will no doubt feel it quite right for the law to be thus impartially carried out. It would not have done to let off Mr. Jay, although personally he was not to blame.

Compensation for Railway Injuries.

A case against the London and North-Western Company was tried last week on the Northern Circuit. It appears that the plaintiff had suffered in and been compensated for a previous accident, and was only beginning to do a little work when the second accident happened, and completely disabled him. Mr. Erichsen and Drs. Noble, Roberts, Webster, Mr. Beevor, &c., were engaged. The plaintiff was brought into court lying on his back, on a sort of stretcher. The Judge (Hannen) made some pointed comments on this kind of exhibition. It was of course done to excite the sympathy of the jury. It was stated that on the occasion of the former accident the patient was brought into court in the same way. The jury gave a verdict for £1,500, the same amount that the plaintiff had received as compensation for the first accident. Another case was tried against the Lancashire and Yorkshire Company, in which also Mr. Erichsen, Mr. Beevor, and others appeared. £2,000 damages were given. The railways will surely learn caution if costs can make them.

Toxicology Extraordinary!

Of all the strange results of the freedom of the Press, and the readiness of certain papers to indulge the *cacoethes scribendi* of their readers, the way in which nice questions of toxicology are discussed in letters to the daily papers is most remarkable. Dozens of letters appear, the initials subscribed to which mean absolutely nothing, and respecting the writers of which we can know as little, whenever a jury has returned a verdict of guilty against any one accused of murder by poison. The *Telegraph* particularly cultivates this kind of confidence in its readers, and its columns have lately teemed with letters, the purport of which was to show that Fanny Oliver was not proved guilty to the satisfaction of the writers. We do not object to this, nor do we care to inquire now as to the propriety of the commutation of sentence that has been granted. But we certainly would express surprise at the hardihood of some of the letter writers in attacking the scientific evidence at the trial, and setting up their own prejudices or misgivings against the skill of the chemical analyst engaged.

It would be comic, were it not such a burlesque on the solemn administration of the law, to note how the silly prating of anonymous correspondents seems to get the better of scientific facts. It is terribly amusing to read such criticisms and such simple explanations of the presence of "only a quarter of a grain of arsenic in the liver." If we were to believe all these people tell us, we might all be walking about with still larger accumulations of that mineral in our systems. What does it all amount to? That certain ignorant people have so high an opinion of their own knowledge and judgment, that they are ready to ignore the evidence of facts they cannot appreciate.

Well, perhaps that is no new thing in human history after all!

The Nature and Treatment of Cholera.

Dr. Murray, Inspector-General of Hospitals in India, who has long been engaged, under official sanction, in instituting inquiries and in making research into the nature and treatment of cholera, is stated to have embodied and submitted to Government the result of his useful labours in a bulky and important Report. The Governor-General, after thanking Dr. Murray for his zealous devotion to the subject, has sanctioned the extensive distribution of his Report throughout India, not, of course, as conveying the authoritative decision of the Government of India on so obscure and difficult a question as the nature and treatment of cholera, but for its own probable value, as embodying the deliberate views of an officer of long experience, who has devoted himself assiduously to the duties of his Profession, and especially to the consideration of this particular form of disease.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending July 31st, amounted to 155; the average number in the corresponding week of the years 1864 to 1868 inclusive, was 157. The deaths registered during the week were 122; the average number in the corresponding week of the previous five years was 134. Fever caused 10 deaths—viz., 6 typhus, 3 typhoid or enteric, and one common continued fever. Of the foregoing deaths from fever, one occurred so far back as June 15th, one on the 16th, another on the 18th, one on the 28th, and one on the 29th of the same month. Though these deaths took place in a public institution (Cork-street Fever Hospital), the registration of them was neglected until last week. Seven deaths resulted from scarlet fever; of these, one occurred on June 17th in Cork-street Fever Hospital. Measles proved fatal in 4 instances. Two deaths were referred to croup, one to whooping-cough, and one to diphtheria. The deaths from diarrhœa amounted to 4. Bronchitis was the cause of 8 deaths, and pneumonia of one. Five deaths were ascribed to inflammation of the brain, &c. Heart disease proved fatal in 8 instances, and aneurism in one. Inflammation of the stomach, inflammation of the intestines, inflammation of the covering of the intestines, and perforation of the intestines, caused one death respectively. Fourteen deaths were ascribed to pulmonary consumption, 11 to water on the brain, and 4 to mesenteric disease. Three deaths were attributed to cancer. The Registrar of No. 1 District, Kingstown, observes:—"The sanitary state of my district is most satisfactory. I have not one case of contagious disease on my dispensary register since last return." Two accidental deaths were registered—viz., a child, five years old, from drowning; and a man aged fifty-five, from concussion of the brain from a fall. Two suicidal deaths occurred: one by gunshot wound, and the other by wounds of throat.

Queen's University in Ireland.

At a meeting of the Senate of the Queen's University, held on the 21st ult., the following Examiners were appointed for the ensuing year:—In Medicine, Professor Cuming, M.D.; in Surgery, Edward Dillon Mapother, M.D.; in Materia Medica, Maxwell Simpson, M.D., F.R.S.; in Medical Jurisprudence, Prof. Hodges, M.D.; in Midwifery, George H. Kidd, M.D.

Mortality among German Troops.

"It has been proved," says the *North German Correspondent* of Berlin, "by sanitary tables continued through a long series of years, that the annual mortality in the Prussian army, and at present among the North German troops, is on an average 69-70 per 10,000 men, while for the Russian soldiers it is 390, for the Austrian 280, for the French 190, for the Italians 150, and in the Belgian army

142. The last-named troops come, therefore, in a sanitary point of view next after the North Germans, although the mortality in a year amongst the former is more than double that of the latter. The comparatively large number of deaths in the Austrian service is attributed partly to defective hospital arrangements, and partly to the neglect of hygienic precautions and obstinate prejudice against ventilation on the part of the soldiers themselves. The rate of mortality in the English army (150 per 10,000) is more favourable than in that of France (190 per 10,000), in spite of the differences of climate and other injurious influences to which the British soldiers are exposed on colonial service."

Statistics of Suicide in Continental Armies.

ACCORDING to the statistics published by the *Gazette de Vos*, there were, in 1868, not less than 134 cases of suicide in the army of Northern Germany, to a total mortality of 1,344—a proportion of one self-murderer to each eleven deceased. This proportion is really frightful; it is four times that which exists amongst the civil population of the Empire. The statistics of suicide in other countries show that the proportion in the armies are—for Denmark, 1 in 3,900; Saxony, 1 in 5,000; Baden, 1 in 9,000; Norway, 1 in 9,000; Wurtemburg, 1 in 9,784; France, 1 in 10,000; Sweden, 1 in 15,000; Bavaria, 1 in 15,600; Belgium, 1 in 17,800.

THERE were 935 persons attacked with cholera in the district of Saugor from the 17th to the 19th June, out of whom 811 died. "How long," asks the *Jubbulpore Chronicle*, "will the district stand such frightful devastation?"

THE *Gazette Hebdomadaire* of Vienna announces that Professor Purkinje, of Prague, died on the 28th of July, in the eighty-second year of his age. He was one of the most celebrated physiologists in Germany, and his works on vibratile movements and the development of the egg are known to all the learned.

VON GRAAFE, the illustrious ophthalmic surgeon of Berlin, having lately returned from Italy, where he had proceeded for the good of his health, has, we regret to learn, lost all the benefit which he had derived from the change of climate, and will, probably, be obliged to abandon his labours and the practice of his profession to seek anew the beneficial effects of a warmer climate.

THE subscription opened by the friends of Trousseau has effected its object. Two busts of the lamented Professor have been executed: one, in marble, is to be placed in the assembly room of the Faculty of Medicine; the other, in bronze, is to be placed under the peristyle of the Hôtel Dieu. Not only have the expenses been amply provided for, but the balance of the receipts has enabled the committee to send to each subscriber a photographic proof of the bust, as a souvenir of the man in honour of whom the subscription was initiated.

THE report of the last sitting of the Academy of Medecine of Paris contains an interesting communication from M. Fauvel, on the mission confided to Dr. Proust for the purpose of informing the French Government as to th measures taken by Persia and Russia to preserve Europe from a new invasion of cholera upon the points by which the terrible epidemics of 1832 and 1849 have penetrated to ravage the European Continent. The learned Inspector-General of the Sanitary Service has concentrated his attention upon the dangers with which the annual pilgrimage to Mecca threatens the world. M. Fauvel has not forgotten the melancholy results of past epidemics. It is necessary to ascertain whether Persia, on the one hand, or Russia, on the other, have kept the engagements on which they had entered to guard against new invasions of cholera. It is necessary for us to know in what condition of efficiency the sanitary arrangements of these States may be, and how much Europe has to fear from their carelessness. M. Fauvel demonstrated the urgency of this mission by the announcement that the cholera, which last year had manifested itself in Persia, and especially in Teheran, had just reappeared in this latter city.

IN one of the recent numbers of the *Wiener Wochenschrift*, Professor Braun, of Vienna, relates an extraordinary incident in his practice. Twenty-three hours after an operation for ovariotomy the patient died of hæmorrhage. At the opening of the body a morsel of sponge was found, which had been left in the abdominal cavity. All those present at the autopsy believed that the presence of the foreign body had in no respect contributed to the unfortunate termination. All the sponges had been counted, and it was found that the piece must have been broken off from one of them.

This incident has given rise to a civil action against the *Wiener Medicale Zeitung*. The circumstances had been reported in that journal, but by mistake were attributed to Dr. Billroth, who, being very angry, has commenced an action against Dr. Kraus, the Editor, for "publication of false intelligence;" and although he, repudiating any malicious intention, offered the fullest publicity to remedy the injury which might be caused, Dr. Billroth, nevertheless, persists in his action for damages.

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THE CONTAGIOUS DISEASES ACT.

THE Select Committee appointed to inquire into the working of the Contagious Diseases Act, 1866, and to consider whether and how far, and under what conditions it may be expedient to extend its operation, have agreed to a report. The committee say in reference to the question whether it would or would not be advisable to extend the operation of the Contagious Diseases Act (1866) to the whole population, it is one which involves considerations of such magnitude, both social and economic, that they have thought they should best perform their duty by not entering on so large a field at so late a period of the present Session. Her Majesty's Government were not prepared, and had no intention to enter into the consideration of this question in the present year. Although the Act has only been in operation two years and a half, and at some stations only seven months, strong testimony is borne to the benefits, both in a moral and sanitary point of view, which have already resulted from it. Prostitution appears to have diminished, its worst features to have been softened, and its physical evils abated. In certain military districts the limit of five miles imposed by the present law appears to be insufficient. Testimony is borne to the fact that women reside just outside this limit to escape the operation of the Act, and strong representations have been made by some of the witnesses as to the necessity of extension. The committee are of opinion that the limit may with safety and advantage be extended in military districts, where it is found necessary to do so, to a distance of not more than fifteen miles, which is the limit of the powers of the metropolitan police in other respects. The 17th section provides for the voluntary submission by women to medical examination, but does not give sufficient power to secure their continued obedience to the requirements contemplated by the 19th section. To remedy this the committee recommend that the notices of visiting surgeons shall have the effect of a warrant, which shall be an authority to the police to apprehend a woman refusing to appear on the day appointed. Power should also be given to the visiting surgeon to order the detention of women. The evidence seems to point to the necessity of extending the limitation of detention, under section 24, from six to nine months. It has been shown that the certificates given under the Act on discharge from hospital are sometimes improperly used, and often change hands. The committee recommend that the certificate on discharge shall in future remain in the hands of the inspector of police.

An important modification of the Act is suggested by what appears in evidence,—viz., that in the first four months of this year, out of 700 women of ill-fame in Devonport, 41 were undoubtedly restored to a virtuous life by the direct and indirect influence of the Act, and 29 more left the district. It appears that many of these women would object to apply to a justice in open court for a discharge from attendance, but would feel no such objection to be discharged by the medical officer under whose care they had been. The committee therefore propose to modify clause 33, by omitting the last half after the words "certified hospital," in order to insert a provision that a woman applying for relief from detention and examination might make application on that behalf to the visiting surgeon, who, on ascertaining through the inspector of police that she had abandoned a life of prostitution, might, if he saw good reason, order her release from further attendance; such order to be equivalent to one issued by a justice. The committee observe that, whilst it would be unadvisable to subject non-commissioned officers and married men of good character to examination, it appears not unreasonable that, for the general good of the service, other soldiers should be periodically examined; and the committee have reason to suppose that such a system, properly conducted, would not prejudice the service. The expense entailed on the country by extensive disease among the troops, the injury inflicted morally and physically upon the men, seem to point to the urgent necessity which exists for adopting every possible means to arrest the spread of this contagion, no less than its duration. The committee have not taken professional evidence as to the practicability of extending such a system of periodical examination in the navy, but they recommend that it should be considered by the Admiralty. The committee have received evidence as to the prevalence of disease at Aldershot, spread not only by the common prostitutes who resort to the camp, but by women brought to it from considerable distances by tramps, who live on the earnings of these women. It is possible that this evil exists at other camps. It would be, in the opinion of the committee, desirable to meet this by special penal legislation.

The committee recommend that in addition to the power of extending the operation of the Act at military stations to a distance of fifteen miles instead of five miles, the following places should be added to those now scheduled in the Act:—Gravesend, Maidstone, Winchester, Dover, Walmer and Deal, Canterbury, Colchester, Devonport, Portsmouth, Woolwich, and Windsor.

The committee remark, in conclusion, that whilst they have confined their investigations to the object of securing greater efficiency in the treatment of these diseases at military and naval stations, they recommend that further inquiry, by a committee appointed early in the next Session, should be instituted with a view of ascertaining whether it would be practicable to extend to the civil population the benefits of an Act which has already done so much to diminish prostitution, decrease disease, and reclaim the abandoned. The committee have examined Mr. Simon, the medical officer of the Privy Council, as to the nature of the evidence which should be prepared before this question is referred to a parliamentary committee, and they recommend that his suggestions on this head should be adopted by Her Majesty's Government.

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Summary of Science.

BY C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., ETC.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

ACTION OF HYDROCHLORIC ACID ON MORPHIA.

MR. MATHIESSEN and Mr. Wright find that when morphia is subjected to a temperature of 140°, in a sealed tube with a great excess of hydrochloric acid, an alkaloid is found, differing very considerably in its properties from morphia.

It would appear that the new base is simply formed from morphia by the abstraction of the elements of water.

$$\underset{\text{Morphia.}}{C_{17}H_{19}NO_3} = H^2O + \underset{\text{New Base.}}{C_{17}H_{17}NO_2}$$

The discoverers propose to give the name of apomorphia to this alkaloid.

The physiological effects of apomorphia are very different from those of morphia. A very small dose produces speedy vomiting and considerable depression; but this soon passes off, leaving no after ill effects.

Dr. Gee finds that one-tenth of a grain of the hydrochlorate subcutaneously injected, or one-fourth of a grain taken by the mouth, produces vomiting in from four to ten minutes. A gentleman allowed himself to be injected with one-tenth of a grain, which produced vomiting in less than ten minutes. Dr. Gee concludes that the hydrochlorate is a non-irritant emetic, and a powerful anti-stimulant.

In a second paper they also find that, on submitting codeia to the action of hydrochloric acid, a similar reaction is produced, and a crystalline chloride of apomorphia was procured. Apomorphia procured from this source gave the same qualitative reactions, and produced the same remarkable physiological effects.

PROTOXIDE OF NITROGEN.

M. STANISLAS LIMOUSIN has written a long memoir on the above subject (vide *Journal de Pharmacie et de Chimie*, June), which possesses some interest from a therapeutical point of view. The author was struck by observing the great solubility of the gas in water. Having partially filled a jar with cold water and this gas, he was surprised, on agitating it quickly, to find the cork of the jar sucked in, with a loud noise. On being measured, it was found that the solubility of gas in water was not half, as given in most of the works on chemistry, but was volume for volume—that is to say, the solubility at ordinary temperature was volume for volume, and equal to that of carbonic acid. We are, therefore, able to obtain a solution under the ordinary atmospheric pressure, one volume of gas to one volume of water, or one-third of oxygen. The solution has a sweet taste, which is slightly insipid, but renders the water more agreeable to drink than when it is pure. It communicates a peculiar taste to wines and such like liquors. When the solution is made under pressure, and some volumes of the gas are dissolved, this sweet taste is much more strongly manifested.

The author, although he does not pretend to prove that there is any complete analogy between this definite chemical compound and atmospheric air, still he insists upon the little stability of protoxide of nitrogen under the influence of certain chemical agents and certain physiological conditions. It decomposes, under very feeble influences, into nitrogen and oxygen. It is, therefore, in M. Limousin's opinion, capable of playing other parts besides that of an anæsthetic agent.

ON THE REACTIONS OF CHLOROFORM.

M. BAUDRIMONT points out certain peculiarities as regards the reactions of this body. Chloroform is decomposed, under the influence of caustic potash, into an alkaline formate. When some drops of that fluid are heated with a few drops of

Frommhers's liquor (potassio-tartrate of copper), a hydrate of a yellow colour is deposited, which, on boiling, soon changes to the red oxide. This reaction is so delicate that it only suffices to agitate one or two drops of chloroform with 100 centimètres of water; this solution will instantly reduce the copper solution. The remarkable point, however, is, that soluble formates do not produce this reaction. It is evident, therefore, that the formate only produces this reaction at the instant of its nascent condition.

Literature.

THE VEGETABLE NEUROTICS.[*]

Our readers are well aware that the author of this volume has for a long time occupied himself with original researches into the action of drugs, and that many of his conclusions have been generally accepted. They will therefore expect in this book a considerable amount of original investigation and an authoritative account of the author's views. They will not be disappointed. Dr. John Harley believes that we may find in some one of the lower animals an exact reproduction of all the variations that we observe in the action of any one drug on the human economy. He consequently anticipates that sufficiently numerous experiments on various series of animals will bring to our knowledge all the phenomena that the drug experimented with can produce in man. It is not necessary to accept this as the whole truth to see the value of such an idea as a guide to investigations of this nature. We find certainly in the animal kingdom various degrees of development of the nervous system, and we find drugs selecting various nervous centres on which to exert their powers. It does therefore seem natural to select certain animals for experiment that seem thus, so to say, adapted for our purpose; and, therefore, without committing ourselves to this guide as unreservedly as Dr. John Harley, we are very happy to follow him in his experiments, and learn from them all we can. There is abundant room for inquiry in this department of knowledge, and we welcome the book before us with the feeling that it is likely to do much good. Between scepticism on the one hand and blind credulity in the oft-repeated statements of too many text-books, there is some fear lest the truth should remain hidden when it might be brought to light. Such investigations as Dr. John Harley's are therefore of double value. They are not only to be welcomed for such truth as they establish, but as pointing out the direction in which the search for therapeutical knowledge should be continued.

STRICTURE OF THE URETHRA.[†]

This pamphlet seems to us the work of one who is a good observer of the attendant phenomena of a diseased condition, as well as an ingenious practical surgeon. The main point of the work is to make known the author's invention for the cure of stricture of the urethra by boring through the obstruction by means of a screw dilator. The mechanical appliances for accomplishing this are very simple, and are fully described at page 17, with all the precautions necessary to ensure a good result. That highly satisfactory results, with small suffering to the patient, follow upon Mr. Aspray's plan of treatment is shown in the cases published, from an experience extended now over some years; and we should advise all practical surgeons to study this small treatise on stricture and its treatment.

BATHS AND WELLS.[‡]

Dr. John Macpherson publishes a very elegant little volume, which, if rather sketchy and partaking somewhat of the guide-book character, will be an agreeable companion to those who may be on their way to the more frequented continental bathing-places. We feel with our author that our English pilgrims to the wells seem almost all to flock to Germany, while France and Italy might often be visited just as well or better. We are therefore glad that Dr. Macpherson gives a fair notice to a number of French, Italian, and Spanish bathing-places. We take this opportunity also of remarking that too often people take a foreign tour from mere fashion or caprice, when the resorts of their native isle would be more beneficial. Things at home are apt to be neglected for those at a distance.

While on this subject we may notice that we have received another edition of Dr. Edwin Lee's work[*] on the Baths of Nassau and Homburg.

A book written by an author who has for years been recognised as an authority on baths, and which has now reached a fifth edition, requires no introduction; it suffices to chronicle the fact of another edition being called for. Dr. Lee is always visiting the various bathing places, and consequently the successive editions of his descriptions of them are regularly brought down to the latest dates.

Transactions of Societies.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Medico-Psychological Association held its twenty-fourth annual meeting, at York, on the 2nd inst. President, Professor Laycock, of Edinburgh, who gave a dinner at Harper's Hotel on the occasion.

Dr. Laycock, on taking the chair, gave an address, in which he noticed more particularly the character, objects, and constitution of the Association. As to the scheme for amalgamating the Association with the Royal Society of Medicine, he was adverse. A Psychological Section would, he thought, be a valuable addition to the proposed society; but he felt that if the Association merged into such a section it could not carry out all its present work, and that consequently a modified and much less useful Society would still remain.

About twenty-three new members were elected, and subsequently in the proceedings five gentlemen were elected honorary members.

Dr. Boyd was elected president for next year, Dr. Tuke was re-elected honorary secretary, Dr. Paul honorary treasurer, and Drs. Robertson and Maudsley editors of the Journal. Some additional names were also added to the Council. In returning thanks for his re-election, Dr. Paul, the treasurer, read the balance-sheet, showing a sum of over £40 in hand.

A discussion took place on the question of amalgamation of the Association with the proposed Royal Society of Medicine, and ultimately a resolution was carried for a committee to consider the question, and to report to a future general meeting.

A committee was also formed, consisting of the President, the past Presidents, and Drs. Arlidge, Christie, and Crichton Browne, to reconsider the laws of the Association.

The scientific proceedings were opened at the second meeting with a speech by Professor Laycock. A vote of thanks was voted to Dr. Laycock, and carried by acclamation. The address will, we understand, be printed in full in the Journal of the Society.

Dr. Richardson read a paper "On Physical Disease from Mental Strain," urging that in this day, when the mental powers were so terribly overtaxed, this study demanded earnest and immediate recognition by the general not less than by the psychological physician.

A discussion, in which many members took part, followed the reading of this paper. The common view that insanity is not induced by mental work was very strongly confirmed.

Mr. Lockhart Clarke, F.R.S., read a paper "On a Case of General Paresis," and showed some remarkable specimens of diseased brain taken from a patient who had died under the care of Dr. Gairdner, of Glasgow. The brain exhibited a considerable number of small oval cavities, sharply defined, and of sufficient size, we should think, to hold an oat-grain. The case was thought by some of the members to be unique, and certainly the disease it represents has not before been described so as to be easily recognised. It is now, however, thanks to Mr. Clarke's skill in preparation of brain-matter and admirable method of observation, so well defined, that we may all be ready to follow up research on the subject.

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[*] The Old Vegetable Neurotics, Hemlock, Opium, Belladonna, and Henbane; their Physiological Action and Therapeutical Use Alone and in Combination. By John Harley, M.D. London: Macmillan.

[†] Stricture of the Urethra: its Safe and Rapid Cure by the New Screw Dilator, with Remarks on its Prevention and Diagnosis. By Charles Owen Aspray, M.D., F.R.C.S.E.; for four years Resident Medical Officer at St. Peter's Hospital for Stone; Consulting Surgeon to the Islington Provident Dispensary; Fellow of the Medical Society of London.

[‡] The Baths and Wells of Europe; their Action and Uses. By John Macpherson, M.D. London: Macmillan.

[*] The Baths of Nassau, Homburg, and Nauheim. Fifth edition. By Edwin Lee, M.D. London: John Churchill and Sons.

Mr. Clarke had a second paper, which he could not read, the time being too short; but at the request of the President he gave a brief and lucid demonstration of the anatomy of the brain, dealing especially with the plan of the convolutions.

Dr. Tuke read a paper entitled "An Apology for Lord Brougham on Psychological Grounds;" and Dr. James Sabben read a very interesting paper on "The Consideration of Ritualism with reference to its Influence on Insanity."

The members of the Association dined together on Monday, the 1st inst., under the presidency of Dr. Laycock, and in the company of the Lord Mayor of York (Mr. Carron Hey), and other well-known local visitors. After the dinner, Dr. Christie gave a *conversazione* at the Assembly Rooms: Dr. Proctor, of York, gave demonstrations of various electrical phenomena; Dr. Clifford Allbutt, of Leeds, exhibited experiments with the ophthalmoscope; and Mr. Lockhart Clarke described and showed microscopical preparations of the nervous system.

The next annual meeting of the Medico-Psychological Association will be held in London.

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Correspondence.

TO OBTAIN "CONTINUED EXTENSION" IN THE TREATMENT OF FRACTURES, WITHOUT USING THE PULLEY AND WEIGHT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If space will admit, will you kindly allow me, through the columns of your influential journal, "The Medical Press and Circular," to express my entire agreement with Dr. Johnson, of Kilkenny, when he writes, alluding to the treatment of fractures by "continued extension," "It matters little to science or mankind who was the originator of this plan." "Is the plan useful and effectual?" The latter is the question which ought to occupy the foremost place in the minds of those anxious to forward the interests of their profession, and to enlarge the means at our disposal for the relief of the suffering. So much has been written upon the treatment of fractures by the pulley and weight, that I shall not allude to it again; but I wish to draw attention to another method of making "continued extension" in treating fractures, which I first saw put into practice through the kindness of Mr. Braddel, house surgeon in the Leeds General Infirmary, and by which I have since obtained the happiest results in the case of a woman, over sixty years of age, who fractured the right thigh at the junction of the upper and middle third of the femur. I am aware that this plan of treatment is known to many, but as I have not seen a description of it in any of the different surgical works, or the various handbooks upon bandaging and surgical appliances; and as it seems to be attended with many advantages and to be easy of application, I think it would be well to make it more generally known through your columns. To carry it into effect there are required—1st. A slight modification of Liston's long splint, having the two ordinary holes at the upper extremity, a large opening for the external malleolus and the lower extremity, not split as in the ordinary splint, but having a small light iron bar, about six or seven inches in length, attached to it, perpendicular to the surface to be applied to the limb, the bar being notched on the side farthest from the sole of the foot.

2nd. A pad, narrow and somewhat longer than the splint, to be applied to its whole length, and to allow of its doubling over the upper extremity to protect the armpit; this pad to be secured in position by several pieces of tape.

3rd. A couple of small pads to be placed above and below the external malleolus, in order that the splint may make no pressure, even if the hole and malleolus do not correspond.

The injured limb is prepared as for the plan of extension, by pulley and weight, by placing broad bands of adhesive plaister along each side of the calf of the leg, a loop being left below the sole of the foot; a roller bandage is then applied from the foot to the knee. The splint and padding are next adjusted, the small additional pads being placed above and below the external malleolus if necessary; the peroneal band ordinarily used is then placed in position, the foot is secured by a strong piece of tape passed through the loop already mentioned, and tied to the cross-bar projecting from the lower extremity of the splint. Counter extension is then made by tightening the tapes attached to the peroneal band, securing them through the holes in the upper end of the splint. A roller bandage from the foot to the knee, and a broad flannel bandage round the body and upper part of splint completes all that is necessary.

This method possesses two great advantages.

1st. It is easy of application.

2nd. The traction being made in the long axis of the limb, and being easily regulated as to amount, the risk of deformity and shortening is lessened.

When necessary, antro-posterior and lateral scored splints can be used with this method to assist in the coaptation of the fractured portions of bone.

Hoping this communication may be deemed worthy of a place amongst the many valuable contributions to the literature of our profession contained in your widely circulated journal,

I am, Sir, yours, &c.,

John W. Martin, M.D., M.Ch. Q.U.I.

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THE CATHOLIC UNIVERSITY OF IRELAND.

Faculty of Medicine.

Honour Examination for the Summer Class Prize.

July 1, 1869.—*Morning.*

MATERIA MEDICA AND THERAPEUTICS.

Examiner, Professor Quinlan, M.D., T.C.D.

(Chemical Formulæ may be written either in the new or old notation.)

1. Give the experimental and other proofs by which it can be shown that the majority of medicines produce their effect through the blood.
2. Describe the method of preparation and the therapeutical action of sulphate of quinia.
3. What are the principal disinfecting and deodorizing agents?
4. Describe the medicinal uses of iodine and iodide of potassium.
5. Explain the chemical composition and medicinal uses of hydrocyanic acid. Mention some of the tests by which it may be recognized.

Honour Examination for the Summer Gold Medal.

July 3, 1869.—*Morning.*

1. Describe the principal anthelmintic agents.
2. Explain the method of preparation and the medicinal uses of hydrochlorate of morphia.
3. What are the principal preparations of mercury?
4 Describe the therapeutical applications of antimonium tartaratum. Contrast its action in cases of sthenic inflammation with that of mercury and venesection.
5. State the medicinal uses of arsenic. Mention the train of symptoms which indicates that this drug is beginning to act as a slow poison.

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TREATMENT OF RETROVERSION OF THE UTERUS.

J. Byrne, M.D., Surgeon to St. Mary's Female Hospital of Brooklyn (*Am. Jour. of Obstetrics*), in a paper on "Retroversion of the Uterus," stated that there is no malady to which females are more subject than chronic metritis, and this condition should always receive the first and most careful attention of the physician. He also remarks, that as dilatation of the os internum is a primary and essential step in commencing the topical part of our treatment, and as it is often impossible to insert a sponge-tent beyond the cervix, he has found those formed out of sea-tangle invaluable, as, when inserted once or twice, there is no difficulty in using the larger kind made of sponge, if deemed necessary. Nevertheless, it is worse than folly to hope for any permanent benefit from topical measures merely; and, on the whole, constitutional treatment, and a strict observance of hygienic rules, are not only absolutely indispensable, but without them every other means will avail nothing.

EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

On July 10, Dr. Evory Kennedy replied as follows :—

Sir, in answering the criticisms on my paper, I must, in the first place, say I was not ignorant of the effect likely to be produced by grappling with an evil such as I felt it my imperative duty to expose, and, by the weight of public opinion, if possible, to remedy.

Neither was I ignorant of the fate that usually attends reformers.

I was warned on all sides not to bring a hornet's nest upon me, and cautioned not to disturb the equanimity of the physicians of Dublin by proposing impracticable changes in their darling institutions, hitherto the pride and boast of our city.

Sir, my motives forbade my giving ear to those timid counsels. My reliance upon the strength of my cause, which is yours alike, coupled with the estimate in which I hold the sound-thinking, liberal-minded, and philanthropic members of my Profession, led me to the conviction that the Profession, in this city, would never lend themselves to a feeble attempt to stifle or crush truth, if fairly and manfully brought before them.

It would have been easier for me to send my paper to the press, and avoid the ordeal of a *vivâ voce* discussion, with all its excitements, irritations, and personalitics. But this plan would have failed in accomplishing the objects I had at heart, namely, eliciting fully all that could be said against, as well as for, the proposed changes ; to meet objections fairly ; and, further, to draw the attention of the whole Profession to the importance of the subject, and what I considered the crying nature of the evil, as the best and speediest means of effecting its remedy.

From this it will be understood that I was quite prepared to expect an animated discussion, with much discrepancy of opinion. The mildest of our poets extolled the use of the *animated no !* and a discussion cannot proceed without it.

I am bound to say that this debate has proved no exception to the rule ; for, although some important points have been quite overlooked, and although some statements have been repeated and reiterated, which, in my judgment, do not touch my arguments at all, or else misrepresent them, still I will candidly admit that my opinions and facts have been on the whole fairly and fully as well as freely discussed.

I purposely and carefully abstained from using personal allusions, or warring with individuals. My hostility was directed against a system for which no person, living or dead, could individually be held responsible. The system of large lying-in hospitals was in operation before the birth of the fathers of the present generation, and it was due, in a large measure, to the benevolent exertions of the physicians of an earlier period.

The somewhat novel position in which I find myself placed of having to answer, at one and the same time, the objections and criticisms of sixteen learned doctors poured upon me, "quick, thick, and heavy, like a thunder shower," imposes on me a difficulty not easy to surmount, with due consideration of your time and of the task before me. Fortunately that task has been lightened by the fact that most of my commentators have answered themselves and each other. I was in hopes that what remained to be done by me might have been done by grouping my critics ; but this I found impossible to do satisfactorily. I am forced, therefore, to take them separately. I shall do so in the order in which each of the seventeen gentlemen spoke.

Dr. Johnston, the present master of the Dublin Lying-in Hospital, began the debate, and I shall deal with the salient points of his paper. He says he would be *wrong* in *not* contradicting my assertion, that the intention of Moss in relieving the miseries of lying-in women has failed, because the exertions of its masters have not rendered it as healthy as one could almost desire.

But it is proved that the mortality of the hospital has been for the last fifteen years 1 in 31. Unless, then, he looks upon the death of so large a proportion of patients as Moss's intended means of relieving them from their miseries, it follows Dr. Johnston *was wrong* in contradicting me, and that he is equally *wrong* in his other conclusion, that the hospital has been rendered *as healthy as one could almost desire.*

Dr. Johnston says that he has succeeded in maintaining a perfectly pure and innocuous atmosphere in the lying-in hospital, and continues :—"I may *certainly* say that anything like a *miasm* or *poison* does *not exist*, and confidently affirm that nothing approaching to contagion has appeared." Yet afterwards Dr. Johnston answers his own assertions by saying : "No doubt we have had deaths from metria, but in almost all instances they were either victims of seduction, &c., or others labouring under distress of mind."

Dr. Johnson says my statements are based upon wrong hypotheses.

Negatur ; the hypotheses are strictly correct ; that is, if Dr. Johnston's objections deal with what may be regarded as bearing upon the hypotheses he alludes to. Let us take them in detail.

Dr. Johnston cannot see why puerperal fever should prevail in the lying-in hospital when fever, typhus and erysipelas, prevailed in medical and surgical hospitals.

Very possibly. Neither do I *quite*, although I fancy we shall all soon see. But I know by experience *it is a fact.* So did the late Dr. Collins and the late Abraham Collis ; so did the late distinguished Dr. Joseph Clarke and Dr. Labatt.

Dr. Johnston can't conceive why, because it frequently happens that puerperal fevers follow the introduction of these zymotic diseases into the lying-in hospital, that hospital should be charged with being the habitat of such a poison, or that zymotic disease in any way engendered it.

I can't conceive how we can arrive at any other conclusion from the frequency of the one following the other than that they stand in the relation of cause and effect. Although the hospital is charged with being the habitat of puerperal fever—a fact which cannot be disproved—it is not so charged because it may be specially engendered by the introduction of a case of zymotic disease (see Propositions 4 and 5).

Dr. Johnston can't admit that puerperal fever prevails endemically in hospitals.

It must do so if the great hospital be its habitat ; and this, although a self-evident fact, has been proved by me over and over again.

Dr. Johnston affirms it is not correct, in fact, unjust, to say that when puerperal fever appears it *generally* first shows itself in the great hospitals.

Not only is this the fact *generally*, but it is notorious that it often shows itself and commits dire havoc in our hospitals without extending, epidemically or at all out of them (see Dr. Joseph Clarke's letter to Sir C. M. Clarke, *infra*).

Dr. Johnston adds, after dwelling upon the precautions and advantages of the hospitals as compared to the hovels of the poor :—"It is hardly, if at all, possible that malaria, or miasm, or any poison, could find a habitat in the hospitals."

But it does, and does to such an extent that the mortality in all the great lying-in hospitals in Europe, notwithstanding all the precautions adopted, has forced itself upon public and professional consideration, and we are here to investigate the causes of this *impossibility* according to Dr. Johnston.

Again, Dr. Johnston and his assistant deny the existence of a noxious atmosphere in the hospital during their period of connection with it, or from May, 1868, to May, 1869. The latter gentleman asserts that the present death-rate is much lower than Dr. Kennedy's calculation, based on the average of the last fifteen years, leads him to think it is. Fortunately, or, rather, I should say, unfortunately, he answers this question so completely in disproving his own assertions that nothing more remains but to adduce his own statistics. Need I say that it is to me a matter of pain and regret, as a governor of the institution, my being obliged to prove that this gentleman's statistics do not confirm the statement of so marked an improvement as they led us to expect? His statistics for the year 1868 are that there were 1,132 deliveries and 29 deaths, but of these there were, as far as I can elicit, 4 deaths in the chronic ward, which are not to be taken into account. If I am in error in this deduction, it is not my fault, as the report did not, as it ought to have done, give us the exact number from all causes, metria, of course, included. But 25 deaths in 1,132 leave a little over 1 death in 45. Now, in the fifteen years, from 1854 to 1868 inclusive, the fifteen years for which I take my average as establishing endemic disease, there are six years in which the death-rate is more favourable to the hospital than that of last year, of which Dr. Johnston and his assistant speak so confidently of "*nothing* like miasm existing," in the very same breath that they admit 18 deaths by zymotic puerperal fever on the high average of 1 death in 63 from this disease alone. To prevent mistakes on this subject we shall give the death-rates for the seven years alluded to, bearing in mind that the gross death-rate of the last year by their table, errors excepted, is 1 in 45½. In 1854 the death-rate was 1 in 53; in 1856, 1 in 64; in 1857, 1 in 46; in 1859, 1 in 66; in 1860, 1 in 54; in 1864, 1 in 46; and in 1865, 1 in 44.

Although I have deemed it necessary, in order to draw a fair comparison with other tables of mortality, to deal with the gross mortality in discussing this question, I am perfectly satisfied to take the statement of the 18 cases of metria out of 1,132 deliveries as conclusive evidence that the disease still holds its habitat and haunts the wards of the Dublin Lying-in Hospital, the large mortality of 1 in 63 *by metria alone* amply confirming this statement and that upon the statistics furnished by the present resident assistant.

But, sir, I will candidly admit, had it been otherwise, and had the tables furnished from May, 1868, to May, 1869, afforded a different result, had the death-rate fallen to 1 in 66 —nay, to 1 in 100—or risen to its highest year (1862), 1 in 14, it would not in the slightest degree have affected the case I have made, or the necessity that exists for dealing with this important question. It did not require an occasional improvement in the mortality, extending, perchance, over a year or two, aye, or three years, to convince those who have studied this disease philosophically and free from prejudice, that it is fitful and capricious in its appearance, disappearance, and duration. My two nights' efforts to elucidate the laws which regulate this disease must have proved nugatory if this, one of its universally recognised laws, has not been impressed upon you.

I have here selected the points of Dr. Johnston's speech which appear to require an answer. The rest of his observations may be described as a eulogistic description of the management and advantages of the lying-in hospital, in which I should fully agree if its defects in construction were remedied. But with his conclusions, and with his arguments, meant to explain why it should be "as healthy as one could desire," and with his commendations of its construction, which I have pronounced and maintain to be "faulty"—with these I disagree, simply because the experience of the hospital has proved that it is *unhealthy*, and that upon Dr. Johnston's own showing. For, surely, where all the other advantages are so great, and arrangements so perfect, the tenor of his own reasoning leaves me no alternative but to ascribe its unhealthiness to its *construction*, which I affirm, and Dr. Johnston thus proves, to be "*faulty*."

Now, wherein lies this faultiness of construction? In its being a double house, with an intermediate corridor, converting four great wards, with nine beds in each, and eight smaller wards, with three beds in each, into one great warren or plateau of connected rooms, with a similar plateau over it, with perforated openings in the ceiling of the lower corridor, which secures the same atmosphere pervading both corridors and the chambers. A generally commingling atmosphere is thus secured through doors, staircases, and perforated openings, so connected throughout that miasm must pervade all, if once generated. In fact, so constructed that isolation is totally impossible, as it is impossible to open a door, or to go in or out of any room in the building, without diffusing the tainted atmosphere, if it exist, throughout the whole structure.

I submit, then, that my original statements are confirmed, and Dr. Johnston's objections answered in the most conclusive manner, by the statistics furnished of the present state of the hospital by his own assistant.

Dr. Kidd, whose views appear to me more advanced upon the subject under discussion, and to approach more nearly to the state in which experience has now landed us, than any other of my commentators, leaves very little at issue between us. In fact, after examining my tabulated analysis of the speaker's, criticizing my thirteen propositions, I find that, directly or indirectly, he agrees with most of the propositions, and as he is about to give the best practical test of this in the manner in which the new wings of the Coombe Lying-in-Hospital are to be constructed, I sincerely deplore that he should be only *almost*, and not *altogether*, convinced of the necessity of complete isolation; for an error in this respect now will perpetuate this deplorable and yet preventable mortality, as if the modified attempt at isolation, as recommended in the resolutions at the Paris conference in 1866, which he describes as about to be adopted in the Coombe Hospital, be carried out, it may help to delay the progress of this great question for an infinite period. That it may lessen the mortality is quite impossible, but that it will prevent metria I do not anticipate; and whichever it does, if it leave the depression on the public mind either that enough has been done in this experiment, or that nothing more need be attempted, as this has failed, then, I am justified in saying that the change contemplated, by its failure or partial success only perpetuates the mortality.

(To be continued.)

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Medical Gleanings.

CASES OF OVARIOTOMY.

Dr. Henry Miller, late Professor of Obstetric Medicine in the University of Louisville, Ky. (*Am. Jour. Med. Sciences*), has always regarded the operation of ovariotomy with some degree of aversion. The uncertainty that must hang over the diagnosis in some cases, notwithstanding the improved methods of investigation, makes him hesitate and ponder long before he can bring himself to the point of laying open the cavity of the abdomen, and sweeping it with his hand to determine the nature of the tumour and the possibility of its safe removal. He holds that it is an impossibility to know of a certainty, before the operation is commenced, whether or not there are adhesions of the tumour of such a nature as to render it hazardous, if not impracticable, to extirpate it. He prefers the ligature to Mr. Wells's clamp, in cases of short pedicles, and asks, what evidence have we that the clamp, or any other of the numerous methods of treating the pedicle which have been devised, is preferable to the ligature as used by Dr. Ephraim McDowell, of Danville, Kentucky, who first conceived and executed the operation of ovariotomy? If we look into Mr. Wells's book, we shall find that out of 114 cases of completed ovariotomy, in nearly all of which the clamp was used, 75 recovered, 39 died; 65 per cent. recoveries. Dr. Clay's cases, up to the latest date he had access to, numbered 110, of which 76 recovered, 34 died; 69 per cent. recoveries, 4 per cent. in favour of the cases in which the ligature was employed.

A FREQUENT CAUSE OF FACIAL NEURALGIA.

Dr. Fort, of Paris, believes that facial neuralgia is often produced by a lesion of the buccal mucous membrane immediately behind the molars, and produced by the evolution of the wisdom tooth.

REFLEX IRRITATION FROM THE RECTUM A CAUSE OF UTERINE DISEASE.

J. C. Nott, M.D., N. Y. (*Am. Journal of Obstetrics*), reports an interesting case of dysmenorrhœa depending upon the engorgement and spasmodic contraction of the internal os, caused by reflex irritation from the rectum. The rectum presented on examination three external and two internal hæmorrhoids, which were removed with scissors and ligatures. To palliate the uterine pains, he inserted into the vagina a soft, round sponge, about the size of a pullet's egg, saturated with a solution of morphine and sulphite of soda, in the following proportions: ℞ Sulph. morphine, gr. v.; Sulphite soda, ℥ ss.; Aqua, O j. In this case the sponge, prepared in this way, and tepid vaginal washes of salt-and-water, were continued for a month, during which time she was comfortable. In conclusion, he never treats uterine affections without inquiring minutely into the condition of the rectum. Hæmorrhoids, small ulcers, irritability, spasmodic contraction of sphincter coccodynia, are common causes of affections of the uterus, as well as vaginismus and other affections of the vagina. With regard to the use of sulphite of soda, the objects in using it were two: *First*, it has gained some reputation as an application to inflamed surfaces; *second*, it is an antiseptic which would prevent the sponge from becoming foul.

ACNE ROSACEA WITH HYPERTROPHY OF THE NOSE.

Guibout (*Annales de Dermatologie et de Syphilographie*, No. 2, 1869) discusses the subject of acne rosacea with hypertrophy of the nose, and relates the case of a man, 45 years of age, who had used every form of external and internal treatment with no success. From six to ten incisions were made into the nose every two, three, or four days; the bleedings were encouraged for from five to ten minutes; then lint soaked either in Goulard's lotion, or in a concentrated ammoniacal solution, was applied with some pressure; the application was kept moist. With this treatment the hypertrophy of the nose rapidly subsided, due to adhesion of the walls and obliteration of the distended blood-vessels. This treatment was suggested by Hebra, five years ago.

ENLARGEMENT OF THE PAPILLÆ IN LICHEN RUBER OF HEBRA.

Dr. Neumann, in the *Proceedings of the Vienna Academy*, certifies that the enlargement of the papillæ in the lichen ruber of Hebra is due to increase in the size of the capillary loops, and to cells deposited along the walls of the blood-vessels. The outer root or sheath of the hairs at the base of the hair-follicles presents teat-like prolongations that indent the hair-follicle, so that it looks like a venous gland, and the hair splits up from the bulb.

CARBONIC ACID EXHALED.

Dr. Edward Smith (*Chem. Gazette*) ascertained that the amount of carbonic acid exhaled by the lungs was in proportion to the actual work performed.

During sleep it was at the rate of…………	293	grs. per hour.
When lying down and approaching sleep	355	,, ,, ,,
In a sitting posture…………………………	491	,, ,, ,,
When walking two miles an hour ………	1,088	,, ,, ,,
,, ,, three ,, ,, ,, ………	1,552	,, ,, ,,
And when working at the treadmill …… ..	2,926	,, ,, ,,

MAMMARY GLAND REMOVED BY CAUSTIC ARROWS.

Dr. Gill (*Med. Archives*) lately presented to the St. Louis Medical Society a specimen of a cancerous mammary gland that had been removed by Dr. Gregory, by means of "arrows" made of chloride of zinc and flour.

THE CAROLINA SISTERS.

The two girls, united by the lower part of their backs, who have been exhibited almost from the time of their birth, are now in Boston, and a notice of them appears in the *Boston Medical Journal*. They feel hunger and thirst, and a call to evacuate the bowels or bladder simultaneously; neither one knowing whether her own organs or her sister's are being evacuated. Prof. Simpson states that when he saw them in 1856 the call to evacuate these organs was not contemporaneous. The attendant here, however, is quite sure that such is now the case, and that one stream of water only is passed. In regard to this last point, if there are two urethral orifices, as observed by Drs. Minot, Simpson, and Ramsbotham, and of course two bladders, it seems hardly possible that these last should be evacuated separately, if the connection between the two organs is such that the call is simultaneous; and, as to the fact, the subjects themselves may be mistaken, as well as the attendant. The connection is through the nervous system, but in the case of the intestines the organs themselves must unite not far above their termination, and this last is so sensitive a part that the call might very well be simultaneous, and it might often if not generally happen that neither individual would know whether the discharge was mainly from her own bowels or her sister's. Menstruation began when they were fourteen years old, and is in every way regular, but with some occasional pain, which is felt by the two. The breasts are well developed, and this is evident. The amount of menstrual fluid discharged at each period, and also the amount of urine that is evacuated, is not greater than it would be in the case of a single individual. Drs. Simpson and Ramsbotham state that there was a single vulva, with two vaginal orifices and two clitorides. That hunger and thirst should be experienced simultaneously when the digestive organs are almost entirely separate, and when the vascular connection must be so trifling, is certainly very remarkable. For some years they lay upon one side, and their heads in consequence became somewhat deformed; but they have since lain upon either side, though of course inclined more towards the back when upon the divergent side; and one may be talking and laughing with those about her whilst the other is sound asleep. Their general health is quite good, and the most severe sickness that they ever had was the fever and ague, when the chills were simultaneous and also the heat. One alone may have a slight headache, as from indigestion; but, if severe, it is felt by both. The effect of a cathartic upon one when given to the other the attendant knows nothing of, as since she has been with them one half of any such medicine has been given to each when required. Their weight within the last month was 170 lbs. M. was very much the smallest in early life, as above stated, and C. could raise her from the ground and walk off with her, but she has not done this for the last year or more, on account of the strain; M. having gained upon her sister, so that now the difference between them is not great. M., however, wears a boot that is one size smaller than C.'s. Having seen the girls several times, and finding that it would be entirely out of the question to get a vaginal examination, I requested the attendant to make one, with instructions; but, intimate as she is with them, she had no better success than myself. She had examined them, however, at some former period, and stated that the united vulvæ were no larger than they would be in a well-formed girl of their age, but that they were fairly beneath the pelvis, so as not to be visible when looked at from the front. There was also one anus, upon one side, and about one and a half inches from the vulvæ. The union has generally been said to be by the sacrum; but Prof. Lee has described it as extending to the lumbar vertebræ, and I should fully agree with him. It seemed, after observing the position of the lower ribs, and the ilia, as if the spinous processes of the third lumbar vertebræ might be in contact. When the lower extremities of either one are touched the other feels it, but she cannot so far locate the sensation as to say whether it is the foot or leg that is touched. There must be an intermingling of the nerves of sensation at the lowest part of the spine; and this would probably be explained, as Dr. Wyman suggests, by the fact that these nerves arise from the back of the spinal marrow, and might naturally blend, as the subjects are united by the backs; but the motor nerves, arising from the anterior columns, are not so connected that one of them can move the limbs of the other. The heart of M. has been positively stated to be in the right side of the chest; but I could not feel persuaded of this, though there is evidently some displacement. This last may, perhaps be owing to the distortion of the chest, though nothing of the kind is observed in C. Vesicular respiration was heard upon each side of the sternum; and the second sound of the heart was about as loud upon the right side of the chest as upon the left, but it was loudest over the sternum.

ERGOT IN THE TREATMENT OF PURPURA.

Dr. Bauer, of Neutershausen (*Deutsche Klinik*), reports great success in the treatment of purpura hæmorrhagica with secale cornutum. He gives 8 to 10 grains three times, or oftener, daily, until hæmorrhagic manifestations cease. When anæmia remains he treats it with chalybeates.

A NEW TREATMENT FOR CHRONIC DYSENTERY.

Dr. E. M. Morse (*California Medical Gazette*) pursues the following method in treating this disease:—The diet is carefully regulated, and the patient kept in a recumbent position, to assist the return of blood from the mesenteric veins. At daybreak, on each alternate or fourth day, he gives a mild cathartic to clear the alimentary canal. After the aperient has acted sufficiently, he injects, very slowly, from two to four pints of Labaraque's solution, in the proportion of one to twenty of water. As much of the injection is used as the patient can well retain. Each injection should be a little stronger, until the patient can feel a smarting or burning sensation. Should there be any tenesmus after the injection has passed out, he uses an opium suppository. The injection of the soda should generally be used once a day, though as the disease progresses favourably it may be given less frequently.

ON ACCOMODATIVE ASTHENOPIA.

Dr. J. G. Rogers, Madison, Ind. (*The Western Journal of Med.*), relates the following case of asthenopia: A lady, aged 30 years, when first seen had suffered for two years from asthenopia, to such an extent that the mere effort of fixing vision for a moment induced severe frontal pains, toothache, lachrymation, palpitation of the heart, and an intolerably nervous condition of the whole system, even pains in the lower extremities. Coupled with this was an inability to walk or make any marked exertion without the same exhibition of inability of the whole muscular and nervous system. Chronic metritis with retroversion, which had existed for several years, was the foundation of all this trouble. On examination of the eyes, a hypermetropia of one twenty-fourth was found. Number thirty glasses were ordered to be worn constantly, but no change was experienced. Thereupon the ciliary muscle was paralyzed by instillations of atropia, and it was found necessary to continue this for five months before the habit was obviated. Then the glasses were comfortably borne, and began to fulfil the indication of doing part of the work of accommodation, which, in ordinary cases, they will do from the moment of applying them. From that time to the present, two years, the irritability of the eyes has gradually lessened, and now the patient can read for a short time quite comfortably. The glasses are constantly worn, though at times they are laid aside without discomfort. By rational application of every possible means the nervous debility and its cause, the uterine lesions, were made to succumb, and now the patient expresses herself as enjoying a comparative elysium.

CONGENITAL ARTIFICIAL ANUS AT THE UMBILICUS.

Dr. A. S. Mayo (*Richmond and Louisville Med. Journ.*) reports a case of artificial anus at the navel, occurring in a female child seven days old. The cord had separated as usual, except that it had left an ulcerated surface, and from this surface both wind and discharges came. The child also passed stools by the natural anus. The artificial opening was cauterised freely, hoping in this way to excite adhesive inflammation, but this not accomplishing the object, the funis was ligated a second time. This had the desired effect, and recovery was perfect.

VAGINISMUS CURED BY BROMIDE OF POTASSIUM.

Dr. Raciborski publishes a case of excessive vaginismus which had existed for some time. It was accompanied with dysmenorrhœa. Bromide of potassium was prescribed, and the cure was rapid and complete.

ERGOT IN FACIAL NEURALGIA.

Dr. Campbell gives the following testimony of the efficacy of ergot:—"I have used it in a severe case of facial neuralgia, which had resisted quinine, morphine, and val. zinc, and found that sixty grains in infusion in three doses promptly arrested it."

NINE BONES IN THE CRANIUM.

Dr. W. J. Burge (*Leavenworth Med. Herald*) has been shown the skull of an adult, said to have been that of a negro, with a peculiarity of the occipital bone. From one and a quarter inches on each side of the junction of the sagittal with the lambdoidal suture, there is a perfectly distinct suture, the two meeting just above the occipital protuberance, and forming a lozenge-shaped bone. Dr. Burge inquires if this is the peculiarity of the skull of all negroes.

ATROPHY OF THE HEART.

The following general results are presented by Dr. N. Finn, of the Pathologico-Anatomical Institute of St. Petersburgh, as having been derived from the examination of one hundred hearts. 1. Simple atrophy is never developed as the only morbid condition. It is unattended by a morbid condition of the cardiac blood-vessels. 2. Neither the absolute or relative weight of the heart, thickness of its walls, nor their reduced circumference, can be received as a certain indication of the presence of atrophy of the organ. 3. The brown atrophy of the heart, so called from a morbid change in the colouring matter of the muscular tissue, is a common accompaniment of all diseases attended with great emaciation. 4. Fatty degeneration of the heart (fatty infiltration) occurs chiefly in persons who have a large development of the subcutaneous adipose tissue; the infiltration is often to such an extent as to prove troublesome. 5. Fatty degeneration of the heart occurs as an acute or chronic affection. It is observed more frequently on the right than on the left side of the organ. In some cases the entire substance of the walls of the ventricle is affected, in others only a portion. In the chronic form there is always atheromatous degeneration of the cardiac blood-vessels. The *arcus senilis* is never met with in cases of fatty degeneration of the heart.—*Centralblatt f. d. Medicinisch. Wissenschaften.*

PREVENTION OF PAIN FROM BLISTERS.

M. Bricheteau states that he has found the hypodermical injection of from 5 to 10 drops of a solution of hydrochlorate of morphia (1 part to 50 of water), made immediately before applying the blister, a most excellent procedure. When the blister is good it begins to rise in from three to five hours, and, as the effect of the morphia lasts for six or eight hours, all pain is prevented during the process. In some persons, whose skins resist a blister more than ordinarily, the injection may be delayed for an hour after its application. By this means, when a blister is applied at night, the patient, so far as it is concerned, may still enjoy his night's rest; and sensitive persons are saved much suffering, as, for example, in the case of the application of blisters to the hypogastric region in young women. The dressing a blister also requires attention. No greasy substance should be applied; but having left as much of the raised epidermis intact as possible, this should be emptied of its serum by a broad clip with scissors, and, after it has sunk down again on the dermis, a thick layer of wadding should be applied. This is to be left on for two days, no other dressing being required. Cicatrization may also be hastened by the following contrivance:—Cut a good-sized hole in the centre of the blister before applying it, and this central untouched portion greatly expedites the healing of the denuded zone which surrounds it.—*Bull. de Thérap.*

SPINA BIFIDA; INJECTION OF IODINE; RECOVERY.

The rule is that these cases die. M. Roux, of Meximieux (France), has recently published in the *Bulletin de Thérapeutique* the case of a girl, six weeks old, presenting this deformity. The tumour hung from the extremity of the sacrum to the lower third of both thighs. The author first made an exploratory puncture, and removed about an ounce of limpid fluid. He tried then the following plan:—An assistant was desired to hold the tumour in such a manner as to occlude the opening into the spinal canal; the operator then injected an ounce of the following solution: Distilled water, eleven drachms; tincture of iodine, three drachms; and iodide of potassium, 180 grains. The liquid was left five minutes in the sac, the latter being kneaded with the hand of the operator. The solution was then withdrawn to the last drop by the exhausting agency of the syringe. This proceeding succeeded so well that, in a fortnight, there was only a hard nucleus left, no larger than a walnut. M. Roux attributes his success to the occlusion of the canal, and to the withdrawal of the very last drop of the injected fluid.

THE PHYSIOLOGY OF THE CEREBELLUM.

S. Weir Mitchell, M.D. (*Am. Jour. Med. Sciences*), during the last six years, has experimented chiefly upon birds, with reference to the physiology of the cerebellum, and the foundation for the following opinions rests upon experimental and other proofs peculiar to his own personal researches, and also upon a wide general consideration and study of the clinical history of cerebellar disease. The experiments made upon the cerebellum have extended over portions of at least six years. During this time he has ablated the cerebellum eighty-seven times, and performed more than 260 experiments upon the influence of irritants on this and adjoining organs. He is disposed to deny to the cerebellum any larger share in co-ordination than exists in any ganglion employed in voluntary motion, and to assign to it a part closely relating it in powers to the chain of spinal ganglia. The cerebellum becomes, therefore, a great re-enforcing organ, capable of being more or less used in volitional muscular motion. Its loss leaves no functional defect save some incapacity for prolonged motor activity. He finally adds, that while he believes the cerebellum to be one of the great centres of force-development for voluntary, and perhaps involuntary motion, he is not at all prepared to assume that it has no other function.

ON PHOSPHORUS POISONING AND FATTY DEGENERATION.

Wm. Pepper, M.D., in an article on "Phosphorus and Fatty Degeneration," recently published in the *Am. Jour. Med. Sciences*, states that phosphorus acts by entering the blood in the form of a highly irritant substance, and in the course of its excretion from the various glands induces a degree of irritation bordering on inflammation, attended with proliferation of cells, which are not fully organised and readily undergo fatty degeneration. The red blood-globules are dissolved by phosphoric acid as by the bile acids. The falling of the temperature of the blood, the ecchymoses of the serous membranes, the serous effusions stained with dissolved hematine, bloody urine, which are noted after its introduction, are all results of the same peculiar action. The manner in which this destruction of the red globules, which are the oxygen-carriers of the blood, favours fatty degeneration, is evident; and, when combined with the tendency which always exists in cells formed by unduly active proliferation, to undergo this change, appears to Dr. P. to afford a satisfactory solution of the extraordinary lesions met with in phosphorus poisoning. In conclusion, he alludes to the close similarity between the symptoms of yellow fever and acute atrophy of liver, and those of poisoning by phosphoric acid, taken in connection with the fact that the bile acids resemble it closely in their action on the blood.

NEW METHOD OF TREATING THE PEDICLE IN OVARIOTOMY.

(**Extract** from an article by J. F. **Miner**, M.D., in the *Buffalo Med. and Surg. Journal.*) I have proposed for myself, and desire to suggest to others, a plan of separating the tumour from its attachments to the pedicle which appears to my mind as feasible, at least in some instances, and, where practicable, as having decided advantages. A few months since I was invited to remove an immense ovarian tumour occurring in the person of Mrs. Foster of Cattaraugus county, N. Y. It was of years standing, had been repeatedly tapped, but at length the contents proved too thick to be drawn through the largest size canula, and the distress becoming too great for endurance, any operation which would end it whatever might be the result, was gladly accepted. The, tumour was multilocular, very large, weighing, as near as could be ascertained, between seventy-five and 100 pounds. It was attached throughout its entire circumference to the omentum, intestines, walls of the abdomen, and all other parts in which it came in contact. These attachments were not so firm but that they could be broken up, and with great care the tumour was separated from the surrounding parts until the pedicle was reached. The process of enucleation had been carried on so extensively and successfully that encouragement was afforded for continued trial; the pedicle was large and extended over a wide surface, but by gentle and patient effort it was separated from its entire attachment to the tumour, and the immense growth removed without the ligation of a single vessel. The terminal branches of the vessels of the pedicle gave out no more blood than issued from the vessels of the attachment elsewhere. All hæmorrhage soon ceased, and the incision was closed by interrupted suture.

The success of this procedure was complete, and the patient continued for more than two weeks without an untoward symptom, and her recovery seemed almost certain. She then commenced to lose her relish for food, grew weak and desponding, and died from exhaustion on the twenty-first day after operation. This fatal termination detracted nothing from the success of this mode of treating the pedicle; indeed, so remarkable was the size and attachment of the tumour that any attempt at recovery is surprising, and yet the patient continued to improve long enough to show that the operation was at least in her case unobjectionable.

ECTROPIUM INTESTINORUM.

A mother, 21 years of age, was delivered of a male child, in which the following state of things existed:—From an opening two inches in length at the umbilical region, ½ inch to the right of the umbilicus, and parallel to the linea alba, bulged out the greater portion of the intestines. Their coats were hypertrophied, and the abdominal walls were to such an extent contracted, as to allow only the admission of the small finger on both sides of the orifice. The rigidity of the abdominal wall did not allow of any stretching. It was an eight-months child, passed its natural secretions, fæces and urine. In the morning it vomited bile, and in the afternoon nursed at its mother's breast; its pulse was regular, as was also its respiration. The portions out were made up by the duodenum, jejunum, and ileum of the small intestines, and the colon and a portion of the rectum of the large intestines. The child died the day after its birth, having lived exactly 21½ hours.—Geo. Fredigke, *Chicago Medical Examiner.*

OSSEOUS REGENERATION OF STERNUM.

Dr. Enrico Bottini communicates to the *Annali Universàli di Medicina* the particulars of the case of a soldier, æt. 30, wounded in the superior region of the sternum during the Italian campaign of 1866. The ball lodged, producing caries, necessitating an operation for its removal which exposed the pleural sac, the osseous walls of the sternum having been gradually absorbed, and a prompt recovery ensued, and new osseus tissue was formed analogous, in resistance to the touch, to the rest of the sternum.

THE INTRODUCTION OF THE CLAMP IN OVARIOTOMY.

Mr. T. Spencer Wells writes as follows to the editor of the *Boston Medical and Surgical Journal*, in reply to a letter from Dr. Parks, inquiring who was entitled to the honour of having invented the clamp used in his operations in ovariotomy:—

"The credit of the introductions is due to Mr. Hutchinson, Surgeon to the London Hospital. He first used one in 1858. It was simply the common calliper of carpenters, which he used and left applied, handles and all. Then the handles were made movable, so that they could be taken off as soon as the clamp was fixed. Then I made the blades parallel, and did without handles. But I afterwards returned towards the original form of clamp, altering the joint and the form of the opposing surfaces of the clamp until I arrived at that which I now use. You may see it figured in Druitt's Vade Mecum, ninth edition, 1865, page 541. I have now (January 25, 1869,) completed 300 cases. Of the

1st 100	cases,	64 recovered	and	34 died.
2d 100	„	72 „	„	28 „
3d 100	„	77 „	„	23 „
Total 300	„	213 „	„	85 „

A general mortality of 28 per cent., but it is very encouraging to note that the mortality has been steadily diminishing with increasing experience."

Since October last he has completed the operation of ovariotomy in 36 cases. Of the thirty-six women, 31 recovered and 5 died: and it is a remarkable fact that in *every case* in which the pedicle was long enough for him to use the clamp the patient recovered.

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MEATH HOSPITAL, DUBLIN.

The operation of lateral lithotomy was performed on Monday morning last, in the Meath Hospital, by Mr. R. St. J. Mayne. The patient was a boy of five years of age, and the calculus, weighing 35 grains, of a globular form, and of twelve months' standing, was removed without accident. We hope to publish a full record of the case in a future issue.

Medical News.

University of London.—The following is a List of the Candidates who have passed the recent First M.B. Examination :—

Ball, James Barry, University College.
Burn, William Barnett, St. Bartholomew's Hospital.
Carr, William Ward, University College.
Carter, Alfred Henry, University College.
Edger, Ebenezer Rust, B.A., University College.
Elkington, Ernest Alfred, Queen's College, Birmingham.
Harding, Alfred William, B.A., University College.
Harris, Michael, Guy's Hospital.
Hayes, Thomas Crawford, B.A., Dublin, King's College.
Ingoldby, Joseph Theodore, Guy's Hospital.
Jones, Thomas, Guy's Hospital.
Southee, Henry Edward, Guy's Hospital.
Warner, Francis, King's College.

Second Division.

Buckley, Samuel, Royal Manchester School of Medicine.
Humphreys, John Henry, Sydenham College, Birmingham, and University.
Hunt, Thomas Henry, Royal Manchester School of Medicine.
Perkins, Charles Edward Steele, Guy's Hospital.
Petch, Richard, King's College.
Pope, Harry Campbell, Liverpool Royal Infirmary.
Scott, Peter Thomas, Guy's Hospital.
Skrimshire, Frederic William, King's College.
Stanger, William, Guy's Hospital.
Westcott, William Wynn, University College.
Wood, Robert Arthur Henry, Liverpool School of Medicine.
Yate, Edward, St. Bartholomew's Hospital.

PHYSIOLOGY ONLY.
First Division.

Beach, Fletcher, King's College.
Burgess, Wm. Frederick Richardson, Guy's Hospital.
Gibbings, Alfred Thomas, King's College.
Smith, Arthur William, Guy's Hospital.

Second Division.

Joubert, Charles Henry, St. Mary's Hospital.

EXCLUDING PHYSIOLOGY.
First Division.

Owen, Edmund Blackett, St. Mary's Hospital.

Second Division.

Betts, Arthur Raymond, Guy's Hospital.
Branfoot, Arthur Mudge, Guy's Hospital.
Davison, William John, College of Medicine, Newcastle-upon-Tyne.
Eardley-Wilmot, Robert, King's College.
Moss, Herbert Campbell, King's College.

Medical Club.—The usual monthy dinner took place at the Club on Wednesday last. Mr. Edwin Saunders occupied the chair, and among those present were Dr. Billing, Mr. Clover, Mr. Forsyth, Mr. Balmanno Squire, Mr. Parkinson, Mr. Critchett, Mr. Wright, Mr. Harrison, Dr. Cholmeley, Dr. Power, Mr. Henry Smith, Dr. Swettenham, Dr. Taylor, Sir W. Fergusson, Bart., Sir Charles M'Grigor, Bart., Dr. Evanson, Sir Ranald Martin, C.B., Mr. Field, Mr. John Galton, Mr. H. Bigg, Dr. Mackie, Mr. W. Adams, Dr. Peter Allen, Dr. Tatham, Dr. Smart, C.B. The next dinner will be the last of the present season, and will take place on Wednesday, August 28th, on which occasion Dr. Lory Marsh will preside.

The New Infirmary at Kidderminster.—The carpet-weavers of this town lately held a *fetê* and picnic, handing over the proceeds, amounting to £150, to the building fund of the new infirmary.

Testimonial.—On the 27th ult., a handsome testimonial was presented at the twenty-fourth anniversary dinner of No. 1867 Court of Foresters, to Mr. John Angus, surgeon, of Frith street, Soho, Medical Officer, Strand Union, in recognition of his valuable service to a large body of the members of that institution. The testimonial consisted of a handsome and classically-designed tea-urn.

Dr. Armstrong, R.N., Director-General of the Medical Department of the Navy, on Wednesday left the Pier Hotel, Southsea, for the Admiralty, on his return to London, after having made a minute official inspection of the naval medical establishments at Portsmouth and of Her Majesty's ships in the port.

Lime Juice.—In the House of Commons on Thursday, Mr. Candlish asked the Secretary to the Admiralty if the Controller of the Victualling Department or other officer had reported favourably on the use of lime juice without the addition of 15 per cent. of spirits ; that pure lime juice had been sent to the tropics and returned in perfect condition ; and that the addition of spirits reduced the antiscorbutic properties of lime juice ; and if he would lay any such report or reports upon the table of the House. Mr. Baxter replied that three of the principal officers of the Victualling Department had reported favourably on the use of lime juice in the Navy. He held in his hand their report, which he would lay upon the table.

NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

Mr. Robert Rigg, Much Woolton.—Dr. Kirby's Portable Dispensaries can be obtained at the manufactory, Newman street, London. The book "On the Ready Administrations of Remedies," of Mr. Renshaw, 256, Strand.

Mr. P. M. Betty, Walsall, inquires "If a gentleman who has practised as a chemist and druggist for nine years, and subsequently becomes qualified and registered as a medical man, can he still continue an open shop ?"

To this we can only reply by quoting the law as laid down in the Amended Pharmacy Act of 1868. Clause 1 says :—"From and after the 31st day of December, 1868, it shall be unlawful for any person to sell or keep open shop for retailing, dispensing, or compounding poisons, or to assume or use the title 'Chemist and Druggist,' or 'Chemist, or Druggist, or Pharmacist, or Dispensing Chemist, or Druggist, in any part of Great Britain, unless such person shall be a Pharmaceutical Chemist, or a Chemist and Druggist within the meaning of this Act, and be registered under this Act, and conform to such regulations as to the keeping, dispensing, and selling of such poisons as may from time to time be prescribed by the Pharmaceutical Society with the consent of the Privy Council." Clause 3 says :—"Chemists and Druggists within the meaning of this Act shall consist of all persons who, at any time before the passing of this Act, have carried on, in Great Britain, the business of a Chemist and Druggist, in the keeping of open shop for the compounding of the prescriptions of duly-qualified medical practitioners, also of all Assistants and Associates who, before the passing of this Act, shall have been duly registered under or according to the provisions of the Pharmacy Act, and also of all such persons as may be duly registered under this Act." Further on at Clause 23, we have it that "Persons registered under 'The Medical Act' shall not be or continue to be registered under this Act."

Our correspondent will see the Act is somewhat ambiguous, and that is one reason why the Pharmaceutical Society do not often enforce the latter provision, although legally they could do so. This Act does not apply to Ireland.

A Subscriber, Dublin.—We regret that it will not be in our power to publish the proceedings of the Dublin Pathological Society for the 12th of April. The Council of the Society have responded to our repeated offer to publish the proceedings by interposing hindrances which make it almost impossible for us to do so. The official record of the transactions of the Society, which is supplied to another periodical without charge, is refused to us, and is thus deferred for three months, until all interest in it has ceased to exist, then to be circulated to one-third of the number of readers which the Medical Press and Circular enjoys. We propose once again to repeat our request to the Council of the Society at the opening of next Session.

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BOOKS RECEIVED.

State Medicine, Resolutions and Report of the Committee appointed by the General Medical Council.

Hooping Cough. Its Pathology and Treatment. By P. Martyn, M.D., B.L. London : John Churchill and Sons.

Sanitary Report of the District of Paddington. By Dr. W. Hardwicke.

The Practitioner; New York Medical Gazette; Boston Medical and Surgical Journal; Glasgow Medical Journal; Microscopical Journal; A Synopsis of the Medical Profession in Belfast; The Philosophy of Food; Chicago Medical Times, &c., &c.

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APPOINTMENTS.

Anderson, Dr. T. M'C., Physician to the Royal Infirmary, Glasgow, vice Leishman, resigned.

Banks, Mr. W. M., Pathologist to the Royal Infirmary, and Demonstrator of Anatomy at the School of Medicine, Liverpool.

Braden, J. G., M.R.C.S.E., Consulting Surgeon to the Lewes Dispensary.

Brooke, C., F.R.C.S.E., Consulting Surgeon to the Westminster Hospital, on the expiration of his term of office as Surgeon.

Buchanan, Dr. G., Surgeon to the Royal Infirmary, Glasgow, vice Prof. Lister, whose term of office had expired.

Duke, A., M.D., Consulting Medical Officer of the Convalescent Home, Dover.

Hodges, J. F., M.D., Examiner in Medical Jurisprudence in the Queen's University in Ireland.

Hother, G., M.R.C.S.E., Consulting Surgeon to the Lewes Dispensary.

Macrae, J., L.R.C.S.Ed., Consulting Surgeon to the Lewes Dispensary.

Parsons, C., M.D., Consulting Medical Officer of the Convalescent Home, Dover.

Rigden, G. C., M.R.C.S.E., Consulting Surgeon to the Lewes Dispensary.

Skinner, T., M.D., Corresponding Member of the Gynæcological Society of Boston, U.S.A.

Smythe, L., M.D., Consulting Surgeon to the Lewes Dispensary.

Turner, R., M.R.C.S.E., Assistant-Surgeon to the Lewes Dispensary.

Young, Dr. D. of Marischal College, Aberdeen, Professor of Botany at Grant Medical College, Bombay.

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Deaths.

Atkins.—On the 11th ult., at Boston, United States of America, H. Bond Atkins, L.R.C.P.Ed., L.R.C.S.I., formerly of Carrigboy Bantry, Co. Cork, aged 88.

Dalzell.—On the 29th ult., at the Lodge, North Berwick, Dr. A Dalzell.

Lindsay.—On the 4th inst., at Hanwell, Marguerite, infant daughter of J. Murray Lindsay, M.D.

Shannon.—On the 24th of June, at Jaulnah, Deccan, P. J. Shannon, M.D., Assistant-Surgeon Madras Service, in Medical Charge of the 1st Infantry Hyderabad Contingent.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 18, 1869.

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EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. Gordon, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 50.)

CONTINUED FEVERS.

The forms of disease classed under the head of continued fevers include attacks of all degrees of severity, from the ephemeral paroxysm of pyrexia to that low, tedious, and exhausting malady which, having reduced the vital powers to the lowest ebb compatible with life, finally destroys them in a period varying from twenty to thirty days, or leaves the patient so debilitated and predisposed to recurrences of the same or other affections, that convalescence is not only tedious, but liable to numerous interruptions. In former times, and as probably is still the case, fever of the continued type prevailed to the greatest extent during the dry season. Young soldiers were especially liable to its attacks, so much so, that very few altogether escaped being subjected to it within the two first years of their residence in India. Its attacks are most common from March till October, both inclusive, and in one form or other occasions the greatest number of admissions into hospital of any disease met with in regimental practice; although not only is the mortality occasioned by it inconsiderable as compared with other endemic diseases, but remarkably so as compared with that of continued fevers in the United Kingdom. Thus, according to the documents to which I have had access, there were in the 10th Foot 4,044 admissions by this fever among soldiers, of whom 123 deaths, or a ratio of mortality to cases equal to 2·79 per cent.; among officers there were 218 admissions and 2 deaths, or 0·91 per cent.; among soldiers' wives 332 admissions and 10 deaths, or 3·01 per cent.; and among children, 156 admissions and 19 deaths, or 12·18 per cent. Here we see that in this, as in other diseases already noticed, the rate of mortality varies according to class. In the present instance it is shown to have been greatest among children, next among women, then among men, and least among officers; while, according to statistics, officers suffered in greatest proportion from its attacks, next men, then women, and least of all children.

Several years ago I had occasion to allude to the increase in this disease, as well as of others, among regiments in India, caused by what really was intended to be an act of liberality and consideration by the Government of that country. I then expressed myself as follows:*—

"It is painful to consider that the rewards sometimes given by a liberal Government, to troops who have been the means of bringing a campaign to a successful termination, may themselves prove a fertile cause of fever, as well as of some other diseases, claiming nearly as many, if not a quite equal number, as those who may have fallen honourably on the field of battle. For instance, the 10th Regiment, in the action at Sobraon, on the 10th February, 1846, lost in killed 29 men, in addition to 136 wounded, of whom six subsequently died in the Regimental Hospital. During 1845-46, the deaths from fevers of all kinds were 21. In the succeeding year—namely, 1846-47—the fatal cases of fevers amounted to 53, and of this number 40 occurred during the months of July, August, and September.

"In reference to this great mortality, we find, in the Hospital records, that suspicions were entertained that the drunkenness and exposure must have had a share in the sad work of destruction, as it was about this period that the Government donation batta (for Sobraon, &c.) was distributed. If, then, in this instance the supposition be allowed that of the 53 deaths that took place from fever in the 10th Regiment one half were solely attributable to the endemic influences which seem, in other seasons, to have given rise to the malady, it may, with equal propriety, be believed that the other half were occasioned by the drunkenness in which the men were enabled to indulge by the distribution of batta.

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* *Medical Times and Gazette*, 1856.

"The fact becomes, therefore, worthy of attention, that while the number of killed among one regiment at one of the most sanguinary of our Indian battles was only 29, no fewer than 26 lost their lives by only one form of disease, which more or less directly originated in consequence of the pecuniary rewards given for their services on that occasion."

I may observe, with reference to this matter, that not only in India, but at home, have I observed very serious evils to follow upon the issue of batta and other pecuniary donations to soldiers. Drunkenness and excesses of various kinds invariably follow upon such occasions; sickness and violence, whether accidental or intentional, destroy several lives; the health in other instances becomes permanently injured; crime is rampant, and men, some with families, who have for years led exemplary lives, and obtained promotion as the fitting reward, are, in an evil hour, led into temptation, the result of which is their own ruin and the after poverty and misery of all dependent upon them. From considerations such as these, I would therefore urge the desirability—nay, actual necessity—of abandoning the system of issuing to soldiers, who, with few exceptions, are improvident, sums of money which only afford them the means of injuring themselves morally and physically. It is right that certain rewards should be conferred upon men who have undergone the hardships and dangers of a campaign, but it is no less desirable that these rewards should not be made the means, by destroying discipline for the time, of impairing the efficiency of the service. Could both ends not be attained, then, by the institution of regulations under which batta, prize money, volunteering money, and all other casual allowances should be paid into a fund bearing interest, and only be at the personal disposal of the individual on his discharge, or under such restrictions as might be determined upon?

The usual manner in which an attack of continued fever occurs is something like this:—A soldier, probably young, of short residence in India, robust, and otherwise in good health, is brought to hospital suffering from ardent pyrexia, increased temperature of the surface, flushed face, throbbing headache, and so on. For two or three or more days he has felt "a little out of sorts;" has been unable to take his meals; has had an inclination to vomit, with "flying" pains here and there, but especially in his limbs and loins; and these symptoms may have manifested themselves without sufficient evident cause, or, what is far more frequent, have succeeded to the simple exposure to the sun or exposure after drinking rum or native spirit—being subjected to wet, and then having to remain for a time without a change of clothes—or exposure to a chill at night; and this last circumstance frequently happens as the hot season is setting in, or is about to give way to the cold. In either case the days and evenings are so warm that the soldier in India is induced to take his bed from his barrack room, and sleep either altogether outside or in the verandah. At first he is unable to bear much clothes upon him, and thus falls asleep. Towards morning, however, the cold increases, and by and bye awakes him; he finds himself chilled, and at last, after repeated exposure in this way, is attacked with fever with or without catarrhal symptoms.

It may be proper here to observe that, while sleeping in the open air (in India) renders a person liable, during certain seasons of the year, to attacks of catarrh, continued fever, or ague, yet the prevalence of the habit among those who have been long in the country induces me to believe that during other seasons, especially the hot winds, when hardly any moisture exists in the atmosphere, not only is it unattended with danger, but is actually beneficial.

For three months in the year the heat of the air is such that persons who have not themselves experienced it cannot conceive its intensity. Within doors, the ordinary contrivances employed for cooling it will reduce the temperature of a room to 87° F., while the thermometer outside exposed to the sun will range above 140° F.; so that the sensations of a person on first going into an apartment so cooled are probably about what a Russian experiences when he throws himself from his warm bath into snow. Soldiers, however, have not the art, neither have they always the means, of thus lowering the temperature of their barracks, the walls of which speedily become heated to such a degree that the sensations are oppressed on going near them, and anything seems preferable to sleeping in such an oven. Nor do I think it would be advisable in any way that they should be forced against their will to remain inside.

In some parts of the world, where the land wind surcharged with the germs of disease sweeps over unhealthy swamps, and comes loaded with pernicious matters, blowing from evening till sunrise, it would be madness in any person to sleep out of doors, and most improper in officers to permit such a habit among troops. Neither can it be practised in many parts of Lower Bengal without risk; but away from lakes or swamps, with a clear dry atmosphere, as in the upper provinces of India, these objections do not hold good.

The more I have seen of diseases affecting the general system, such as fevers, the more am I convinced that their characters vary according to locality. Nor ought this fact to be forgotten in the management of cases that come under our observation. So long as the febrile action continues ardent and uncomplicated with any particular amount of local deterioration, we have in common continued fever little to fear; the attack will in all probability wear off in a short time, leaving no other effect than a little temporary debility. But let us beware of those cases where particular affections of the viscera of either of the large cavities become implicated, or where, with or without treatment, the first symptoms speedily give place to those of debility or collapse; and let our treatment be so directed that, while our measures are employed with a view to subdue the febrile symptoms, we may, nevertheless, keep the case in hand, so to speak, as to be ready to combat whatever tendency it may assume, to change or modify its original character.

In the treatment of this very prevalent disease we must be cautious, in administering even the lowering medicines that are indicated, lest their effect should be to induce a state of weakness or complete collapse, from which much difficulty may be experienced in recovering the patient.

Cold effusion is a remedy equally valuable during the continuance of ardent pyrexia in one fever as in another; and the gratefulness of the measure to the sensations of the patient, and its powerful effect in inducing a remission, followed by refreshing sleep, ought always to be borne in view.

After the first intensity of the pyrexia has given way, and the pulse become reduced in frequency and force, the skin cool, and the patient has perhaps fallen asleep, it is essential in all cases, even the most trivial, that caution be exercised in the degree to which lowering medicines are pushed; and in order to guard against dangerous depression, it will be necessary carefully to watch the case, in order that the first tendency to such exhaustion may be combated by appropriate remedies.

When such a tendency does manifest itself, a combination of quinine, æther, and camphor will generally be found to be the most useful remedy in restoring the normal state of vital action, and in diminishing what disposition may still remain to febrile attack. It is impossible to lay down definite rules as to the proper interval between the doses, or the length of time a particular remedy ought to be continued; but a repetition of the above every hour until a definite effect is produced, increasing the intervals while necessary, may, perhaps, be deemed the most appropriate instructions in such a case.

It frequently happens in cases of fever, as occurring in India, that a degree of debility remains, after the disappearance of the primary disease, altogether out of proportion in degree to what might be expected from the severity in the first instance. Tonics, nourishing diet, wine, or spirits must, therefore, be given according to the necessities of individual cases; and it will be well if we learn early in our military practice not to treat all our patients, whose diseases are referable to a certain head in our returns, upon one principle of routine, for in no class of affections so much as in fevers does it become necessary that we should not be blindly led by school and theoretic impressions, but should learn to think for ourselves, and make allowances for individual peculiarities, the nature of the prevailing disease in particular years and in particular localities.

During convalescence, mild tonics, a weak mixture of quinine, or decoction of cinchona, with a moderate allowance of wine or beer, and light nutritious diet, form the most appropriate measures. We ought to be cautious in permitting the patient to get out of bed too early, in order to avoid the danger of a relapse; but when this may be permitted, gentle airing, as in a dooly, will be beneficial.

I am not aware of any point in the treatment of fever in India on which it is necessary to caution the young medical officer so much as on the administration of stimulants. Bringing their home opinions with them, it is by no means uncommon to find them in all cases of fever, even in the ardent remittent, giving large quantities of wine during the continuance of high states of pyrexia; and in such, as might be expected, the danger that always exists of the disease becoming transformed into heat apoplexy is increased, at the same time that the proper opportunity is lost for employing the more appropriate remedies.

Indeed, the employment of diffusible stimuli in early stages of the affection, while inducing excitement of the powers for a time, would seem either to increase whatever tendency there may be to cerebral affection, or at least protract the period of pyrexia.

It is not intended by these remarks to deny the utility of wine in the cases under consideration. All that is desired is to inculcate the necessity of caution in its use. In the great majority of instances, however, we find that the employment of beef-tea, jugged soups, with the usual tonics, will be sufficient until the commencement of convalescence, after which much discrimination is necessary in directing the further progress of the patient towards complete recovery.

Fevers of the typhus or typhoid type are, and have always been, very rare among British soldiers in India. The presence of both these diseases, however, has been observed and reported by army surgeons many years ago, although, on account of cleanliness and free ventilation observed in barracks and cantonments, no more than seven cases of the former affection appear to have been noted in the statistics of the 10th Regiment during thirteen years in that country, and they occurred while the corps was quartered in close unsuitable places in Lahore, immediately subsequent to the first Punjaub war. According to statistics of the corps, one case occurred under these circumstances in 1847-8, one in 1848-9, and five in 1850-1; and, although information is somewhat scanty in regard to the conditions under which the men were at the time placed, the following remarks by the surgeon at that time may even still have considerable value:—

He states that, at the commencement of the hot season (of 1847), when the regiment occupied the places just mentioned, numbers of men were driven into hospital by an endemic fever of the continued and remittent type. Its invasion marked by great prostration of strength, rigors, and flushings, succeeded by augmented heat of the surface, increased external action, and aching pains all over the body.

When taken in time it yielded rapidly to moderate depletion, antimonials, and quinine. The fatal cases were not numerous from this cause, and generally resulted in typhoid symptoms.

This last remark would naturally lead to the belief that the cases returned as "typhus" do not in reality represent the degree to which such prevailed; and it must be confessed that more extended and minute statistics than are in my possession must be supplied before the actual prevalence of typhus fever among our troops in India can be ascertained.

(To be continued.)

ON LEADING ARTICLES IN THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.*

By Arthur Leared, M.D.

The remarks which I am about to make are not offered hastily, nor without consideration. When it is stated that they refer to the conduct of the Journal of the Association, I wish to add that they have no personal bearing. No one is more ready to admit than I am the great ability with which our late editor performed the arduous task entrusted to him. In some respects the Journal became in his hands a model of what such a publication should be. I also bear willing testimony to the able manner in which, under the present management, his labours have been continued.

Nevertheless, I feel convinced that the system under which our Journal is conducted is in some respects erroneous. My views, if carried out, would make the editorial work easier, and less invidious because less responsible.

Not a century ago the "leading article" was a thing unknown. Newspapers confined themselves to that which accorded with their original intention—the dissemination of news. The fourth estate was as yet no power. No one dreamt of the gigantic proportions which it presents today. But faithfully and well as this fourth estate has in many respects performed the high functions which it has assumed to itself, it may be fairly questioned whether the advantages it confers compensate for the great drawbacks entailed by the adoption of a system which seriously interferes with free thought.

Every public event, whether of a domestic nature, or involving relations with foreign countries, before the era of "leaders," necessarily exercised the faculties of readers, because they even left no alternative but to think for themselves. But a lazier and less healthy method now prevails; men pay other men to think for them. The organ through which these paid men give their utterances becomes a tremendous force, insensibly swaying the minds of multitudes. The newspaper does not merely reflect—but it leads public opinion. Hence it is that in the ordinary meetings of men, we do not hear them speaking their own thoughts, or stating their own conclusions, but speaking and explaining the thoughts and conclusions put into their mouths by their daily paper. We can indeed generally say of one that he is talking from the *Times*, of another from the *Standard*, or of a third from the *Daily News*, and so on, with perfect confidence, although it may be that the speaker himself, from the habitual practice of adopting ready-made ideas, is quite unconscious of the fact.

Now, whatever difference of opinion may be entertained about this kind of action of one mind upon many, in ordinary political matters, I think it will be conceded that there are other circumstances in which it must be pernicious.

I contend that no one man or set of men should be constituted as the anonymous mouth-piece of this great Association. The conviction has been forced upon me that we are pursuing a wrong course.

The British Medical Association now numbers more than 4,000 members, and the *British Medical Journal* is its accredited organ. In a certain sense the editorial statements made in the Journal are sanctioned by this great body of educated men. To guide these statements fairly, to be always just, would require an unerring instinct, scarcely human. It is one thing to write ably and with spirit, and another to be always impartial. It is notorious that our profession is pervaded by a spirit of clique, and how rare is it that a man is not open to some whisper of friendship, of dislike, or of self-interest? I speak openly, because the subject demands it. In the very ability with which our Journal is anonymously edited, lies the danger. A stupid article, no matter what its purport, is comparatively harmless; but no article, however able, should be admitted, to the possible perversion of what is just, or one which is contrary to the views of a majority of this Association. I say this, because a majority should not in this matter rule the minority,—unless, indeed, it can be maintained that the Association exists for the Journal, and not the Journal for the Association.

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* The Author was prevented by circumstances from bringing this subject before the Leeds Meeting at the proper time. He prints this now because he believes it to be opportune to do so, and he has no motive but to elicit discussion on an important matter.

In general politics questions are treated by the organs of respective parties from their different standing points, so that what is said on the one side may thus be compared with what is said on the other. The distortions of each may in this way be in some measure rectified by him who will take the trouble. The smaller field of medical politics affords the same opportunity, quite independently of the *British Medical Journal*; no want is therefore supplied by its interference in that direction.

This leads to another grave consideration. Is it proper or consistent with the dignity of this great Association, represented as it is by the Journal, to descend, as it has descended, in that representative, into the arena of small animosities, or of mere personal feeling? What in the political world takes the name of party, in the more restricted medical world degenerates into clique. We have already seen too much of the result of this, and it is only possible, I submit, because the anonymous leading article is allowed to exist.

Once more let me remind you that virtually the Journal speaks in the name of the Association. That, at all events, is the light in which its utterances are regarded by a large number of readers, a wide difference therefore exists, in this respect, between our organ, and a purely political organ. The party which a political Journal represents is an unknown quantity, and its proprietary is anonymous. Antagonism is the life and soul of such a Journal. The plant grows in congenial soil, and is cultivated for the profit it yields. With us, on the contrary, this antagonism is a noxious weed, and should have no place. There is another error into which the Journal ought not to fall, but which it has not escaped, it ought never to become a partizan. It is indisputable that any man who seeks for an office, or is charged with a fault, will have his cause unduly strengthened, or else unduly damaged, by the editorial comments of the *British Medical Journal.* If the exact line between what is just and what is unjust could be always observed, this would be desirable. But it is impossible to observe this, for in such matters there is seldom unanimity of opinion, and yet an anonymous writer will exercise a more powerful influence than the same writer could effect in an ordinary Medical Journal.

All readers may understand the connexion between the Association and their Journal, and yet a large proportion of them will not duly estimate the bearings of this in a given case, but will assume that because it is sanctioned by the one it is sanctioned by the other. An old maxim has it, "Give me the writing of the people's songs, and you may write their laws." So it may with truth be said of this Association, "Give me the writing of your leading articles, and I will direct your counsels." It is, indeed, not too much to say that a clever editor may in this way come virtually to rule over the entire Association.

Great advantages have unquestionably resulted from the organization of this influential Association. In a social point of view this is especially the case. The local meetings throughout the country, as well as the annual gathering which we are now celebrating, are of immense use in bringing us together under agreeable circumstances. We thus come to know more of each other than would otherwise be possible, and we come also to be more and more convinced—that in unity lies our strength.

Nevertheless, how often is not something like the following spoken amongst us? What after all has the Association done to advance professional knowledge, which is commensurate with its organization and its large means?

The truth is that the field of usefulness which lies open to it in certain directions has scarcely been entered upon. The admirable report of the Edinburgh Committee on the secretion of bile shows how much may be effected by the judicious encouragement of such labours. Records of this kind give a lasting value to the Journal far transcending that which the most able anonymous writing could give. It may be, then, that the Journal at present not only occupies too prominent a place in our minds, but absorbs too much of our funds.

To return to leading articles—it is a question whether the space they take up would not be better filled by fuller reports of the branch meetings of the Association, and with professional papers, for the admission of which there is a constant pressure. But if leaders must exist, let them be signed by their respective authors. By this means their injurious results will be, in a great measure, prevented. The system of signing such articles has long prevailed in France. In many periodicals in this country, the articles are also signed, and the practice is gaining ground. That the reasons for adopting it in the case of our Journal are more cogent than ordinary I have already endeavoured to enforce.

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DISLOCATION OF THE ATLAS FORWARDS, WITH FRACTURE OF THE ATLAS, OCCIPITAL, PARIETAL, AND TEMPORAL BONES.

By James Ridley, L.R.C.S.I., L.K.Q.C.P.I.,
East Dispensary, Liverpool.

I am induced to bring the following case under the notice of the Profession from its extreme rarity and the few symptoms of importance exhibited, notwithstanding the serious injuries received:—

Thomas Walsh, a labourer, aged twenty-six, residing at Rose-place, stated that, on the morning of the 6th of July, as he was proceeding to his work, in company with another man, he received a blow which caused him to fall, the back of his head coming against the coping-stone of the pathway. He was slightly stunned, but went on to his work, which he was obliged to leave in an hour's time, as his stomach became ill. On arriving at home he was violently purged and vomited; a slight discharge began to ooze from his ears. In consultation with my friend Dr. Birney, I visited him that evening, and *found him perfectly sensible.* He complained of general headache, pain in the neck, and slight difficulty in swallowing, accompanied by nausea, a thin sanguinary discharge from both ears; and stated that he vomited blood twice during the day.

On examination, we found a deep sulcus between the atlas and occipital bones, when we concluded that there was a dislocation with fracture of base of skull.

Ordered head to be shaved, and an evaporating lotion to be applied, and a pill containing—

Calomélanos, gr. iij.
Pulv. antimonialis, gr. ij.
Ext. hyoscyami, gr. ss.

To be taken every third hour.

Pulse 60; pupils natural.

July 7th.—Slept during the night; complaining of headache and difficulty in swallowing; the discharge from ears still continuing. Pulse 68, weak and intermittent; pupils natural. Ordered lotion and pills to be continued; the face to be bent forwards on the chest.

8th.—Complaining of headache and occasional pains through the body and limbs; the sanguinary discharge from ears still continuing; *nausea and difficulty in swallowing ceased.* Pulse 80; pupils dilated. Ordered medicine to be continued.

9th.—Slept well during the night; complaining more of the headache, and for the first time appears confused when spoken to; the discharge from the ears increased in quantity; still retaining the perfect use of his limbs. *Pupils insensible to light for first time.*

5 o'clock p.m.—Was suddenly seized with a convulsive fit, and rendered insensible until 4·45 the following morning, when he recovered his senses for a short time, wanting

to go down stairs, but was restrained, when he was again seized with a fit and expired.

By direction of the Coroner, in conjunction with Drs. Harris, Hanbury, and Birney, I made a *post-mortem* examination, and found a dislocation of the atlas forwards, with fracture of the posterior arch of that bone, fracture of the occipital, parietal, and temporal bones.

My principal reason for noticing this case was the total absence of paralysis until a few hours before he expired, having had no affection of the bladder or rectum up to time of his death.

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Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

Mr. Porter's Clinique.

Nævus cured by Injection of Carbolic Acid.

Mr. Porter exhibited to his class a child named Margaret B., aged ten months, who had been received into hospital, about six weeks previously, for the treatment of a large nævus, situated on the lower part of the forehead, immediately above the nose. It was venous in character, and when first seen was circular in form and as large as half-a-crown, projecting forwards considerably. He resolved to attempt its solidification and cure by the injection of carbolic acid, and accordingly two minims of pure acid were introduced into the nævus by means of a hypodermic syringe. Such inflammation as followed having been allowed to subside, the operation was repeated, seven times in all, an interval of several days being permitted between each injection. No untoward consequences took place; the skin was not injured; and now, after the seventh operation, the mass had become solidified, and would in due time be absorbed.

Enlargement of a Mouth previously contracted by the Operation for the Cure of Hare-lip.

Mr. Porter also drew attention to a boy, aged twelve years, who had been operated on by him, about a fortnight before, for the purpose of enlarging his mouth, which had been lessened in size to an inconvenient and unseemly degree, by an operation for the cure of a hare-lip, which had been performed upon him in his infancy. He had made an incision at each angle of the mouth, extending outwards for about a quarter of an inch on either side; he then stitched the skin and mucous membrane together above and below. The wound healed rapidly, and the result, as now seen, was most satisfactory; the boy's mouth, which was before operation merely a circular aperture, was considerably enlarged, and improved in appearance.

Bloody Tumour of Scalp treated by Free Incision.

Under the care of Mr. Smyly.

James Y., a healthy man, æt. fifty-six years, was admitted into the Meath Hospital on the 6th July, suffering from an extensive effusion of blood beneath the scalp, which had been caused by direct violence. The tumour, which was about two inches in diameter and of considerable depth, was situated over the left parietal bone. The great amount of blood effused, and the general condition of the parts, causing Mr. Smyly to dread that suppuration would ensue, he resolved to give exit to the effused blood. He accordingly made a free incision down to the bone, and squeezed out all the clots which were present. Some smart arterial hæmorrhage followed. The edges of the incision were then brought into apposition, a narrow strip of lint soaked in carbolic acid was applied to their junction, and over all a compress and bandage was placed. Three days afterwards bad symptoms set in, and the man appeared in a sinking condition. The compress was removed, poultices were applied, the man rapidly improved in condition, and in a week was sufficiently recovered to leave the hospital.

This case is worthy of notice, inasmuch as the usual practice in Dublin hospitals in such instances differs from that pursued by Mr. Smyly, who cut into the tumour, instead of, as is generally recommended, carefully avoiding any incision whatever.

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 132.)

Sir, I can use no language stronger in proof of this than Dr. Kidd's own. After admitting that the mortality of the Coombe, for the last fifteen years, has been 1 in 65 = 730; and ascribing the occurrence of metria, to a large extent, to epidemic influences, he goes on to say—"But let it not be supposed, when he spoke in this way of individual causes of the disease, and of epidemic causes, he for one moment doubted the influence of contagion. On the contrary, he believed contagion was a most *influential* cause of it, that the disease was highly contagious, and that if they were to prevent it, they could only hope to do so by directing their attention to this. Dr. Madden had told them just now, that he never saw two patients ill of puerperal fever in adjoining beds. They (*i.e.*, the Coombe Hospital) had one remarkable instance where they had a case of puerperal peritonitis, in which they thought it wise to apply leeches. This woman got erysipelas, and recovered, while the patients at each side died from puerperal fever, in one case, accompanied with effusion into the joints, and in the other, the patient died before that could have taken place." By a strange coincidence, Dr. Kidd's next sentence, and next branch of his subject, commences thus:—"The statistics of extern practice and of lying-in hospitals had been compared. If the results could be depended upon, lying-in hospitals ought to be closed at once and for ever. (Hear, hear.)" After expressing his want of reliance in the statistics furnished by extern maternities, he continues:—"But, notwithstanding all this, he must admit that there was a large proportion of mortality due to the influence of the hospital. He believed it was impossible to collect a number of patients under one roof, and yet not to have an hospital atmosphere, and that that atmosphere was more or less injurious." Here, Sir, we have the honest manly statement of this enlightened man—himself an hospital physician of no slight experience—conversant with his subject, and sustaining, to the letter, the views I have propounded, on the eve of building an hospital so constructed as to collect a number of patients under one roof, when he admits fairly, "it is impossible to collect them under one roof and not to have an hospital atmosphere, and that that hospital is more or less injurious." Is it to be wondered that I should, under these circumstances, implore him and his colleagues publicly, as I have already done in private, at least to hesitate in raising any structure that shall not render the isolation of parturients complete?

On the third night of our discussion, I made a few observations upon the papers that had been read that night; but, by some strange oversight, the reporter employed by the Society to detail the proceedings omitted my observations upon the St. Petersburgh Hospital in reply to Dr. Kidd. Dr. Kidd observed, in reference to isolating parturients, "When Dr. Kennedy spoke of isolating patients he meant it literally by having a separate ward for each patient. The plan had been tried in the hospital of St. Petersburgh, which in 1852 had been reformed by the Grand Duchess Helena. It was increased by the erection of a new wing of the figure of the letter L on the corridor plan; opening off the corridor were a number of small wards in which the patients were placed. But what had been the result of that? The reform was instituted in 1852. The mortality for the seven years preceding it was 3·12, and for the seven years succeeding 2·93. That was to say, before the patients were placed in separate wards 1 out of 32·17 died, and that after this change—after they had undergone all this expense and trouble, and more or less injured the efficiency of the hospital, the only change was that 1 died in 34·09." Now, had the Doctor himself happened by any process of transformation to be one of the two lives saved, I doubt whether the *expense* and *trouble* would have stood in the way of his recommending the reform, inefficient as it was.

On this subject Dr. Mapother, no bad authority, writes to me, Dr. Kidd did not think the saving of 2 out of every 34 deaths worth the changes made in the St. Petersburgh Hospital. Sanitarians are proud of reducing a death-rate by 1 in 1,000. But, my answer to Dr. Kidd on this statement, and which I complain of having been omitted, was based on the following extract taken from Dr. Oppert's volume on Hospitals and Infirmaries. In describing the Helena Hospital he writes thus—"The institution consists of an old part which was built more than thirty years ago, and a new one, the erection of which was patronized by the lady the name of whom the hospital bears at present."

"The whole has an irregular shape; the old part contains two floors, about fifty beds, the new one *three*, under one roof, not including cribs, can be placed in the wards. The old part has the shape of a letter L (reversed), and one portion contains a central corridor, into which small rooms open on each side, the other has one corridor running along the wards.

"In the new part, which has the form of an open quadrangle, the sick wards are small, for one or two inmates. Most of them contain open fire grates; there are tile stoves in some others. *The wards open into each other*, and are situated back to back on either side of the wall." And yet Dr. Kidd adduces this as an instance in which, as he himself expresses it, my plan of "isolating patients literally" was tried and failed. My answer simply is, that this is directly the *reverse* of my plan; that my plan has not been tested in the Helena Hospital, and consequently has not failed. Dr. Kidd might just as well have said, that the plan he and his confrères are about to carry out at the Coombe Hospital, of isolating or separating the patients *after* the attack of metria has shown itself, is my plan, and if it also fails, might hereafter affirm that in the Coombe my plan had been also tried and had failed. My plan recommended to certain parties in America who consulted me upwards of thirty years ago as to the best means of building to be adopted in the construction of lying-in hospitals, with a view to exclude metria, was that each building should be completely isolated, and with not more than two beds in each ward.

Dr. Mapother, in a few pertinent words, evinced how well he understood the subject of zymotic disease, upon which I may say, without flattery, he is "*facile princeps*," our highest authority in this kingdom. It affords me great satisfaction to know that I possess in this arduous struggle the support and unbiassed disinterested approval of this enlightened physician, who has made zymotic disease, its causes, prevalence, and laws, his special study, and whose writings and lectures have thrown so much light upon it. This liberal-minded physician, thoroughly versed in the use and value of statistics, has recorded his opinion, in the spirit of a juryman or expert, and one who attended this debate with no determination to support a foregone conclusion—no mistaken idea that his darling hospital was attacked and must be defended at all hazards, provided with no elaborated one-sided brief that occupied weeks in the preparation, and hours in the delivery, but, best of all, with no motive but to arrive at truth. And what did this indubitably competent, this unquestionably honest expert and juryman say? "He did not think one of the speakers had controverted the remarkable statistics which had been brought forward by Dr. Kennedy with regard to the mortality in the Dublin Lying-in Hospital, and that in small provincial towns, Waterford, Limerick and New Ross."

Sir, in dealing with the pertinent remarks of Dr. Churchill I feel bound to state that he has entered upon the consideration of the question at issue in a philosophic spirit, and that his observations have helped us much in the elucidation of this important subject. Nay more, I feel called upon to add, that however I may regret the insertion of the last paragraph of his paper, in which he pronounces "the changes I propose both *hasty* and *injudicious now*," yet the tenor of his reasoning, the negative-pregnant contained in the words not *now*, which mean, if anything, the necessity that shall or may exist hereafter, but above all, table of statistics, and the admirable rules he has so strongly insisted upon, in their reading and application, render his observations not only valuable, but of the greatest value, in confirming all the views I have propounded and insisted upon in my paper.

We shall pass over his strictures upon the statement attributed to me as to the non-occurrence of metria in patients in their own homes, by simply referring him to the words "*comparatively rarely*," which he republishes in my ninth proposition. The oversight in which he, in common with Dr. M'Clintock, giving Dr. Joseph Clarke's death-rate by puerperal fever, places it at 6 not 3, as it ought to be, out of his 3,847 private patients, a rate which so nearly coincides with mine, being 1 in 1,282, and the mistake which ascribes this statement to Dr. M. Clarke, whereas it was contained in a letter written by the late Dr. Joseph Clarke to Sir Charles Mansfield Clarke, that we shall again have occasion to refer to.

Dr. Churchill, sir, asks a very pregnant question, and one the answer to which contains exactly what we are looking for. If metria be produced *spontaneously*, why do long periods of freedom from it occur under precisely the same hospital conditions as those which accompany its appearance? This question is seriously asked me by my friend Dr. Churchill. Why, sir, the learned president of the College of Physicians might just as well have asked that unanswerable question that puzzled all the philosophers of the last century, and remains, as far as I am aware, still unanswered, "What is the weight of a mail coach?" I will ask him in return to substitute the adverb "epidemically" for "spontaneously," and answer his own question, explaining why *epidemics* should recur under precisely the same circumstances, and it is not impossible, when he succeeds, he may apply the same solution to both questions.

Neither shall I dwell upon his views of the epidemic prevalence and contagious extension of metria views, so strongly confirmatory of what I have expressed. But I pass to his statistics. In the first instance, reiterating his own remark, "That to be of any authority they must be extensive," to which he added a more doubtful proposition, namely, "In fact their value is exactly in proportion to their extent." Had he substituted the words "comprehensiveness" and "accuracy" for the word "extent" I should have accepted the latter as freely as the former proposition. But possibly he intended to imply or include these ideas on the word "extent," and in that meaning, therefore, I shall deal with it.

Dr. Churchill treats of three classes of statistics, giving the proportion of death-rates in each. The first includes the mortality of six obstetric practitioners, some giving the deaths by puerperal fever merely, the others the general mortality. Dr. Churchill justly remarks that they afford no sufficient ground for estimating the death-rate after confinement, and passes them without comment, a line in which I shall follow his example, merely remarking that, if we could hope by any exertion of ours to bring the death-rates in hospitals to any reasonable approximation to those detailed in his private practice tables, we should be but too happy.

The next class of statistics given by Dr. Churchill is that collecting the number of cases and proportion of deaths to deliveries occurring in the attendance upon out-door patients from the maternities—and here Dr. Churchill has his own principle of *extent* fairly carried out—he adduces no less than 236,665 cases as attended from six maternities, giving 1,590 deaths, or the proportion of 1 in 149 deaths by puerperal fever, and this he contrasts with 71,090 cases in large hospitals, giving 1,156 deaths, or 1 in 62—that is, he gives

Maternities death-rate,	1 in 149
Large hospital death-rate,	1 in 62.

Now, although I do not bind myself to the accuracy of these statistics, I accept them on the authority of Dr. Churchill as his basis of argument, and merely so far as they support his negative-pregnant that "*now* is not the time to provide small parochial hospitals," and ask is it nothing to save 2¼ to 1, on his own calculation, of all those women at present confined in the great lying-in hospitals? and if *now* it is not the time to do this, when will that time be, and what will be the additional unnecessary mortality that we shall then be answerable for when that time arrives? Simply repeating, that I am not answerable for any confusion Dr. Churchill may have fallen into in his attempt to give the mortality of puerperal fever distinct, as, finding myself the impossibility of doing this from the unreliability of the returns as well from some of the hospitals as maternities; in consequence of the irregular manner in which the different varieties of metria were reported, I adopted, as the only reliable test of comparison, the total mortality in all cases, unless when I state the contrary. I should much have preferred giving the mortality by puerperal fever in all cases, with the gross mortality, had this been available and reliable.

As Dr. Churchill has not drawn the distinction between deaths by metria and the total deaths, it would not be fair by him, nor would this discussion derive any benefit by continuing the comparison, or dwelling upon his returns of the large hospitals. We shall, therefore, pass at once to his third table, that of what he terms the small hospitals, and in doing this must be allowed to repeat Dr. Churchill's axiom—"In comparing numbers we must take care that we are comparing like with like." Now, on this his own ground of comparison, I altogether reject this table of statistics, and deny that any ground of comparison holds. Dr. Churchill collects twelve *what he calls "small hospitals"* to make his comparisons by, and yet of these twelve *only three are* small hospitals, the other nine exhibiting all the vices of the larger lying-in hospitals, with none of their advantages. I feel convinced that this was an oversight on the part of my friend, or he never would have dreamt of drawing such a comparison as ranking these nine hospitals in the same category, or classing them as small or isolated cottage hospitals, such as I recommend. Nine out of twelve of these so-called small hospitals have annual deliveries varying from 400 to 140, and some of them contained as many as thirty and fifty beds. Several of them were old houses, with a number of rooms communicating, with story above story, and the patients huddled together, with every disadvantage of small crowded rooms, and a stagnating atmosphere. Why, compared to these the palatial edificies and well-ventilated spacious halls for dormitories, such as the hospital which is such a source of pride to us in our city, might even afford better chances to recovery to patients in their delivery.

Of the three cottage hospitals which I compared with the great hospitals, on the contrary, one had only 30 deliveries in the year, and the largest the Waterford had only 115, and these scattered over four rooms. Is it then to be wondered at, that in these three, the mortality only amounted to the average of 1 in 282; whereas deducting these three cottage hospitals from the twelve in which the mortality is given by Dr. Churchill as that of the small hospitals, I find the mortality of the remaining nine amounts to 1 in 59. Why I doubt whether a stronger case could be made for the cottage or isolated hospitals, than that furnished in this table of Dr. Churchill, or, if properly investigated, that any stronger proof could be given of the accuracy of my propositions, No. 3 and 4, which asserts the mortality to exist in proportion to the number of parturient patients cohabiting and breathing the same atmosphere, and that metria finds its habitat where large numbers are delivered under the same roof. Propositions that imply number in proportion to space, as well as absolute number; and yet, these proportions have been cavilled at by almost all my critics. Thanks to Dr. Churchill, however, he has answered these unanswerably in this table.

But, we have one more matter to touch upon with my friend Dr. Churchill. He very properly insists in statistical calculations upon the "numbers being very large, and the time embraced in them being considerable." Very justly he remarks, "in a small hospital or private practice you may go on for years without a death, yet after the lapse of another year the average death-rate may be fearfully high, just because an epidemic intervened." Now, I apply this rule to his table, and I find that the first and second entries, Dr. Beatty and Dr. Churchill's hospital statistics, only embrace three years, and are, compared with the Waterford Hospital, embracing thirty. It is hard to say whether, if the statistical kaleidoscope to which we alluded on our first night's discussion had revolved for the other twenty-seven years, Dr. Churchill and I might not have agreed upon this point, as we do on most others, and thus the convictions of his own well-stored mind, the result of years of ample experience and deep study, might have remained unchanged, and been applied in co-operating with me in this my arduous struggle for the benefit of our suffering fellow-creatures. Be this as it may, however, I would strongly urge upon him, when he is tempted to be led astray again by statistics, to hold fast by his own excellent maxim—"That in comparing numbers with numbers we must take care that we are comparing like with like."

Dr. Morgan's report of the mortality in childbirth in the Lock Hospital, 1 in 74, is extremely interesting in its bearings upon this discussion.

It is quite evident that the paucity of the births and the consequent segregation of the parturient element was a main cause of the comparative absence of metria in his cases. But, on the other hand, we had the parturient exposed to what we laid down as a mischievous influence in her inhaling the atmosphere of a surgical hospital, an element that should have increased the mortality, as we have found it do, in the foreign hospitals in which surgical cases and deliveries are congregated, unless some corrective principle was in operation.

We imagine we have exactly met a principle in the theory, old as the fathers in medicine themselves, namely, that morbid poisons cannot coexist in the same individual. Here the syphilitic virus was in occupation and resisted the metria zymoticene.

This theory I am quite aware admits of some apparent exceptions, exhibiting modifications in the types of disease, depending upon intercurrent poisons; but here again the common original type may be the explanation.

I have, myself, witnessed strange struggles for the mastery in cases where two poisons had found a nidus in the same individual, at the same moment.

One of the most remarkable was a lady under my care about two years since. Her children were ill with mumps, and she sickened with fever and stiff jaws, but without the glands assuming the usual enlargement. The fever, however, continued, and with considerable, in fact, unwonted severity, causing me some anxiety, and after four days, a crop of measles with all the usual accompaniments, appeared over the body, ran its course, and subsided on the fourth day; but the fever kept up. Difficulty of swallowing returned, the parotid and submaxillary glands became very much enlarged, and the case then ran the usual course of mumps.

Dr. Morgan's observation upon the distress of mind necessarily existing in the deplorable cases of labour in the Lock are of much value.

Whilst I freely admit the influence of mental depression in causing bad recoveries in childbirth, and even predisposing to puerperal fever, I am of opinion that its influence in the latter respect has been over-estimated in the observations that have fallen from several of the speakers upon this subject, but the very interesting report furnished by Mr. Morgan, of the Lock Hospital, and the South Dublin Union report, appear almost conclusive on this subject. What combination of conditions could be more calculated to produce mental depression than those of poverty, destitution, and syphilitic taint in the married female? but when we couple with these the frequency of seduction and prostitution as additional ingredients, we can scarcely conceive any influences more depressing to the human mind; yet, with this combination of depressing influences, the mortality in Dr. Morgan's cases in the Lock, with a delivery ward containing only *two beds*, and therefore never overcrowded, was only 1 in 74; whereas in the Lying-in Hospital, with its mixed occupants and incidental cases of seduction, it has been 1 in 31½. The only assignable cause of the excess being the proportion of the deliveries under the same roof, constituting the hospital the habitat of metria in the one case; whereas, every other ingredient of calculation, mental as well as bodily, was in favour of the excess in the other, but it was wanting in the habitat.

The South Dublin poorhouse furnishes us with a parallel nearly but not quite as strong as this.

(To be continued.)

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Literature.

LECTURES ON CLINICAL MEDICINE.*

(SECOND NOTICE.)

THE next lecture is taken up with the important disease—scarlatina; nor do we know any work which embodies more valuable information on the subject than this one, for it may be called a work in itself. We would particularly notice the marked way in which he dwells on the great importance of having as accurate a knowledge as may be of the natural history of the affection. Also the comprehensive views he holds, and illustrates so well, of the cerebral and nervous phenomena, which, in the severer forms of the disease more particularly, are so apt to be developed. And, lastly, the varied complications of the affection both at its commencement and termination; complications which often render an attack fatal, which, *per se*, would not be so. Of these we may mention diphtheria, buboes, rheumatism, œdema of the glottis, &c. The only want in this lecture, as, indeed, in others also, is the treatment. We believe more may be done by treatment than what the author describes. His great reliance in severe cases, and particularly where the nervous symptoms predominate, is the cold effusion, for the use of which he gives special directions; with this he joins the preparations of ammonia and musk.

Now, we need scarcely observe, that in these countries, at least, many cases of the very worst forms of scarlatina occur, where the first remedy is out of the question. The patients would not bear this heroic treatment. On the other hand, wine will in many cases be found of the greatest value, and this agent the author does not mention at all! With it, too, we may mention iron, especially the tincture of the perchloride, which seems to us to have a specific effect in those cases where the blood is profoundly altered, as shown by stripping and sloughing on the surface of the body. Anodynes too are, we know, of great service in many of these cases. It is now ascertained that the violent nervous symptoms so often present are not due to inflammatory action. Hence, anodynes are the more likely to be of use, and our own experience is entirely in their favour. This point of treatment is mentioned the more particularly, because it does not seem to have got the attention, even from English writers, to which it is entitled.

On the treatment of the anasarca of the disease, and the varied forms it may take, we are glad to be able to say that we entirely concur in that laid down by the author. It is judicious and to the point. We observe one measure advocated when convulsions occur—and in serous effusions these are by no means uncommon—and that is, compression of the carotids. We believe that this old plan, for it has been long since advocated, and put in force, is too much neglected, and that in suitable cases it might be adopted with advantage, that is, while other measures were being put in force. The author gives special directions for using this plan.

Our space prevents us noticing here some of the following lectures, such as those on measles, erythemum odosum, urticaria, mumps, and herpes. One and all, however, will well repay perusal.

Dotheninteria is the subject of Lecture XV., and it, like the one on scarlatina, is most elaborate and practical. It is much more of an essay than a lecture, and occupies more than 100 pages. The author holds it to be a fever *sui generis*, and quite distinct from typhus. We have said that this lecture was elaborate, and this is shown by the numerous forms described, and also by the varied complications which may arise in its progress. Of the former he describes the mucous, biliary, inflammatory, adynamic, ataxic, spinal, cerebro-spinal, and malignant; while amongst the latter we notice different kinds of paralysis, sloughing of the cornea, dropsied effusions, œdema of the glottis, mortification of the extremities, &c., &c. It is worth noting that he gives cases where the gangrene attacked the upper extremities, after an attack of typhoid fever. This we guess, must be a very rare occurrence. We ourselves have seen different other parts affected with gangrene in the progress of fever, but not the anus. If the lecture on typhoid be elaborate, the one which follows on typhus is the very contrary, and it is quite clear that this is a type of fever with which the author was not at all familiar; and in proof of this it may be observed that the author's sketch of the affection is avowedly taken from Dr. Murchison's able work. It has indeed been long known that enteric is the prevailing fever of France; while typhus is very rarely met. We should have stated before that our author considers typhoid a very contagious disease, contrary to the opinion held by many in London.

The last lecture which we can notice here is on diphtheria; and if we have said anything already in favour of the author we must only repeat our praises more warmly now. For of all the lectures in the volume this one seems to us the most complete in its details. The disease has prevailed most extensively in France for at least half a century. Whereas, it is only within the last ten years it has prevailed in these countries, and in England much more than in Ireland. As far back as the year 1828, we find that the author was sent into the districts of France to report on the disease, which had then and there broken out, and from his accounts it might well be called a plague, for the mortality was fearful. Compared with it, cholera and scarlatina are mild diseases; even allowing their mortality to reach one half. It is to be noticed too, that though the disease prevailed in cities as Tours, where Bretonneau gained his experience of it, still it also was rife in villages, and some examples are given where as many as twenty died out of twenty-one attacked! In this lecture we would call attention to the varied ways in which diphtheria declares itself, when existing in an epidemic form. All kinds of wounds are liable to be affected by it. It attacks the surface of the body, as well as the mucous membranes; and any one would have a most erroneous idea who thought that it was a disease which only showed itself in the throat. In fact, the whole system is poisoned by it for the time being. Hence, even when the patient recovers, there are few diseases, if any, where the recovery is so very slow.

The different ways in which paralysis occurs after an attack of diphtheria are also well given by the author, and at great length. He states too, explicitly, that he was for a long time ignorant of the occurrence of this paralysis. This part of the lecture is illustrated by a number of well selected cases. He speaks likewise of the presence of albumen in the urine; but comes to the conclusion that no definite result arises from its presence. In other words it may or may not exist, and this does not seem to modify the severity of the attack.

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* Lectures on Clinical Medicine, by A. Trousseau. New Syd. Soc. Volume Second. Translated by John Rose Cormack, M.D.

Of croup, as a complication of diphtheria, the author speaks at great length. Nor is there, probably, any complication of more importance than this one, and the author's experience on the matter seems to have been immense. The treatment too is discussed in a way which leaves nothing to be desired.

Amongst other means, tracheotomy is particularly mentioned, and the author takes credit to himself, and we believe justly, for urging this measure, when others have failed. We may state that he operated in above 200 cases and of these one-fourth were saved! We must say this is a very large proportion of successful cases, and seems to us to prove the immense value of the plan. That it should be so successful, when we know the whole mass of the blood is so contaminated, is indeed a triumph of art. We need not say that the author dwells, in the most marked way, on the absolute necessity for operating early, and the choice of the case to operate on. The very fullest details are given for every step in the operation. In truth, the whole subject is treated by the hand of a master, and will well repay perusal.

The last lecture in the volume is on "thrush," and it, like the others, is most ably treated.

We cannot too strongly recommend this volume to the notice of our readers. It is literally full of practical matter of the greatest value, and its style is at once clear and lucid, and does not seem to have lost anything by the translation.

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OZÆNA TREATED BY PERMANGANATE OF POTASH.

The *Marseille Médical* gives three cases of this troublesome affection, treated successfully by irrigations of permanganate of potash, the proportion being 5 parts to 100 of water, applied by means of an irrigating apparatus, furnished with a flexible tube, the patient's head being held forward, and a copious washing of the fluid used over the mucous surfaces. After the first few days of this treatment, the abominable odour speedily diminished, and a cure followed.

OPERATION FOR CRURAL HERNIA, FOLLOWED BY GANGRENE OF THE TRUNK.

A labourer, aged forty-two, who had a crural hernia for five years, required operation for its relief, which was performed on the 23rd April. No very unusual symptoms occurred till the 29th (six days after), but on the morning of that date, the patient complained of some pain at the right shoulder. On examination, sanguinolent vesicles had already formed, accompanied by a manifestly gangrenous smell; at 2 o'clock the entire right side was occupied by the gangrene, and at 5 o'clock he died.

On *post-mortem* examination, the intestinal tract was perfect, there being a little discolouration, at the site of the part that had been strangulated. No light was thrown on this unexpected termination, which appears unique.—*Gazette des Hôpitaux.*

BROMIDE OF POTASH IN DENTITION.

Dr. Salvatore Caro in an interesting paper read before the New York County Medical Society, on the use of this remedy in "summer complaints," remarks, in connexion with the disturbances arising from dentition: "In the most severe cases of odontitis either with or without ulcerated gums or loose bowels, I have never failed to relieve the child by the local application of the bromide of potassium. Almost immediately after the first rubbing, the gums, from being turgid, swollen, and red, assume their natural colour, and a certain amount of ease is felt. Saliva commences to dribble; and, as if by enchantment, agitation, carpopedal involuntary motion, vomiting and looseness of the bowels disappear. As the vomiting and diarrhœa in this case are not the consequence of gastro-enteritis, but an excitement of the stomach and the intestinal mucous membrane, owing to the inflamed condition of the gums, I suppose it will never be cured either by the scarification of the gums or by the use of astringents or anodynes; but, as I shall hereafter prove, simply by the use of the bromide of potassium."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 18, 1869.

RAILWAY INJURIES.

DURING the late Assizes the papers have teemed with reports of actions brought against railway companies for alleged injuries sustained in accidents or through negligence on the part of the servants of such companies. In some cases very heavy damages have been given, and in others less, while in a case tried on Thursday the verdict was for the company. The number of the cases and other circumstances connected with them have given rise to many comments in the general press, and the differences of opinion amongst medical witnesses has added to the distrust with which professional evidence is too often regarded. It is deeply to be regretted that scientific witnesses should so frequently occasion by their conduct remarks detrimental to the profession, though, with our present mode of conducting such inquiries, it is difficult to say how such a result can be avoided. We are not about to transfer to our columns the accounts of all these trials, nor even to inflict on our readers an abstract of them. They are too much alike for this, and similar ones have too often been related.

We may, however, reversing the usual order of remark, call attention to the case in another column, copied from the *Times,* which conclusively proves that a railway company is liable to attempts being made to defraud it, and is consequently justified, in every case where a claim is made for compensation, in instituting searching inquiries. This right of inquiry is sometimes almost questioned, or, at any rate, its exercise is resented as an insult. It is, however, obvious that such a mode of regarding it is absurd; though the people who have been injured are apt, in this respect, to be very unreasonable. The same day (August 12) in which this impudent attempt at fraud was being tried on the Northern Circuit, civil actions were being heard on the Oxford and Home Circuits, in both of which the companies were successful in resisting claims. In the first, a man and his wife asked compensation for an accident alleged to have occurred on the 23rd July, 1868. The patient was said to have suffered from renal calculus since 1862. No application was made to the company till this year, and they urged that after this time it was impossible for them to ascertain whether such an accident (a carriage getting off rails in shunting) took place on the day stated. In this case there can be no doubt that the defendants gained their verdict partly because the plaintiff for so long a period made no complaint, gave no notice, and by travelling about the patient might have aggravated her suffering from the renal calculus.

In the other case to which we have alluded, a passenger sued a company for damage sustained in falling or getting out of the carriage. Several passengers testified that plaintiff began to get out before the train had quite stopped, and the jury at once found a verdict for the company. This, again, shows how little consideration is shown by some people when a railway company is concerned. The still grosser case in which a jury gave damages for injury sustained through a fall by tripping in a hole in a waiting-room carpet, affords striking proof that companies are not likely to be unduly favoured by juries.

On the other hand, we should be the last to deny, as some seem almost disposed to do, that very serious injuries may be inflicted in railway accidents. A moment's consideration suffices to show that such terrible concussions as those that occur in collisions and other forms of railway accidents may produce very sad effects on the human frame. The worst of it is, that where the injury is very apparent it may not in reality be of such importance as where it is less obvious. Juries do not hesitate to give substantial damages for fractured limbs, as there is no possibility of deception. Yet it is natural they should feel greater difficulty in appraising injuries they cannot so readily understand. In the same way the loss of an eye by direct violence appeals at once to the strongest sympathy, while there would be a defence against alleged blindness produced by injury to the nervous system that could not so easily be demonstrated. It would to a certainty be urged that the blindness might have arisen from disease; and when professional witnesses differed, what could be expected from jurymen? Observations of this kind apply to almost all the disputed cases; and considering the uncertainty of our knowledge on many points that may be involved, we are inclined to think that juries have, on the whole, evinced an average degree of wisdom in their decisions. We are consequently not prepared to supersede them by any other mode of trial; nor are we at all sure that a system of obtaining skilled evidence could be devised which would in practice work with any great degree of accuracy and justice.

We have known men attempt to make a profit out of a railway accident—we have known them successful in their efforts. But we may trust that those capable of unjust extortion, even from a company, are the minority. On the other hand, no one will deny that companies have not unfrequently been guilty of much provocation by the annoyances and delays they have interposed. When they are clearly liable, it would be much more to their own interest to meet the cases promptly and even generously. And this is especially true in the cases of the poorer sufferers. A man of property may not be inconvenienced by the law's delay or expense, whereas one dependant on his earnings fears to put legal machinery in operation, however assured he may be of his rights. This is why some few fall into the hands of pettifogging lawyers, who work with a single eye to costs. This evil would be remedied by prompt and fair dealing on the part of the companies; and we certainly hope that they will take this point into consideration.

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Notes on Current Topics.

The Medical Council.

Last week we remarked on the unanimity that prevailed in the medical and general press on the needful reform of the Council, and on the fact that the Leeds meeting had pronounced for the measure we have advocated, and that was so forcibly supported by Dr. Haughton. We have now to announce that the *Lancet* has wheeled round, and in its leader of last Saturday completely contradicts its prior articles. The tergiversation of this journal is proverbial, and need excite no surprise; but such contradictions are apt to make people ask whence they arise. The article to which our attention has been directed supplies no motive for the change, unless the following paragraph be deemed one:—"Under the skilful management of Professor Haughton, the meeting was made to behave like the Irish rebels in 1789." Is the hatred of the *Lancet* towards everything Irish so intense that it cannot bear to hear an Irishman advocate the views it has itself endorsed? Such petty jealousy will bring its own reward. A paper so excessively weak as our contemporary has lately become must be permitted the effeminate privilege of changing its mind under an inducement too slight for others to care for. The Profession in Ireland is not likely to trouble itself about the prejudices of the *Lancet*, nor are such men as Professor Haughton likely to care what that journal says.

The Introductories.

There is to be no Introductory Lecture at St. Bartholomew's at the opening of the ensuing Session. At the London Hospital, Dr. Meymott Tidy will deliver the usual Opening Address; at University College, Sir H. Thompson; at King's, Dr. Johnson; at Guy's, Dr. H. Fagge; at Middlesex, Dr. Liveing; at St. Mary's, Dr. Cheadle; at St. Thomas's, Dr. Stone; at Charing Cross, Dr. Silver; at St. George's, Dr. Wadham.

Army Report.

The new Army Blue Book has been issued, and is, as usual, of formidable size, containing a vast amount of valuable information, comprising a series of statistics, reports, papers, and cases, such as we have noticed in preceding volumes; and we have little doubt that the present will favourably compare with its predecessors. We propose on a future occasion to devote some space to an analysis of its contents.

Leaf Evaporation.

M. Deherain has communicated to the Paris Academy the results of his investigations on the conditions of evaporation from leaves. He shows that it is governed by totally different conditions from those which determine the evaporation of inert liquids, for it continues in an atmosphere saturated with water, and is specially influenced by light.

The Lunacy Report.

The Twenty-third Report of the Commissioners in Lunacy, ordered by the House of Commons to be printed, is now ready. It shows that the number of lunatics in asylums is considerably increased; but this result, as we have before remarked, by no means proves that lunacy is a more prevalent disease than formerly. It shows only that we take more care of our lunatics, and, perhaps, also that we pay more attention to its diagnosis and treatment.

New Act on Greenwich Hospital.

By an Act just printed the benefits of the Hospital can now be extended to invalids, although not in the receipt of naval pensions, who, before or after the Act, were invalided for disease or wounds contracted or received in or by the service of the Crown, "or are infirm and helpless." Greenwich Hospital or a portion may be used for public purposes.

Native Indian Surgeons.

The *Central India Times* publishes particulars of the death of Mr. Barrett, of the Revenue Survey at Chanda, who died from the effects of wounds received from a tiger. The wounds were by no means serious, and would have yielded to ordinary treatment. Instead, however, of applying the usual simple remedies, his stupid servants poured hot *ghee* over the wounds, and applied other equally absurd native remedies. As was to be expected, the arm rapidly became worse, and the camp native doctor was sent for. This unworthy, to complete what the others had begun, enjoined that the arm should be kept in a perpendicular position, to ensure which the arm was tied up to a point over the patient's head. The consequence was, mortification set in, and though the unfortunate gentleman was at once removed to Chanda for treatment, all the skill of the medical officer there proved of no avail, so rapidly had the mortification advanced, entering the shoulder and eroding the subclavian artery, the hæmorrhage from which (chiefly internal) caused immediate death.

After the Dust-Bin.

As an Appendix to his Report on the Sanitary State of Paddington, the medical officer of health (Dr. Hardwicke) gives an account of some offensive trades carried on on the wharves of the canal basin. This enquiry was undertaken on the request of the Public Health Committee; and we may add that in reference to such trades Dr. Hardwicke makes some very valuable suggestions as to the conditions that ought to be imposed on those who carry them on. Our immediate object is, however, to enlighten the reader as to what really becomes of the contents of that domestic nuisance—the dust-bin.

This is what Dr. Hardwicke tells us:—

"The next kind of trade to be noticed and carried on largely on the Paddington Canal Basin consists of contract jobs for the collection and removal of household dust, cinders, ashes, and trade refuse, including in it offensive garbage of various kinds, mostly fish bones and animal putrifying refuse finding their way into the dust-bin. Several parishes, or parts of parishes, bring their dust through and into this parish for sifting, or as it is termed manufacturing, and removal. At the present time (November, 1868)—

St. Pancras (5 wards)	sends	40	loads	daily.
St. James	,,	18	,,	,,
Marylebone (5 wards)	,,	42	,,	,,
St. George, Hanover Sq.	,,	18	,,	,,
St. Giles, Bloomsbury	,,	26	,,	,,
St. George, Bloomsbury	,,	20	,,	,,
Paddington	,,	30	,,	,,
Kensington	,,	40	,,	,,
		234		

The dust-sifting operations consist in the separation of dust refuse into four different parts. It is at present carried on chiefly by women in the open air. Of the four ultimate products, one of most value is called the "breeze," consisting of cinders and small coal—this is sold to brickmakers and used for brick-burning. This "breeze" has hitherto been allowed to accumulate on the wharves in large heaps; and although as a rule there is nothing offensive in this material, —yet in the summer months a small amount of vegetable matter (principally pea-shells, difficult to separate) renders it liable to become heated and undergo slight decomposition and putrefaction. It therefore contaminates the air for a considerable distance around, while it becomes so heated.

The next product, called "hard core," consists of pots and pans, stone jars and bottles, clinkers and broken crockery, old boots, &c., it is put aside for the foundation of roads. It often comprises oyster and fish shells in an offensive condition.

The "soft core" is the next product; it contains sufficient wood, old straw, paper, mattings, &c. to make fuel for heating a furnace. The destruction of "soft core" by burning has been a very recent experiment, and is intended to save the large weekly cost of removal by boat. This soft core contains large quantities of decaying vegetable matter, and other offensive things, and animal filth in the form of dead cats, dogs, rats, rabbits, &c. may be found occasionally. The smell from the chimney is complained of in the neighbourhood. Complaints and petitions have been presented recently.

The fourth product represents the ashes or small siftings, consisting of nearly half of the gross bulk collected. After being sifted it is placed in boats and taken off into brick-fields or by trucks from Great Western Railway to brickmakers, and is mixed up with the clay and burned with the substance of brick.

"Quiet and Private," of Course.

From an advertising column of a morning contemporary we clip the following rather suggestive *morceaux*, and reproduce them (omitting for obvious reasons names and residences), grouped and displayed in the obtrusive boldness and unblushing impertinence of the originals. If the moral state of this vast metropolis be so very much below zero as these advertisements justify the casual reader of them to believe, surely the catchpenny serpent-lairs, maintained by such a lamentable state of things—notwithstanding their "quietude" and their "privacy"—should be immediately placed under, if not entire supervision, close and stringent inspection.

FURNISHED APARTMENTS for a lady, with every care and attention (superior and private), eight miles from town.

FURNISHED APARTMENTS for a lady (quiet and private) in the house of a nurse, with care and attention. Terms from 10s. per week.

FURNISHED APARTMENTS for a lady (quiet and private), in the house of an experienced nurse. Every care and attention.

FURNISHED APARTMENTS for a lady (private), in the house of an experienced nurse. Good home. Large garden. Established twenty-three years.

Medicine and Surgery in Japan.

A blue book has appeared relating the journeys of four British Consuls in China and Japan. One of these will be interesting to our readers as it gives an account of an expedition in Japan, undertaken by Dr. Willis, the chief object of which was to offer European professional aid to the sick and wounded in a local war then on foot between the Mikado and the Aidzu clan. The doctor's services were accepted by the Prince commanding-in-chief, a young man aged 24, and the Japanese Minister for Foreign Affairs afterwards forwarded to the Consul, on behalf of the Mikado, a letter of thanks and a present of seven rolls of brocade.

"Only at one place in all his journey was Dr. Willis molested. At a mountain pass some guards belonging to a local Daimio ordered him to take off his hat, and attempted to force him into making obeisances; the Consul resisted, and refused to proceed until apologies had been tendered. Two high officials were sent to look into the matter, and the chief of the guard, being ordered to make a formal apology, not only did this with a good grace in front of the guard-house, but offered, with the greatest readiness, to put an end to himself should it be thought that in the zealous discharge of his duty he had overstepped the limits of propriety. On his way to the seat of war in Echigo, Dr. Willis had ample opportunity of observing the country and people. There is no doubt that foreign trade is already extensively benefiting Japan: European money has given a great impetus to cultivation and manufacture, the staple of silk has doubled in amount and its price risen sixfold during the last ten years; the hill-sides are being gradually covered with mulberry plantations, and Dr. Willis thinks this production is capable of indefinite extension. In the silk districts the condition of the people is already much improved. The Consul notices that in one of these six coolies carried his litter running, while in the Aidzu country, which is turbulent and poor, sixteen of them had not strength to go beyond a walk. All through the island foreign cotton and woollen goods were met with, and the traveller was everywhere told that the demand for them was steadily on the increase.

"Dr. Willis arrived at the seat of war soon after the taking of the castle of Aidzu, the rebel Daimio. He observed a significant absence of wounded prisoners, and represented to the Commander-in-Chief the compassion always shown to them in other countries. But he was met by the excuse that the Aidzu prisoners reviled and insulted the Mikado's authority so offensively that it was impossible to spare their lives, and on another occasion the young general replied evasively, 'We have well considered the matter.' But every effort was made to protect the Consul from hardship and privation, and for his attentions to the Imperial troops and to such rebel wounded as were left he was repeatedly thanked. He bears testimony to the bravery and hardihood of the Mikado's army; he himself was in comfort and luxury compared with the fighting men, and yet the severity of the cold, joined to the poverty of the food, was so trying that his servants and assistants nearly all broke down. After a long day's work the only refuge was a shed open to the weather, and the only meal rations of rice and stale fish, eating huddling over the warmth of a charcoal brazier. Dr. Willis's conduct was most meritorious; without remuneration he remained with the army until he had done all that was possible for the sick and wounded, rebels as well as Royalists. It was very hard to persuade the Mikado's officers that the former should be treated as well as their own men; but at last Dr. Willis succeeded in obtaining supplies and quarters for them, performing himself all the necessary amputations, &c., and after instructing the native doctors as far as circumstances would permit, he returned to Yeddo in time to enter on his consular duties on the first day of this year, when it was opened to Europeans as a port of trade."

The Health of Mr. Gladstone.

The Premier's late illness arose from an attack of mucous diarrhœa, which was severe, and threatened at one time to become obstinate. On the 2nd the disease appeared to be wholly subdued; and Dr. Andrew Clark, under whose professional care the Premier had placed himself, reluctantly assented to his resumption of full official work. On the 6th there was a slight relapse, which was completely overcome by the 8th. On the 10th Mr. Gladstone left for a visit to Walmer Castle, where we trust he will quickly recover all his accustomed health and strength.

A Rational Statement on Water-Supply.

So much prejudice has been expended on the water supply that we are not sorry to have to report a rational statement which we find in the Sanitary Report on the Health of Paddington. The medical officer of that parish issues the following remarks in his annual report:—

"The Thames overflowed its banks in October and in January, and by washing the cultivated fields and receiving the contents of suddenly flushed sewers of Oxford, Windsor, and Reading, had become contaminated with an unusually large proportion of organic impurity. In a letter from Mr. Coe, the Secretary of the Grand Junction Water Company—in reply to a desire expressed by the Public Health Committee to learn if the Directors have under their consideration any measures that could be suggested to remedy the pollution of the water, it appears that in 1866, five Thames Water Companies lent their assistance to the passing of an Act for the re-modelling of the Thames Conservancy Board, and for the adoption of stringent measures to prevent the flowing into the river of the sewage of towns and other noxious matters, and the Companies voluntarily bound themselves to contribute the sum of £1,000 per annum each to the Conservancy Commissioners for the purpose of carrying these objects into effect. The Act of 1866 extended to the tributaries of the Thames for three miles in a direct line beyond the point of junction, and was supplemented by a further Act in 1867.

"The extreme limit of time allowed for accomplishing the total interception of all town drainage, &c. was three years from the passing of the Act, which period will terminate in the early autumn of the present year. The Water Supply Committee of the House of Commons of 1867 recommends further, that some representatives of the Thames Water Companies should be added to the Conservancy of the River to protect the Water Supply of the Metropolis. This recommendation has not, however, yet received the sanction of an Act of Parliament. After this assurance that every care will be taken to guarantee for the future a pure supply, all fears on the subject may be allayed. I may mention that besides the precaution just alluded to, a Report of Lieut.-Colonel Ewart to the Home Secretary recommends additional means for guarding against river pollution in places that may be adapted for town drainage. There is no doubt that the oxidising power of vegetation in streams and rivers of large size, running distance of 10 or 12 miles, is in itself often sufficient to remove all noxious quality of sewage water poured into them. There are differences of opinion on this point, but abundant evidence goes to show that the Metropolitan Public generally, and the inhabitants of Paddington especially may rest satisfied that the Thames really will in future furnish an abundant and pure supply of water at a moderate cost. But the system of storage in cisterns, placed so near the water-closet or the dust-bin, that the water becomes readily defiled by the gasous emanations therefrom, ought to be abolished. A petition should sooner or later be prepared by the Vestry for the adoption of the 'constant supply system' as used at Manchester and other large towns."

Injection of Ammonia into the Veins in Snake Bite.

The *Launceston Examiner*, of the 25th March, contains particulars of the case of James Brown, residing at Whirlpool reach, Tasmania, who was bitten in the arm by a snake on the 2nd of that month. This man, treated in the first instance with the old remedies, was subsequently brought to the Launceston Hospital, where ammonia was injected into a vein in his leg. On the following day he returned home apparently cured. A few days afterwards, however, unfavourable symptoms set in, the leg became black in the vicinity of the injection, the discolouration extended downwards to the toes and upwards to the neck, leaving a well-defined line of separation from the other parts of the body. The discoloured side was, moreover, characterized by immobility and loss of sensation, almost as complete as if they resulted from paralysis. Happily these formidable symptoms began to subside, the blackness gradually disappearing, though it still continued in the vicinity where the ammonia had been introduced.

Penalty for Infringement of the Vaccination Act.

Archibald J. Miller, a chemist and druggist, was summoned last week, by the prosecuting officer of the Poplar Union, for having signed a false medical certificate contrary to the provisions of the Vaccination Act. A summons had been served upon a Mr. Monk, the father of a child in the parish, for not having had the child vaccinated, and the mother went to the defendant's shop, and asked him what she was to do, as the child was not in a fit state of health to be vaccinated. The defendant took the certificate into his parlour, and afterwards brought it out signed by himself, with the name of Dr. Powles.

The defendant said Dr. Powles was in his parlour, drawing a tooth for a lady, and he asked him to sign the certificate, but being very much occupied, he told defendant to sign it himself, which he did in Dr. Powles' name.

Dr. Powles said he had no recollection of the circumstance, but he was too busy to attend to what was asked at the time. However, if he had been requested to sign a certificate that the child was unfit for vaccination, he would have done so, as it was certainly the truth.

Mr. Paget committed the defendant for trial.

Poisoned by Laburnum Seed.

On Sunday week a serious case of poisoning by eating the seed of the laburnum occurred in Carlisle. In the afternoon a number of boys belonging to Caldewgate went out into the country, and while strolling along the road filled their pockets with laburnum pods. On their return to Carlisle they gave some of the poisonous seeds to their playmates, and about an hour afterwards about a dozen of the children who had partaken of them became seriously ill, and vomited freely. The parents of the children, becoming alarmed, sent for Dr. Hair, of Abbey-street, who applied such remedies as he thought necessary, and under his treatment the children (the lives of several of whom were in serious danger) recovered. This is not a solitary instance of similar effects from laburnum seed.

Cholera in Poona.

We regret to hear that cholera is on the increase in the city of Poona. The approach of rain will, we hope, mend matters.

Autumn Complaints.

The dulness of the season opens the columns of the daily papers to all sorts of complaints that at other times cannot be attended to. Already letters have been admitted into the newspapers which, had Parliament still been sitting, must have been written in vain. Medical men have also obtained a hearing. One has related in the *Times* his misery on account of the want of punctuality in suburban trains. Another has raised his voice against the everlasting noise which renders night hideous in almost every London street, and which is worse for patients than for over-worked doctors. Both grievances could easily be remedied, and we are glad that the *Times* has allowed a corner in season to these subjects.

Sir J. Gray, M.P., and Medical Reform.

Sir John Gray, M.P., has given notice that next year he will introduce a Bill on medical education. A contemporary hopes he will take no step without consulting the corporations. Why, this would be to ask them how to remedy the consequences of their own neglect of duty. The journal threatens that the corporations will unite to oppose him unless they are consulted. So much the worse for the corporations, and so much the better for the Profession and the public. Let them thus publicly exhibit themselves as pure obstructives and their day will be over. We trust Sir John Gray will ignore all the corporations, and set at nought their so-called vested interests. It is time the vested interests of the public were impartially considered.

Coroner's Work.

Dr. Lankester's Annual Report as Coroner for Central Middlesex has been issued, and contains a number of interesting facts and suggestions, upon which free discussion took place at the meeting of the Health Department of the Social Science Association, where the Report was first read.

Dr. Lankester remarks that the recent movement for the improvement of the workhouses originated through disclosures made in the Coroner's court, and he would seem to be of opinion that an inquest might be held in every case of death in workhouses. In the case of persons found dead there should always be an inquest; and Dr. Lankester remarks that this rule is needful even where persons have long been ill, but are unexpectedly found dead.

So in sudden death occurring to persons known to suffer from a disease likely to terminate thus, he remarks that these are just "those lives that would be most exposed to the tampering of those who were interested."

The question of the registration of "still-born children" is entered into at great length, and there are other points in the Report deserving careful attention.

Outbreak of Cattle Disease in Surrey.

During the last few days a contagious disease among cattle broke out in Surrey, and is most prevalent among milch cows. The epidemic is known as "the foot and mouth disease," and is the same type of disease which prevailed previous to the great outbreak of rinderpest. At Brixton, Clapham, and Camberwell it is raging to a frightful extent, and the whole of the sheds of cows are affected, and in some instances herds of from fifteen to thirty milch cows are down with it. That it is contagious is without dispute, although it is not of a very fatal character. The animals are seized with soreness in the feet and tongue simultaneously, and are unable to stand or take food for ten or fourteen days; they lose their milk, waste flesh, and dairymen are driven to great extremities to obtain milk for their customers. It is generally thought that the disease has been imported into this district by foreign cattle, and it is rapidly spreading over other localities in the county.

Public Mortuary for the East of London.

The Poplar District Board of Works have decided upon erecting a public mortuary upon a plot of land which they have purchased from the Tower Hamlets Cemetery Company. When completed the mortuary will be for the use of the three parishes over which the Board has jurisdiction.

At the last meeting of the vestry of St. George the Martyr, Southwark, attention was called to the manner in which fever and small-pox are generated, the first by the over-crowding of the poor in narrow lanes and alleys, and the second through the refusal, as well as the neglect, of the same class to carry out the Vaccination Act. It was stated that an order had been obtained to remove from a house in Harrow street a dead body which had been kept amongst the living more than twelve days.

Mr. Baker, of Kew, has been appointed to the Chair of Botany at the London Hospital. Mr. J. F. West takes that of Anatomy at Queen's College, Birmingham.

The decimal system has been adopted by the Editors of the new Austrian Pharmacopœia. The gramme and its multiples are to replace the ounce and the grain, and a Commission is already named to fix prices in accordance with the change.

In his return for last week the Registrar-General states that the deaths of eight persons who were killed by horses or carriages in the streets of London were recorded. This is at the rate of more than 400 a year, while the fatal accidents on the railways of the United Kingdom average rather over 200 a year. In the seven days to which this return relates, the mortality from street accidents in London was twice as high as that from small-pox and intemperance combined.

The session at the Army Medical School at Netley terminated on Monday week. The officers who received commissions in Her Majesty's Indian Medical Service obtained leave of absence until the day fixed for their embarkation. The Herbert Scholarship was awarded to Dr. Christopher W. Calthrop, late of Charing-Cross Hospital. The prize presented by Surgeon-Major Fleming (late 4th Dragoon Guards) for the best examination in military surgery was obtained by Assistant-Surgeon Joseph J. Pope, Royal Artillery.

The Glasgow death-rate for the last quarter has been just 50 per cent. higher than in London and thirteen other large towns in the Kingdom. In these fourteen towns the death-rate for the last quarter was 24 in every 1,000. In Glasgow it was more than 36 in every 1,000, while in the corresponding quarter of 1868 it was only about 30 in every 1,000. The Registrar-General dwells especially upon the fact, and assigns very intelligible causes for it. Though the water at Glasgow is good and abundant, the dwellings of the poor are execrable. Nothing can be worse in the way of crowding, want of space, want of ventilation, want of decency, and want of everything which tends to lift the poor, and especially their children, from the lowest depths of degraded pauperism. Even in Liverpool, still bad enough, but where the infamous cellar system is to a considerable extent abolished, the deaths in the last quarter were only 27 in each 1,000. In Bristol, of old notorious, they fell from 23 to 21 per 1,000. And in Birmingham they fell from 20 to 18 per 1,000.

Dr. Robert Aldren, of the Madras Army, we learn from the *Madras Mail*, fell a victim, the week before last, to jungle fever, while employed on the Upper Godavery works, which have caused so large an expenditure of human life. He entered the medical service so recently as April 1867.

It is announced from Nusseerabad, that a fresh outbreak of cholera has taken place there of a fatal type. Up to the afternoon of the 30th ult. there had been twelve cases in the Royals, with ten deaths. The Artillery remained free from the scourge, and the N. I. had suffered comparatively little. The natives were suffering much. In the district of Azimgurh, also, the disease is prevailing. Medicines had been deposited at each police station for distribution to all applicants.

At a meeting of Liverpool medical men last week, it was agreed that the committees of the various sick benefit societies in the town should be requested to increase the rate of remuneration for the medical officers from 3s. to 4s. per annum for each member.

SCOTLAND.

LIGATURE OF THE AORTA IN EDINBURGH.

On Friday, the 6th inst., Dr. Patrick Heron Watson tied the aorta on account of secondary hæmorrhage from the common iliac artery after ligature. The iliac had been tied nine weeks before with catgut, under the most careful antiseptic precautions, and employing similar after treatment. In spite of this, internal hæmorrhage set in, distending the iliac fossa and cavity of the pelvis, and escaping partially by the yet unhealed incision.

The artery at the point of ligature was found to be completely divided, but no trace of the catgut ligature was discovered. The diseased condition of the arterial tunics precluded the application of a ligature to the stump of the iliac. Dr. Watson, therefore, plugged the vessel with his forefinger, took off the Dubois' aortic tourniquet, made an incision in the linea alba, opened the cavity of the abdomen, turned aside the bowels, cut through the mesentery, cleared the aorta half an inch above the bifurcation, and, carrying a ligature round it with a common aneurism needle, secured the vessel with a common silk ligature. He also secured the external and internal iliac branches upon the affected side, so as to prevent recurrent bleeding.

The patient went on well for the first forty-eight hours, but after the sixtieth hour gradually sank, dying sixty-five hours after the operation—living, however, longer than any of the eight recorded cases, except the one of Monteiro, in which the patient survived the operation ten days.

The operation was undertaken merely to prevent inevitable death from hæmorrhage, which must have proved instantly fatal unless the ligature of the aorta had been performed. No further bleeding took place. The limbs regained their temperature after the operation, but before death the left limb (the side on which the iliac had been tied) had sunk in temperature some six degrees below the other, as high, at least, as the knee; above this the temperature was the same on both sides.*

ADDRESS TO DR. SANDERS.

The following address, signed by nearly 300 students, has been presented to Dr. W. R. Sanders:—

"*To William Rutherford Sanders, Esq., M.D., &c.*

"Sir,—We, the undersigned Students of Medicine, having heard that you are likely to be a candidate for the vacant Chair of General Pathology in the University, in the event of its being rendered vacant by the resignation of Professor Henderson, embrace this opportunity of expressing our high sense of your qualifications for that position. You have for many years enjoyed a well-earned reputation in this School as a Lecturer on Physiology, Pathology, and Clinical Medicine, as a practical instructor in histological anatomy at Surgeons' Hall, and as a zealous clinical observer and teacher in the Royal Infirmary. The fact of your having held, for upwards of fifteen years, the post of Conservator of the Museum of the Royal College of Surgeons, which contains a collection of pathological specimens scarcely equalled, shows the high esteem in which you are held as a pathologist by the members of our profession, and is itself a special qualification as a teacher of morbid anatomy. Your many and original contributions to the literature of medicine, more especially your recondite researches into the pathology of the nervous system, and the healthy and morbid functions and anatomy of the spleen, have given you a very high place amongst the promoters of scientific medicine; while the efficient manner in which the *Edinburgh Medical Journal* has been conducted since it fell into your hands, sufficiently testifies to your literary capacity and to the extent of your medical erudition.

"Those of us who have come into actual contact with you cannot refrain from expressing their appreciation of your great forbearance and uniform kindness to your pupils, and the readiness that you have ever displayed to encourage inquiry, as well as the lucid manner in which you have explained all points of difficulty, and the accuracy that has invariably distinguished your statements. We also bear witness to the pleasure with which we have listened to your lectures, and to the instruction they have conveyed; to the painstaking, laborious, and philosophic investigations on which they were based; and to the clear and concise and careful manner of their delivery.

"In conclusion, we most sincerely hope that your candidature may be successful; feeling, as we do, that your appointment would sustain the efficiency of the chair, and add to the lustre of our University.

"Edinburgh, July, 1869."

GLASGOW INFIRMARY.

Dr. M'Call Anderson succeeds Dr. Leishman as Physician. In him the Infirmary will find an able physician, and the pupils a clinical teacher of great skill. Dr. George Buchanan succeeds to the surgeoncy vacant by the term of office of Professor Lister expiring.

ABERDEEN.

The capping of Graduates was held at Marischal College, under the Presidency of Vice-Chancellor Principal Campbell.

Transactions of Societies.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

We have already given a general account of the proceedings of this useful society at the annual meeting, at York. On an income of little more than £250 the society carries on its proceedings, and supports its journal. We very much question whether it can expect to do as much at the same cost should it amalgamate with the proposed new Royal Society of Medicine. The new President (Professor Laycock) took as the subject of his address the "objects and organization of the Medico-Psychological Association," so that in furnishing our readers with an abstract of the annual address, we shall at once give the most authoritative information about the Society and afford some idea of one of the ablest addresses delivered on similar occasions.

Having returned thanks for the honour conferred upon him in electing him President, Professor Laycock said:—

According to the second rule of its establishment, "the improvement of asylums and hospitals for the insane; the acquisition and diffusion of a more extended knowledge of insanity and its treatment; and the promotion of a free communication on these subjects between the members," the association was restricted, if that rule were literally interpreted, to the pathology and treatment of insanity and the management of the insane in asylums and hospitals. The cultivation of both mental science and medical psychology was eminently one of the objects of the society. If the history of the chartered medical colleges and the various medical societies, and indeed of all professional associations whatever, were examined, it would be found that their objects were threefold, viz., the maintenance of the secular or social interests of the members, such as are comprised in social position, legal relations, and adequate remuneration; the interchange of professional experience; and the advancement of the department of art and science practised and cultivated. The Psychological Association was first constituted for the attainment of the two first classes of objects by medical officers of asylums exclusively; to these the third has been added lately, and the membership extended. Matters of daily duty were obviously of primary importance, so that information as to all that concerns asylum management and treatment of the insane must be always useful and interesting to the majority of the members. Would not a standing committee charged with the duty of collecting and reducing this information to order, for a special department of the journal, be advisable? Another committee might take charge of the defence of their social position and interests. The establishment of such a committee had been advocated, and its duties sketched out by Dr. Conolly in September, 1862, when, doubtless, he had in his mind the serious fact that only a few months previously a peer of the realm, high in office at the time, and when exercising the duties of his office, as the legal guardian of the insane in his place in Parliament, declared that to consider insanity to be a physical disease, which they all did, was "an evil habit" which ought to be corrected, and who contemptuously designated physicians like Dr. Conolly, "mad doctors." It was not surprising that such a high and public example should be followed elsewhere, with the injurious results Dr. Conolly lamented. Dr. Sankey, also, in his address of last year, dwelt forcibly upon the isolated and defenceless position of the association, and his predecessor, Dr. Robertson, reported his active efforts in regard to a Bill which seriously affected the pecuniary interests of many members, and which were again involved in the County Administration Bill. The duties of a defence committee would chiefly bear upon injurious opinions and proceedings as manifested in the press, in Parliament, and in the courts, and such a committee would have a wide scope for action in the diffusion of information. Much of the misapprehension to which Dr. Conolly referred had its origin in deeply-rooted prejudices. Many persons had as great a fear and dread of the insane as they had of wild beasts or of dangerous criminals, and they looked upon asylums as places of detention, and on the medical superintendents as little better than jailors. The horrible treatment of the insane formerly practised in places of detention, in accordance with these sentiments, was not yet forgotten, and supplied incidents for sensational novels. The defence committee would seize every available opportunity to combat these hurtful and barbarous sentiments. They could clearly show that the insane are unjustly and wickedly treated when treated as the outcasts of society; that they have a claim on it to solace and sympathy; and that, influenced by these moral truths, the calumniated "mad doctors" have been the chief agents in effecting all the great modern improvements in the treatment of the insane, in the face of the most profound ignorance and the most obstinate prejudices. A defence committee would not be content, however, merely to combat these prejudices. Psychological science was, he said, rich in substantial benefits to society itself, if rightly applied. In aiming at the prevention and cure of insanity, higher and more important objects were attained than were comprised in the effective management of asylums. Statistics carefully drawn up by his friend, Dr. Thurnam, showed that of the insane brought under treatment in asylum within three months of the commencement of the disorder, eighty per cent., or four-fifths, were restored to health, even when the most hopeless cases were included in the calculation, but, if those complicated with fatal diseases like consumption and apoplexy were excluded, then nine-tenths were curable. If, however, that treatment were delayed from three to twelve months, not one-half were curable. It was obvious from these facts that early treatment was the greatest economy, but few thought of the sad consequences which ensued when the disease was left to run its course, in the almost complete dissolution of family ties and the abolition of domestic affections. In too many instances the hopelessly insane were wholly neglected by their relatives, so that their physician takes the place of a father and brother. These facts showed how criminal, as well as foolish, was the conduct of those who hindered early treatment by describing mental medicine and the practice of it in hospitals and asylums for the insane as a horrible thing, to be avoided at all hazards. Professor Laycock said he need not dwell upon the dangers to society and families thus caused, upon the hindrances thus raised to the successful practice of medico-psychological art and the proper recognition and remuneration of their arduous duties, but would urge that a committee in protecting their social and secular duties would be effectually serving the interests of humanity and of society. Mental physicians had, he said, frequently to advise families and courts of law in cases of vice and crime, in which mental disorders and defects were pleaded in extenuation of consequences, and, in the exercise of those duties, had to encounter prejudices of another kind. It was useless to conceal the fact that they were thus chiefly involved in a conflict of new ideas with those old notions which formerly led and still lead directly to the cruel treatment of the insane. When Cullen, one of the most distinguished and renowned of his (Professor Laycock's) predecessors in the chair of the Practice of Medicine in the University of Edinburgh, recommended stripes as a curative means for insanity, while his contemporaries adopted even harsher and severer measures, their methods of treatment were the result of the teachings of the old philosophy. That humane treatment of the insane, which they all defended and practised, followed directly upon certain principles of ethics which were deduced from experience, and these brought them into collision with the public whatever they did. Whether they restrained the personal freedom of the insane in the interests of society, or pleaded for a kindly and charitable consideration of them in the interests of justice and mercy, they were held to be equally in the wrong. Add to these ethical and social prejudices the instinctive dread and abhorrence of a violent lunatic, which was felt by most, and they could readily understand why a chorus of vituperation of "mad doctors" arose from the press and the public when a cruel and ferocious murderer, albeit insane, escaped as a lunatic from public vengeance. The antidote to all this, Professor Laycock maintained, was the reiterated demonstration of the fact that their ethical principles and practice agreed in every respect with those of the Christian religion. If they advised that persons with incurably degraded instincts be subjected to a due restraint of their freedom, was it not an act of social justice? The majority of such persons were the victims of hereditary insanity and expiated by such restriction that inexorable law, equally natural and divine, by which the sins and follies of the fathers were visited upon the children. If, in the order of Divine Providence, it was their duty to recognise that law, surely it was equally their duty to soften its pains and penalties. Such were some of the arguments by which their conduct might be justified, whenever unjustly impugned. They might feel assured that if the public mind were so enlightened as to perceive that a true mental science was in accordance with the fundamental principles of Christian morals, and that, when rightly applied, it was available to the solution of some of the most difficult and pressing problems of Christian civilization, much of the public misapprehension would be obviated. But true mental science must be developed and digested before it could be effectually promulgated and applied. The learned Professor then entered upon the description of various methods with this object in view. He thought it capable of proof that mental science could be applied to legislation so as not only to diminish the numbers of the insane, but also the amount of pauperism and crime. Were they to continue wearied and helpless spectators of those sad cases of hitherto incurable dementia which encumbered the asylums by thousands? There were facts which pointed to the conclusion that the medico-psychological art had triumphs in store in that direction, for it occasionally happened that, in the worst of those cases, the clouds temporarily cleared away from the enfeebled intellect to an extent that seemed almost miraculous. What were the conditions of the brain which underlay those temporary restorations? The problem was how and when to produce those changes by art. Whatever theory they might adopt, biology applied to clinical research would help to solve those practical problems. After treating further on the subject, and considering the new doctrine of the correlations of the forces of nature, such as heat, chemical affinity, magnetism, and galvanism, Professor Laycock proceeded to treat of the better education of the medical profession, stating that it would be an advantage to the student if all the academic hospitals had wards attached to them for the reception of mental cases in their earliest stages. The knowledge that would thus be gained by the student would be available to the cure of multitudinous cases without restraint in an asylum at all. In the great public asylums, also, there is all that is requisite for scientific research, except assistants qualified by scientific training, and endued with the zeal which makes scientific labour lightsome. He therefore advocated a suitable scientific and practical examination of candidates for asylum appointments. It must, he said, be admitted that the constitution of a psychological section in the proposed new Society of Medicine of London, was a valuable result of their organisation, and whatever might be their decision, their cordial thanks were due to the Royal Medico-Chirurgical Society, who had given psychological medicine a prominent position in their arrangements. The question was, however, would they in return for the transfer of their organisation and pecuniary support attain advantages equal to those the association now possessed? In this question Professor Laycock entered at some length, the consideration of which terminated his address.

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* Sir A. Cooper first performed this operation in 1817. Since that date it has been done twice by Mr. James, of Exeter, and once by each of the following Surgeons—Murray, at the Cape; Monteiro, at Rio; South, in London; Hunter McGuire, of Richmond; and Watson, Edinburgh.

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Correspondence.

LOCAL *versus* CONTINENTAL HEALTH RESORTS.—RATHMULLAN, CO. DONEGAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have long been of opinion that many things tend to neutralise the good results supposed to flow from sending invalids to the Continent in search of health. Among the drawbacks referred to may be enumerated the fatigue of sight-seeing, the inferiority of the food, the want of the comforting influence of home and friends, and the weariness and dull uniformity of every-day life. All these conspire to exert a depressing influence upon the invalid, while the physician labours under the disadvantage of losing sight of his patient, and thus becoming, to a large extent, unacquainted with the precise condition of the case. Hence it is little wonder that both patient and physician are often disappointed at the very slender benefits derived from temporary residence abroad with a view to the restoration of health.

Such considerations as the foregoing seem to me to render it obligatory on physicians, who possess trustworthy information concerning local health resorts, to communicate such information to their medical brethren. The reports concerning such places are often furnished by incompetent or interested persons, and are not unfrequently founded on mere hearsay, so that it is difficult to determine what degree of confidence ought to be attached to them. This must be my apology for offering the following brief sketch of the physical characteristics of Rathmullan, a picturesque little village on the banks of Lough Swilly, hitherto comparatively unknown, because until very recently it has been almost inaccessible.

Rathmullan is distant twelve miles from Londonderry. Being on the opposite side of Lough Swilly, it is reached by a steamer and ferry-boats, which ply in connection with the Lough Swilly Railway. Of the entire journey, nine miles are by rail, and three by steamer or boat. The village is situated on the peninsula of Fannet, at an elevation of two hundred feet above the sea level. It has a southern aspect. Hills of gradual ascent protect it from the westerly and south-westerly winds, which are the prevalent ones. It is exposed to the southerly breeze from the Lough, and to the full influence of the sun, while the mountains of Fahan and Innishowen, on the opposite side, shelter it from the easterly and north-easterly winds. The winter climate is admirable, being mild and equable. The mean temperature and rain-fall are unknown, but the thermometer in an exposed position, on board H.M.S. *Trafalgar* (which has been stationed opposite Rathmullan for the last two years), has very rarely fallen below 32° ; and in the neighbourhood of the village the frost remains a comparatively short time on the ground. The bathing is excellent, the beach being indented with sandy coves and bays, which are perfectly safe. The soil is dry and loamy, well drained, mostly in tillage, and highly cropped. The geological formation is loam on schist rock, with boulders of greenstone conglomerate, and in some parts glacial clay, or "till," two feet below the surface. Unlike many popular watering-places, Rathmullan possesses an abundant supply of excellent water. The houses are clean, well sewered, and well ventilated. The household supplies on sale are of good quality, and at reasonable rates. I have not been able to ascertain the exact death-rate, but the longevity of the residents is remarkable. Of fifteen tombstones in the old graveyard that have legible inscriptions, nine show the following ages:—

Francis Barrington, aged 75 ; his wife, 81. Francis Armstrong, aged 80 years ; his wife, 82. James Morrison, aged 84 years. John Lockhart, 95 years ; his wife, 80. William Henderson, 88 years ; another, not legible, 85 years. There is at present a man living in the village whose age is known to be 111 years. He is up at six o'clock in the morning, works regularly, and is not decrepid—

"Sinks to the grave with unperceived decay,
While resignation gently slopes the way."

At the entrance of the village from the Lough stands the interesting old ruin of a monastery of Carmelite Friars, in old times inhabited by the O'Breslaus, then by the McSwines (which clan is first mentioned in Irish history in the year 1169, having been established by the O'Donnells, who brought them from Scotland), then by Andrew Knox, Bishop of Ossory, and afterwards of Raphoe. The Abbey was burned in 1618, but part of it was rebuilt and occupied by Bishop Knox, Divine Service being solemnized in the chapel till about the year 1814. There is a curious stone in the ruin on which can be traced the crest of the McSwine family—the pig with the bagpipes. Over the door can be seen the date of the repairs after the fire, with the letters A.N.K.N. S.C. 1618. The Abbey is still kept in very good preservation by the present owner of the soil, Thomas Batt, Esq., Rathmullan House. It was one of the very early churches established in Ireland on the conversion of the island to Christianity, and is mentioned often in the *Annals of the Four Masters*. It was at this church that Hugh O'Donnell (Hugh the Red) was captured. The words of Dr. Moir, of Musselburgh, are applicable to it:—

"Lonely mansion of the dead!
Who can tell thy varied story?
All thy ancient line have fled,
Leaving thee in ruin hoary.

"Thou hast had thy days of pride—
Martial squadrons ranked before thee,
Tow'ring high, and flaunting wide,
Gilded banners beaming o'er thee.

"Heroes came and tilted near,
Beauty claimed thee for her dwelling,
Evening pilgrims paused to hear
Tones of mirth and music swelling.

"Once beneath the breath of morn,
In thy halls did cheer awaken;
Dull and desolate and worn,
Thou art lone and left forsaken."

Cromlechs are frequently met with in the neighbourhood; one at Drumhallagh, of large size, called "The Giant's Bed." At Glenallagh, three miles off, is another, called "The Stepping Stone." There are some wells in the district around which superstition has invested with sanctity, and which are in repute for effecting cures of various kinds. Tourists will find full directions, in the Visitors' Book at the Hotel, how to visit many places of rare beauty and surpassing interest.

There are several varieties of ferns growing in the neighbourhood, the maiden hair, the osmunda regalis, the hymenophylli, &c., &c. Among the many beautiful walks are extensive woods, natural and artificial, in which will be found varieties of large moths and other creatures interesting to the naturalist. The grounds of Rathmullan House, which are beautifully kept, and command a charming view of the Lough, are generally thrown open to the public by the spirited proprietor. The scenery of Lough Swilly is exquisite. It is land-locked by hill and mountain, which throw shadows on it of various tints; hence its appropriate name, which signifies "The Lake of Shadows."

I have only to add that, although my experience of Rathmullan as a health resort has been limited, I have already found it remarkable for its sanative influence in curing and alleviating consumption, in relieving laryngeal and bronchial complaints, and in producing beneficial effects on scrofulous children.

I am, yours, &c.,
WALTER BERNARD, L.K.Q.C.P.

Londonderry: July 21, 1869.

UTERINE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having under my care a case somewhat similar to those described by your valuable contributor Dr. Waring Curran in the MEDICAL PRESS AND CIRCULAR for August 5th, I would feel much obliged if that gentleman would inform me if he considers the liniment made of aconite, belladonna, and chloroform, better than one composed of ext. of belladonna only, diluted with glycerine, and whether he would recommend the tinct. aconiti to be administered in such cases. I must confess I was much puzzled in order to arrive at a correct diagnosis of the case which I am at present treating, until I read Dr. Waring Curran's very interesting and highly valuable paper in your journal; but I am now convinced that it is one of uterine rheumatism: as yet none of the joints have become affected.

I am, Sir, your obedient servant,
AZYGOS.

COCOA AND COCOA MILLS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have long been of opinion that the more diffused use of cocoa would be desirable both on dietetic and medical grounds. The cocoa now on sale, however, even when good and pure, is too dear for ordinary use. I do not consider the moderate addition of farina and of sugar undesirable. But, if added, the exact amount ought to be stated, so that people could know what they were paying for. It would be well to fix the amount of addition, and what addition, by law, and to amerce transgressors.

But the object of this communication is not to dwell on these matters, which have already been so ably taken up in your columns, so much as to urge the adoption in every house of a cocoa mill, just as there ought to be pepper mills, mustard mills and coffee mills, for preparing the article for domestic use. The cocoa bean may be had for a shilling a pound, or thereabouts. Let it be divested of the husk or exterior, and pounded in an iron mortar, with, or without, half the weight of common sugar and half the weight of clear good starch, also, if liked, a pinch of cinnamon or cassia powder. When pounded, or it could be crushed in a conical iron mortar with a suitable pestle, for cocoa will not grind, it needs to be boiled but a couple of minutes or so, with sugar and milk to taste, to constitute a palatable and wholesome dish. This would obviate all adulteration, and secure a highly desirable and economic refreshment for every one. The South American Indians simply tonefy the bean, then pound it between two stones, add hot water or sometimes even cold water, I believe, and drink it. It is as easy to prepare cocoa from the bean, since it is always roasted to hand, as tea or coffee, and I should greatly like to see the means of doing so in every house.

I am, Sir, yours faithfully,
H. MacCormac, M.D.
Belfast: July 5, 1869.

THE CORPORATIONS AND THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It was I, not Dr. Martin, of Warrington, who seconded Professor Haughton's wise resolution at the General Meeting in Leeds. I did so, feeling the necessity that exists of placing the corporate bodies of the Profession in a position of power on the General Council, satisfied that if this be not done the principle of municipal government will be lost to the Profession, and we shall be handed over to a bureau of Government nominees, who, caring little for our interests, would rule us for their own. Those bodies would, therefore, be best served by making their representatives the representatives not of the Council of each body, but of the great bulk of its members, whether fellows, graduates, or licentiates.

The Profession in general should also elect *their* representatives, and this double representation is by no means objectionable or needless.

I am, Sir, your obedient servant,
James Martin.
Woodview, Portlaw: August 9, 1869.

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BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE, 1869.

The thirty-ninth annual meeting of this Association will commence this day (August 18th) at Exeter, under the presidency of George G. Stokes, Esq., M.A., D.C.L., Sec. R.S., Lucasian Professor of Mathematics in the University of Cambridge.

The Executive Committee at Exeter will elect new members and associates, on the usual conditions, and personal application for tickets must now be made at the reception-room, Exeter, which was opened on Monday last.

Gentlemen who have in any former year been admitted members of the Association may, on this occasion, renew their membership, without being called upon for arrears, on payment of £1.

In the reception-room there will be an office for supplying information regarding the proceedings of the meeting. The "Journal," containing announcements of the arrangements for each day will be laid on the table this day (August 18th), and the following mornings at 8 a.m., for gratuitous distribution. Lists of members present will be issued as soon as possible after the commencement of the meeting, and will be placed in the same room for distribution. The published volumes of the British Association will be sold in this room, to members and associates only, at the reduced prices appointed by the Council. The members' ticket will contain a map of Exeter, and particulars as to the rooms appointed for sectional and other meetings.

For the convenience of members and associates, a branch post-office (which will be available also for communication between members attending the meeting) will be opened in the reception-room.

Members and associates may obtain information about local arrangements and facilities afforded by the railway companies, on application to the local secretaries at Exeter.

The first meeting of the General Committee will be held this day (August 18th), at 1 p.m., for the election of sectional officers, and the dispatch of business usually brought before that body. The General Committee will meet again on Monday, August 23rd, at 3 p.m., for the purpose of deciding on the place of meeting in 1870. The concluding meeting of this Committee will be held on Wednesday, August 25th, at 1 p.m., when the report of the Committee of Recommendations will be received.

The first general meeting will be held in the Victoria Hall, this day (August 18th), at 8 p.m. precisely, when Joseph Dalton Hooker, M.D., D.C.L., F.R.S., &c., will resign the chair, and Professor Stokes, M.A., D.C.L., Sec. R.S., &c., will assume the Presidency, and deliver an address. On Thursday evening, August 19, at 8 p.m., in the Albert Memorial Museum a *soirée*. On Friday evening, Aug. 20, at 8.30 p.m., in the Victoria Hall, a Discourse will be delivered by Professor Phillips, LL.D., D.C.L., F.R.S., F.G.S., &c., on "Vesuvius." On Monday evening, Aug. 30, at 8.30 p.m., in the Victoria Hall, a discourse will be delivered by J. Norman Lockyer, Esq., F.R.S., F.R.A.S., on "The Sun." On Tuesday evening, Aug. 24, at 8 p.m., in the Albert Memorial Museum, a *soirée*. On Wednesday, Aug. 25, the concluding General Meeting will be held in the Victoria Hall, at 4.30 p.m.

The sections are as follows:—

A.—Mathematical and Physical Science.—(In the Grammar School.)—President, Professor J. J. Sylvester, M.A., LL.D., F.R.S. Vice-Presidents—Professor J. C. Adams, M.A., D.C.L., F.R.S.; William R. Grove, M.A., F.R.S. Secretaries—Professor G. C. Foster, M.A., F.R.S.; R. B. Hayward, M.A.; W. K. Clifford, B.A.

B.—Chemical Science.—(In the Albert Museum.)—President—Dr. H. Debus, F.R.S., F.C.S. Vice-Presidents—Professor W. Odling, F.R.S., F.C.S.; Professor A. W. Williamson, F.R.S., Pres. C.S. Secretaries—Professor A. Crum Brown, F.R.S.E., F.C.S.; Dr. W. J. Russell, F.C.S.; Dr. Atkinson.

C.—Geology.—(In the Temperance Hall, Friars' walk.)—President—Professor R. Harkness, F.R.S., F.G.S. Vice-President—R. A. C. Godwin-Austen, F.R.S., F.G.S. Secretaries—W. Pengelly, F.R.S., F.G.S.; W. Boyd Dawkins, F.R.S., F.G.S.; Rev. H. H. Winwood, M.A., F.G.S.

D.—Biology.—(In the Episcopal Schools.)—President—George Busk, F.R.S., F.L.S., F.G.S.; Vice-Presidents—C. Spence Bate, F.R.S., F.L.S.; Edward B. Tylor. Secretaries—Henry T. Stainton, F.R.S., F.L.S., F.G.S.; Professor Michael Foster, M.D.; Rev. H. B. Tristram, M.A., LL.D., F.R.S.; E. Ray Lankester.

E.—Geography.—(In the Victoria Hall.)—President—Sir Bartle Frere, F.R.G.S. Vice-Presidents—Sir G. Grey; A. G. Findlay, F.R.G.S. Secretaries—H. W. Bates, Assist. Sec. R.G.S.; Clements R. Markham, F.R.G.S.; R. H. Major, F.S.A., F.R.G.S.; J. H. Thomas, F.R.G.S.

F.—Economic Science and Statistics.—(In the Athenæum.)—President—The Right Hon. Sir Stafford Northcote, Bart., C.B., M.P. Vice-Presidents—Colonel W. H. Sykes, M.P., F.R.S.; T. D. Acland, M.A., D.C.L., M.P. Secretaries—Edmund Macrory, M.A.; Frederick Purdy, F.S.S.

G.—Mechanical Science.—(In St. John's Hospital.)—President—C. W. Siemens, F.R.S. Vice-Presidents—G. P. Bidder, C.E.; C. Vignoles, C.E., F.R.S., F.R.A.S. Secretaries—P. Le Neve Foster, M.A.; W. Smith, C.E.

The different sections will assemble in the rooms appointed for them, for the reading and discussion of reports and other communications, on Thursday, August 19th; Friday, August 20th; Saturday, August 21st; Monday, August 23rd; and Tuesday, August 24th, at 11 a.m. precisely.

The Committees, consisting of officers of sections and members conversant with the several branches of science selected by them, will meet in rooms adjacent to the section rooms at 2 p.m. this day (August 18th), and at 10 a.m. precisely, on the other days.

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Gleanings in Medicine, Surgery, and the Allied Sciences.

INDIRECT OSTEOPLASTY.

Prof. Billroth, in a contribution on the results of operative proceedings for favouring the regeneration of bone from periosteum, states that, in diseased conditions of the full-grown hollow bones of adult subjects, the periosteum resembles that found in early life, in being lined by a layer of cells which may be converted into irregular and luxuriant masses of osseous tissue. This process is observed in cases of ostitis and acute periostitis, particularly in syphilitic subjects, in whom there is a great tendency to the formation of osteophytic growth. The sanguine expectations with which periosteal osteoplastic operations were undertaken have not, however, been fulfilled. In the first place, the surgeon has no power to limit or control the abundant formation of bone-cells from diseased periosteum; and, again, the newly formed bone after a time contracts like other regenerated connective tissue, and finally wholly disappears. Artificial osteogenesis may be produced in children, after resection, when the wound heals by primary intention; but it fails in adults, and when the wound remains open for some time, with profuse suppuration.

Rhinoplastic operations, in which flaps of periosteum had been detached from the frontal bone, though followed by formation of osseous tissue in the new nose, were ultimately unsatisfactory in their results, in consequence of the absorption of this tissue, and of the formation of an immovable and tense cicatrix on the forehead. The transplanting of periosteal flaps in operations for cleft palate is not approved of by Billroth, in consequence of the great difficulty of the proceeding, and of its slight utility. In cases of necrosis of the gums from phosphorus-poisoning, success has frequently attended periosteal resection when the formation of new bone was not prevented through profuse suppuration. The formation of a perfect maxillary bone must not be expected: in regeneration of the upper jaw, the antrum is lost, the bone itself is flattened, and the cheek sunken. In resection of joints, periosteal operations, in consequence of the softened and relaxed condition of the membrane, have not resulted in marked success, except in a few cases, in which they were practised on young subjects, and where healing was perfected without severe symptoms.—*Allge. Wiener Med. Zeitung, and New Orleans Med. Jour.*

SPONGE TENTS.

Knowing the fact that absolute or *strong* alcohol will quickly *set* the fibres of common sponge, after having been moulded or compressed into any given size or shape, I was led to the following quick and easy method of preparing sponge tents, tampons, &c.:—The sponge is first thoroughly moistened with water and pressed as dry as the strength of the hand will permit; then having formed it into the desired shape and size by the hand, or by pressing into a quill or any other tube or mould, it is immersed into the alcohol. If the spirit is sufficiently strong (90 to 100 per cent.) the sponge is *immediately* set into the given shape, which it retains perfectly after the pressure or mould is removed. It is then hard, firm, and inflexible, and may be trimmed to a sharp point or any other desired shape. To restore it to its former size and shape it is only necessary to moisten it with a few drops of water. The alcohol sets the sponge perfectly, whether the amount of compression be much or little, so that the degree of dilatation, attainable by the use of tents thus prepared, will, of course, depend upon the size after moulding and the degree of pressure used. As this process of preparation works perfectly and *without delay* its advantages are obvious. —*Dr. J. B. Hough, in Cincinnati Lancet and Observer.*

TEST FOR SULPHUR.

Dr. Schönn, of Stettin, detects sulphur in organic compounds and in all inorganic sulphosalts, sulphides, sulphocyanides, sulphates, &c., by placing a little of the dry substance in a test tube, adding a small piece of potassium or sodium, and covering it with more of the dry substance. The tube is heated until the reduction is completed in a few seconds, when the tube is broken and its contents thrown into a dilute acid or a solution of nitroprusside of sodium; the former evolves sulphuretted hydrogen, the latter produces the well-known violet colour.—*Zeitschr. f. Analyt. Chemie, and Am. Jour. Phar.*

TREATMENT OF CHOREA BY THE ETHER SPRAY.

A young lad of eighteen, in May, 1868, was much frightened by a sudden near flash of lightning during a storm. In two months afterwards he showed choreic symptoms, the lower limbs first, then the upper, and in two months more he was unable to do any business. He was treated by blistering along the spine, and the administration of bromide of potassium in infusion of valerian. He became much worse, though very slowly, and got a slight attack of varicella. After its subsidence, the choreic symptoms considerably increased, he was now incapable of feeding himself, and could hardly speak. The ether spray was applied by Richardson's instrument along the spine, and 50 grammes used at a time; he was, next day, found to be much relieved. Three more applications were made, when the most wonderful improvement had occurred, the spray was continued, and at the end of eight days the patient was able to write, and was in a fit condition to leave hospital.—*Lyon Médical.*

ECTROPIUM INTESTINORUM.

A mother, 21 years of age, was delivered of a male child, in which the following state of things existed:—From an opening two inches in length at the umbilical region, ¼ inch to the right of the umbilicus, and parallel to the linea alba, bulged out the greater portion of the intestines. Their coats were hypertrophied, and the abdominal walls were to such an extent contracted, as to allow only the admission of the small finger on both sides of the orifice. The rigidity of the abdominal wall did not allow of any stretching. It was an eight-months child, passed its natural secretions, fæces and urine. In the morning it vomited bile, and in the afternoon nursed at its mother's breast; its pulse was regular, as was also its respiration. The portions out were made up by the duodenum, jejunum, and ileum of the small intestines, and the colon and a portion of the rectum of the large intestines. The child died the day after its birth, having lived exactly 21½ hours.—Geo. Fredigke, *Chicago Medical Examiner.*

A REMARKABLE CASE OF TETANUS.

M. NEVEN DEROTRIE details a remarkable case of tetanus in childbirth, marked by closure of the teeth, impossibility of swallowing, general rigidity, opisthotonos, tetanic contractions, risus sardonicus, and death in sixteen hours. The woman was poor, badly circumstanced, in a cold damp room, and a bad bed. Besides, though the labour was not protracted, the placenta gave some trouble by its adherence; it was torn,—so much so, that it was probable some portion remained in utero.—*Journal de Médecine de L'Ouest.*

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Legal Intelligence.

ATTEMPTED FRAUD ON A RAILWAY COMPANY.

NORTHERN CIRCUIT, MANCHESTER, AUGUST 12.

(*Before* Mr. JUSTICE HANNEN.)

The civil business having been disposed of, his Lordship then tried the case of Henry Ford, who was placed at the bar charged with having attempted to obtain £4,000 from the London and North-Western Railway Company, by false pretences, in September last.

Mr. Pope, Q.C., and Mr. Jordan conducted the prosecution; Mr. Cottingham defended the prisoner.

This case disclosed a very ingenious and daring attempt at fraud on the part of the prisoner, founded on the great accident at Abergele, which occurred on the 20th August last. It appeared that on the 2nd of September the company received a letter from a Mr. Fox, the prisoner's attorney, to the following effect:—

"Gentlemen,—Our client, Mr. Henry Ford, of Patricroft, was in the train at the time of the accident on the Holyhead Railway, and was a first-class passenger, having a through ticket from Chester to Dublin. He was very much shaken and injured by the shock, and he has found it necessary to consult his surgeon, who says he is suffering from concussion of the spine, &c.; and that he must remain in bed some time to give him any opportunity of recovering. Mr. Ford will claim compensation from the company in respect of his injuries, but it impossible at present to state the extent and nature of them. If you wish the surgeon of the company to see Mr. Ford, please put him in communication with us, and we will arrange for his doing so."

In consequence of this letter, the prisoner was seen by one of the officers of the company, and also by several medical men, and to them he appeared to be suffering most seriously, and apprehension was entertained whether he would be able to walk again for years. He made a claim for £4,000 compensation, and an action was commenced by him, which would have been tried at the last assizes, but, as the plaintiff stopped short in his supply of funds, the record was necessarily withdrawn by his solicitor. He absconded from the neighbourhood soon after, on the 12th of April, after perpetrating another fraud on the strength of the same accident, and it gradually became clear that the whole story was an imposition, and that he had neither been near the scene of the accident, nor ever been suffering from any injuries whatever. He had stated to the company's officer—in contradiction, apparently, of his solicitor's original letter—that he was riding in a second-class carriage, which was not padded, but it was proved on the trial that there was no carriage in the train that was not padded. It was further proved by a butcher at Barton, the place where the prisoner lived, that he was seen by him in a house there on the day of the funeral of a certain Mrs. Allen, and other witnesses proved that that was on the 20th August, the day of the accident. A policeman at Barton also proved finding the prisoner's house-door open on the night between the 21st and 22nd of August, and rousing the prisoner up, and that he came downstairs to fasten the door, and was able to walk and appeared perfectly well. He was perfectly well, and free from any trace of injury when he was taken into custody on the 3rd of last July, upon the other charge of fraud against him; and, when told that the company would prosecute him, he asked if there was no possibility of an arrangement, stating he had been told he should get 12 or 15 years if convicted.

His learned Counsel addressed the jury in his behalf; but they immediately convicted him.

His Lordship, in summing up, said that although fraud was frequently committed in connexion with railway accidents, and impositions were practised, he feared, upon railway companies, they were rarely attempted under circumstances of such gross impudence as this. It was clear that the prisoner was not present at the time of the accident at all, but had endeavoured to trump up the appearance of a person who had been injured, and so successfully, that, if it had not been from a failure of his funds, he would have made his appearance in court to support his fabricated case by perjury. Under the circumstances, the sentence upon him was that he should be imprisoned for 18 months.

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Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen have been elected Fellows of the College—viz., Messrs. John Whipple, date of diploma of membership March 5, 1824; and W. J. Square, both of Plymouth, May 11, 1835.

NEARLY all our daily contemporaries are devoting space to the subject of vaccination and the opposition it has recently met with. The *Telegraph* of Monday remarks that it will not undertake to decide between the advocates of vaccination and its opponents, but considers it is quite clear that the time is come for an authoritative and conscientious re-inquiry. Let us, then, have no professional begging of the question, and no dogmatical decisions; but let the truth be carefully told about the way in which the lymph is at present obtained for the poor, the recorded effects of its immission—the alien diseases observed to follow from its use—the apparent successes and acknowledged failures of the prophylactic—and, in a word, all the scientific facts of the matter. The question is of enormous social import, and probably, if examined by able minds, would throw great light upon profound problems of natural science. This is no age in which a thing can stand merely because it is on the statute-book; neither is it a time when we should allow a national safeguard to be broken through at the whim of ignorant or crotchety persons.

OPPOSITION TO THE VACCINATION ACT.—On Saturday, at the Thames Police Court, an ignorant woman, who objected to vaccination "on principle," and who had been previously fined, was convicted in a penalty of 20s. for refusing to have the operation performed on one of her children. Rather than pay the money, the defendant went to prison. At the Greenwich Police Court the parochial authorities of Rotherhithe proceeded against several persons for failing to have their children vaccinated. One of the defendants, who carried an infant in her arms, said she was desirous not to have the child vaccinated, a former child, a girl, who was perfectly healthy before being vaccinated, having immediately afterwards become covered with eruptions over the whole body, and for fifteen weeks she had to carry it to and from Guy's Hospital, where it died. The magistrate said the law would not permit parents to keep their children from being vaccinated, and it was their duty within the time prescribed to have it done, or to obtain a medical certificate that the child's state of health was such that it was unsafe for the operation to be performed. The objection to the system of vaccination could not be allowed, and in dealing with the cases before him he should adjourn them to a future day, when, in the event of the law not being obeyed, or medical certificates obtained, he should impose penalties.

CRUELTY TO A LUNATIC.—A shocking case of cruelty to a lunatic has just come to light in Leicestershire. In consequence of certain information, a gentleman sent by the Commissioners of Lunacy, accompanied by Mr. J. Buck, medical officer of the Leicestershire and Rutland Lunatic Asylum, several magistrates, and a police superintendent, visited a lodge-house in the parish of Sheepshed, near Loughborough, occupied by a small farmer named Henry Black. There a shocking spectacle was revealed to them. A poor demented creature, seventy-four years old, with his hands fastened in front of him by handcuffs and his feet encircled by manacles, occupied a small apartment, being chained to the wall of a room. From the keeper Black it was elicited that the wretched prisoner's name was Bagley Wild, a relative of the late Mr. Wild, J.P., of Costock, Notts. He had been under Black's care for thirty years, and previously in another man's custody for a like period. During the whole of this time he had been kept chained up in the manner described. Black has been receiving 1*l*. a week for his charge, and it is only fair to state he was found well nourished, healthy, and clean. He was never, it seems, relieved from his chains, asleep or awake. When taking his meals he was fastened to a chair, and when he retired to bed at night he was fastened by the chains to the bed, while the handcuffs encircled his wrists. He has now been removed to the Leicestershire and Rutland Lunatic Asylum.

AN OPIUM EATER IN THE WITNESS-BOX.—An opium eater was being examined in the Bombay High Court on Saturday. At about four o'clock his powers of endurance seemed to fail him, and he told the Chief Justice, who was on the bench, that he was an opium eater, and wished to get away to eat his daily quid. The Chief Justice: Unless I am satisfied that it is dangerous to his health not to eat it at this time, I will not allow him to do so. If a medical man comes and tells me it is dangerous to his health that he remains here he may go, but not otherwise.—Mr. Marriott (who was examining the witness): I believe the want of it produces very great prostration.—The Advocate General (who was to cross examine): It may affect his evidence (a laugh).—The Chief Justice: Tell him that other witnesses may suffer here from the want of something they wish to take at certain hours. If he gets any medical evidence that it is dangerous to his health I will allow him to go.—Mr. Pigot (with Mr. Marriott): He can do without it for an hour, surely.—The Chief Justice: Yes, I think so; go on.—The witness was here supplied with a chair, and went on with his evidence for a time, but afterwards, in reply to a question, witness said: I don't know. It's my time of eating opium, and I am not in my senses now—I feel giddy. I don't know what I am about now. I know that opium-eaters eat at regular times, and they never fail to take it.—The Chief Justice: Well, but other people never fail to take other things at regular times, and still we don't allow them.—In reply to the Court, the interpreter stated that the witness had hitherto been answering very well, and so the examination proceeded. Then at the commencement of the cross-examination, the Advocate General piled up the agony on the luckless witness by asking him if all the evidence he had given was part of the result of his dreams after eating opium—to which witness replied that the cause of his present physical difficulty was not opium, but the want of it.—*Bombay Gazette.*

SHOCKING ACCIDENT AT SULPHUR SPRINGS.—The Paris correspondent of the *Star* says:—"A sad catastrophe occurred last week at the sulphurous springs which attract so many visitors in summer to the Lake of Enghien. A workman whose business it was to clean the pipes for the conveyance of the spring waters to the drinking establishment, fell into the principal reservoir. A stoker named Delune, who happened to witness the accident, stooped down over the sulphurous water, and, suffocated by its fumes, fell into the reservoir. Seven other *employés* of the establishment, attracted by the crowd which had assembled, successively in attempting the rescue of their predecessors, followed their example and fell into the reservoir. By the time all these victims had disappeared, the lookers-on organised a more rational system of rescue. The seven bodies were extricated from the reservoir, and three in time to restore them to life. The workman whose fall had caused the subsequent accidents was dead, as also Delune, a mechanic named Legrand, and Francois, one of the servants belonging to the baths."

THE CONTAGIOUS DISEASES ACT IN GARRISON TOWNS.—Dr. Stuart, who has been appointed medical officer for Chatham and Woolwich, has been energetically at work with the great social enemy with the most successful results, so that the cases now average less than five per cent. The Lock Ward at the Herbert Hospital is frequently empty. The doctor receives a maximum salary of 700*l*. a year, with travelling expenses, and is, with Inspector Crouch, most assiduous in carrying out the requirements of the Act of 1866, which, so far as garrison towns are concerned, has been found to work most beneficially. The number of prostitutes about the streets of Woolwich is 250.

Last Illness of the Czar Nicholas.—A Russian prince has written a biography of our late enemy, the Czar Nicholas, in which he relates a curious and touching anecdote. The Emperor ordered a review, and, in spite of the entreaties of his doctor, insisted on riding forth in the cold. Even when he was in the court-yard of his palace, Dr. Maudt renewed his supplications, begged his Majesty at least to throw a cloak over him. The Czar remained deaf to every warning. "Sire, you are ill; it will be your death;" and at last, "Sire, it is suicide you are about to commit." At this expostulation Nicholas turned sharply and asked his physician by what authority he ventured to scrutinize his thoughts. He held his review, got a chill, and expired after a short illness.—*Army and Navy Gazette.*

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NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To **Subscribers.**—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

MARRIAGES OF CONSANGUINITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Kindly enlighten me on a point of interesting import to a certain coterie in this town with which I am connected. It is this:—

A man marries his mother's sister by a second marriage (the first wife having died), who is, therefore, his half, or step-aunt. Physiologically speaking, is such a marriage improper, or likely to be attended with injury to the parties united, or their offspring?

You will greatly oblige by an early reply.

Yours respectfully,

Liverpool, August 9, 1869. T. C. P.

⁂ Such marriages having been prohibited from the earliest ages (Leviticus xviii. 13), the profession have had no opportunity of judging physiologically the effects upon the issue of such marriages.

Dr. Tucker, Sligo.—The newspaper has not come to hand.

The Carmichael Essays and Dr. Crisp.—We are by no means willing to refuse Dr. Crisp a hearing of any just complaint against the Royal College of Surgeons in Ireland which he may consider himself justified in making. We have not yet received any communication which would be intelligible, reasonable, or accurate, and we are, therefore, reluctantly compelled to decline his third communication.

Communications, Enclosures, &c., received from Dr. Lankester, London; Mr. Ashton, London: Dr. Edwards Crisp, London; Dr. Palfrey, London; Dr. Dobell, London; the Registrar-General; Mr. Squire, London; Dr. Rigg, Much Woolton; Dr. Owen, Liverpool, Mr. Betty, Walsall; Dr. Bell, Edinburgh; Dr. Beck, Belfast: Dr. White, Fowey; Dr. Maunsell, Dublin; Mr. Freeman, Medical Benevolent College; Dr. Crawford, Manchester; Dr. Creed, Cork; Mr. Nettleton, Chelsea; Mr. Joy, Northwold; Dr. Morris, Deddington; Mr. Cory, Holsworthy; Dr. J. Hinchmanns, Ballymahon; Mr. Bancroft, San Francisco; Mr. Armistead; Dr. Binder, Bristol; Dr. Carey, Limerick; Mr. Peskett, Liverpool; Mr. Blake, Oranmore; Dr. Macnamara, Exeter; Mr. Belville, London; Sir John Gray; Mr. Walbrook, Dorking; Dr. Kirby, London; Dr. Mapother, Dublin; Dr. Foster, Birmingham; Mr. Tichborne, Dublin; Dr. Ridley, Liverpool; Dr. Gordon, Portsmouth; Dr. Evory Kennedy, Dublin; Mr. Atkinson, Cavan-garden; Dr. P. Heron Watson, Edinburgh; Mr. G. Gaskoin; Dr. Arthur Leared; Mr. R. J. Kenny, Cork; Dr. Cheadle, Leeds; Dr. Orton, Belfast; Dr. Gollinge, Ashton; Dr. Purdon, Belfast.

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BOOKS, PAMPHLETS, &c., RECEIVED.

The Abolition of Patents for Inventions. London: Longmans, Green, and Co.

Despotism. By the Author of Vital Law. London: Longmans, Green, and Co.

Dr. Lankester's Sixth Annual Report for the Central District of Middlesex.

The Australian Medical Gazette, &c.

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VACANCIES.

Brighton Lying-in Hospital.—Resident House-Surgeon. Salary £100.

Sheffield Hospital.—Assistant House-Surgeon. Salary £65, with extras.

Leamington Hospital.—House-Surgeon. Salary £100, with board and residence.

Eastbourne Union.—Medical Officer. Salary £90, with extra fees.

Royal Maternity Charity.—Physician. Applications on or before the 28th inst. See advertisement.

Ballyshannon Union.—Medical officer. Salary £65 per annum, exclusive of fees. See advertisement.

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Deaths.

Babington.—On the 2nd inst., Thos. H. Babington, M.D., of Londonderry, aged 57.

Grattan.—On the 6th inst., at The View, Orrery hill, Cork, N. Grattan, M.R.C.S.E.

Lord.—On the 1st inst., Henry Lord, M.R.C.S.E., of Boothfold, Newchurch, Manchester, aged 44.

O'Grady.—On the 15th of June, at Carativoe, Batticaloa, Ceylon, E. H. O'Grady, M.D., late Physician to the British Embassy at Paris, aged 80.

Wheeler.—On the 31st ult., Lowe Wheeler, M.R.C.S.E., of Lionel Villa, Overton road, Brixton, aged 71.

Wright.—On the 4th inst., Constantine Wright, M.R.C.S.E., of Malvern road, Dalston, aged 59.

Advertisements.

VACANCY FOR A PHYSICIAN.—In consequence of the Resignation of Dr. Barnes by reason of his removal to the West End, the Committee of the Royal Maternity Charity hereby declare a Vacancy for a PHYSICIAN for the Eastern Districts of London. Candidates must be Fellows or Members of the Royal College of Physicians of London, and the gentleman elected must reside in the appointed district.

Applications and testimonials to be forwarded on or before SATURDAY, the 28th instant, to the office of the Charity, No. 81, Finsbury Square, E.C., where full information may be obtained.

JOHN SEABROOK, Secretary.

August 16, 1869.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

THE WINTER SESSION will COMMENCE on OCTOBER 1st, at 2 p.m., in the New Buildings adjoining the Hospital, with

AN INTRODUCTORY ADDRESS BY DR. WADHAM.

The system of Clinical Teaching has been arranged so as to afford every Student personal instruction in the wards from the Physicians and Surgeons themselves.

Special departments have been organised for practical instruction in Midwifery, Ophthalmic Practice, Orthopædic Surgery, Skin Diseases, Vaccination, and Dentistry. Lectures on Public Health are given by the Lecturer on Medicine.

Pathology (including Morbid Anatomy) and Psychological Medicine are taught in distinct Courses of Lectures.

Instruction is given in all the special modes of Medical and Surgical investigation.

The following paid offices are offered for competition annually, viz.:

Obstetric Assistant,
Curator of the Museum,
Demonstrator of Anatomy,
Medical and Surgical Registrars.

The House Physicians and House Surgeons are elected by merit from among the perpetual Pupils without payment, except £50 to the Hospital for one year's board and lodging.

ST. BARTHOLOMEW'S HOSPITAL AND COLLEGE.

THE WINTER SESSION will COMMENCE on FRIDAY, OCTOBER 1st.

Students can reside within the Hospital walls, subject to the College regulations.

For all particulars concerning either the Hospital or College application may be made, personally or by letter, to

Mr. MORRANT BAKER,
Resident Warden,

Or at the Museum or Library.

TECHNICAL EDUCATION.

SCIENCE AND ART DEPARTMENT.

ROYAL COLLEGE OF SCIENCE FOR IRELAND,

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SESSION—1869-70.

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Practice of Surgery	W. K. Tanner, M.D., F. & L.R.C.S.I.
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By order, JOHN ATKINSON, Hon. Sec.
Cavangarden, Ballyshannon. Aug. 12th, 1869.

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WEDNESDAY, AUGUST 25, 1869.

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Original Communication.

HERMINTHOLOGY.[*]

(Communicated to the Medical Press and Circular by G. Gaskoin, Esq.)

It is now two years past since the late Councillor Griesinger, of Berlin, encouraged me by letter to search in the urine of patients affected with intertropical hæmaturia for the eggs of the *distomum hæmatobium* or *Bilhazzia hæmatobia*, a nematoid, which, according to the investigations of Bilhazz (its first discoverer) and those of Griesinger and others, was observed in individuals who had died of hæmaturia or chylous urine in Egypt.

Agreeably to this request I examined carefully a number of patients affected with hæmaturia here in Bahia without ever once meeting with any ova. I did not believe they could have escaped my observation had they existed; on the contrary, I became more and more convinced that if the hæmaturia of Egypt, and of the Cape of Good Hope, and also of the Isle of France, is the consequence of *distomum hæmatobium*, the hæmaturia that we get in Brazil is a complaint with a different etiology.

The symptoms of this ailment, according as it is seen in Africa, are in many respects different from the hæmaturia observed in Brazil. There are particular circumstances in which they differ. In Africa the complaint is very frequent in children, but in Brazil I do not remember ever meeting with a single case of this chylous urine happening to a child. In Africa the complaint is more frequently accompanied with true hæmorrhages, and in many cases with sand in the urine, which, as far as I know, has never been observed in Brazil.

The symptomatology of one as of the other form of complaint is to be found in the work of Rayer, "*Traité des Maladies des Reins*," tom. iii., p. 397, Paris, 1841.

The history of a young Brazilian,[†] who, while in Europe, was examined by Messrs. Caffre, Orfila, Rayer, Astley Cooper, Marshall Hall, Clark, &c., will bring before the reader a faithful picture of the complaint such as we find it here in Bahia.

Thus, although I am compelled to confess that the symptomatology of intertropical hæmaturia as observed in Africa and Brazil have many points of resemblance, I must insist upon the fact that I have found it quite impossible (in spite of repeated investigations made with all desirable accuracy) to find the ova of the *distomum hæmatobium* in the urine of any patients with hæmaturia examined by me. These ova are of such dimensions and also of such especial configuration that I do not deem it possible that they could have escaped the apprehension of my visual faculty.

However, I have now to relate a quite unlooked-for result of my examinations. On the 4th August, in 1866, I had to examine the urine of a woman who was a patient of a friend of mine, Dr. Silva Lima, in the hospital of the *Santa Casa de Misericordia* in that city. The urine was of milky aspect, and contained some reddish or cherry-coloured (*ginja*) coagula; and its specific gravity was from 1005 to 1012, and its temperature 12°, 5 Centigrade. Even when filtered it remained almost as milky as ever. No new coagula were formed by boiling or by nitric acid. On examining a particle of the coagulum with the microscope, I found, besides several crystals of triple phosphate, epithelial scales, red blood corpuscles, fat and mucus corpuscles, vibrones, &c., and some filiform worms with an obtuse extremity and the opposite one very fine.

In the obtuse extremity of the animal a small point was distinguishable; but it was not possible to learn if it was an orifice. The body was transparent, or appeared to contain a certain granular mass, but it was not possible to distinguish its structure. Suspecting that these worms were of casual occurrence in the urine, I made the patient urinate at the moment of examination in a glass vessel that was scrupulously clean. Even then I got the same worms. Still, as I had examined the urine of many who had hæmaturia without seeing anything of the sort, I did not then give a due importance to my discovery. I may be permitted to say that I have notes of six cases that I had examined up to that date—some of these were patients of Dr. Silva Lima, some of Dr. Paterson. I was highly desirous of finding the ova of the hæmatobium, and being disappointed in this particular, some weeks passed before I examined the urine of patients with hæmaturia. On the 9th October of this year Signor Santos Pereira, then student, now doctor of medicine, requested me to examine the urine of a lady he had under treatment for hæmaturia, and I was not a little surprised to find here present the same worms that I had observed in the case above referred to under care of Dr. Silva Lima.

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[*] Preliminary notice on worms, of a species not yet described, which are met with in the urine of patients suffering from intertropical hæmaturia in Brazil, by Dr. Wucherer, practising in Bahia.

[†] Op. cit.

The circumstance that I had found these worms each time in the urine of women caused in me mistrust that they proceeded from the vagina, even though there was not the smallest resemblance with the worms which are often met from this source of the species of *trichotomos vaginalis.* But it was not long before a male subject appeared who was affected with the same complaint.

This patient passed water, while under view, in a glass vessel, which was then set apart so that the urine might settle. It was slightly turbid; it had the greatest resemblance to a pretty clear milk serum; it had a weak urinous smell, and did not appear to contain any blood. After half an hour there seemed to be formed a large transparent coagulum, which only was seen when I attempted to pour off the urine. On raising a fragment of this coagulum with a forceps the liquid part dropped away from it, and in proportion to this loss the coagulum was opaque, till at last there only remained a tattered film like the pellicule that forms on the surface of the milk bowl.

On examining a particle of the size of a pin's head in the microscope, the same worms were readily discovered which I have seen in the two other cases; they were alive, and executed undulatory movements of an energetic character, the same, in fact, as I had seen before when I examined the yet recent urine of the patient of Dr. Silva Lima in the year 1866 as aforesaid. With a combination that gave a multiplying power of 400 diameters, it was not possible for us to discover the organisation of these worms. They were in breadth of the diameter of a white blood corpuscle, and 60 or 70 times longer. The urine did not contain red corpuscles of blood, but it did many white corpuscles, apparently leucothymatous, and many blood globules. In the course of a few days I had occasion also to re-examine the urine of Dr. Santos Pereira's patient, as well as of the male patient. Both were improved, and the worms were gradually becoming more unfrequent, so as with some difficulty to be found.

With a suspension of the treatment the man had a relapse, his urine became once again milky, it coagulated, but did not present the same abundance of worms as at first.

During these few years past I have had many times to examine with the microscope the urine of patients with different diseases both in my own clinique and in that of my colleagues, and I never met with these worms except in the three cases of hæmaturia above referred to. The reason why I did not discover them earlier is doubtless because at first I omitted to examine the coagula, since the ova actually occur in the deposits from the urine, it being precisely in the coagula that they are found in most abundance.

Unfortunately, I had not yet had before me the last part of the work of Dr. Leuckart on Human Parasites, that, namely, which treats of nematoids; but in a list of human entozoa which occurs in this work there is no worm mentioned which is similar to that which I observed, nor is it shown in the list of Dr. Spencer Cobbold, or in the works of Kuchenmeister and Davaine. It would be rash to hazard any final opinion on the occurrence of these worms in cases of hæmaturia or on their psychological signification if they have any pertaining to them; and on this account I refrain from this until I have examined the body of some patient with hæmaturia, which, up to this time, I have not found possible. I hope, however, that this communication may prove an incentive to colleagues more ingenious and privileged than myself, to undertake the elucidation of a complaint which, as yet, is without an etiology, and, in the present day, quite an enigma.—(*From the Gazeta Medica de Bahia.*)

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.

JERVIS STREET HOSPITAL.

(From the Notes of Mr. Mulligan, Resident Pupil.)

Enormous Hypertrophy of Breasts, necessitatinq Removal of One Organ; the Operation followed by the Reduction in Size of the Remaining Breast.

Mary M., æt. twenty, an unmarried girl, of delicate appearance, was admitted into Jervis street Hospital under the care of Dr. McSwiney, on April 7th, 1869, suffering from enormous enlargement of both breasts.

She had always menstruated regularly, and enjoyed good health, but had scarcely any development of the mammary glands until about a year before her admission into hospital. The breasts then suddenly began to grow large, her changes meantime occurring regularly, and her general health remaining good. About six months after the first commencement of their growth, the breasts became so large as to cause her much inconvenience, owing to their great size and weight.

When admitted, the breasts were found greatly enlarged, elongated, and dependent; their surface was smooth and regular; the nipples were scarcely visible; and careful examination revealed that there was evidently present a simple hypertrophy of the mammary glands. The patient was in a very exhausted condition from the constant dragging and weight of these enormous masses, which were so large as to interfere with her activity, and prevent a healthy amount of exercise. She had previously been under the care of several hospital surgeons, who had not succeeded in affording her relief, and the hypertrophy continued to increase.

Every effort to procure absorption of the glands was made, the iodide of lead ointment was applied externally, and numerous medicines, including the iodide of potassium with bark, were exhibited without avail, until the girl left the hospital without any benefit. In three weeks, however, she was obliged to return, as the breasts were still increasing; and, as all other treatment had been found useless, and as the girl was actually sinking from the exhaustion and irritation consequent on their great size, Dr. McSwiney proposed that one of them should be removed, hoping that the other might then decrease in size. Agreeing in this, Mr. Stapleton, on the 22nd of July, having previously elevated the right breast, in order to drain the blood from it, proceeded to remove it by two semi-elliptical incisions. It was readily detached from the surface of the pectoral muscle.

The mass weighed six and a-half pounds, was composed of a number of lobules, and was shown by the microscope to be merely a hyper-development of the true gland tissue.

The wound healed rapidly, union by the first intention taking place, and no constitutional disturbance occurring.

The opinion that the left breast would diminish in size after the removal of the right was completely verified; it decreased in a remarkably rapid manner, its dimintion being evident to all who saw it, and affording great relief to the girl herself, who was discharged from hospital August 19th, 1869, with her breast showing every sign of resuming its normal proportion, which, indeed, it had nearly done.

MR. STAPLETON'S CLINIQUE.

Fracture of Patella.

Mr. Stapleton drew attention to Thomas M., æt. fifty-five, who had been admitted into hospital six weeks previously, suffering from a transverse fracture of the left patella. He wished to impress on his class the necessity of attending to the posture of the patient in the treatment of these cases, and of placing him in such a position as to relax the muscles attached to this bone. The knee-joint should be extended, the leg elevated, and the body raised from the hips up, so as to relax the muscles which tended to displace the upper fragment.

He was in the habit of treating these cases by posture, and by the application of pads of lint above and below the broken bone, which were drawn together by a long strip of adhesive plaister extending from the middle of the thigh, across the front of the patella, and down to the ankle. Transverse strips of plaister of sufficient length to half encircle the limb should be then applied above and below the knee-joint, so as to prevent the displacement of the pads, or the liability of the long anterior strip to start forwards.

The success of the method he always found sufficiently good; and in the case before them the union between the fragments was very close, and the result as good as could be obtained by any of the more severe methods of treatment.

◆

MERCER'S HOSPITAL.

CASE OF CONTRACTED MOUTH, OPERATED UPON SUCCESSFULLY.

By Mr. MORGAN, F.R.C.S.I.,

Surgeon to the Hospital, &c., Professor of Surgical and Descriptive Anatomy, R.C.S.I.

THE difficulty of preventing contraction from cicatrization in parts already condensed by diseased or ulcerative action, and particularly when in the neighbourhood of natural orifices, is well known in surgical practice. When occurring at the mouth, this contractile tendency is a source of great trouble, not only by reason of the deformity, but from the consequent difficulty of speech and the great inconvenience in taking food—the use of solid aliment being, in fact, all but precluded.

The subjoined case illustrates a successful operation under circumstances of unusual difficulty. The deformity was of old standing, and the parts had suffered from several outbreaks of disease and ulcerative action; the mouth and parts around had now been the seat for many months of lupoid ulceration, mixed with a syphilitic taint, which had caused, in the process of cicatrization, great condensation of the lips and cheeks generally, and adhesions between the cheek and the gum of the upper jaw. As will be seen by the woodcut, the mouth was reduced to the smallest dimensions, and would absolutely not admit the point of the little finger; there was also a hardened papillary growth on the lower lip. The patient had not taken any solids for months, and had to use a kind of little ramrod to introduce his food through the narrowed and immovable opening. His speech was necessarily imperfect, and any continued conversation impracticable. The patient was thirty-five years of age, much broken down in health and spirits, and urgently sought relief from the gradual narrowing of the orifice and from the ulceration which still existed.

He had suffered from exfoliations of the forehead and osteocopic pains, and the tongue was painful from ulcerations, which could not be treated by any ordinary local stimulation.

Large doses of iodide of potassium were administered; a tongue bath of black-wash, used twice daily, and good diet ordered.

After five weeks the ulceration of the lips and mouth had much improved, and when the healing process had completed itself I adopted the following procedure in order to ensure as much as possible against contraction:—I passed a full-sized Chassaignac's drainage tube through the cheek, about three-quarters of an inch from the angle of the contracted mouth, and retained the tube in this position, acting as an issue till cicatrization had taken place around, and a fistulous orifice, in fact, formed; this occupied about fourteen days in its production. I then from this point carried two incisions towards the mouth, and removed a rather wedge-shaped piece, its apex being at the fistulous opening produced. This was followed by a satisfactory result; the parts gradually healed, but some contraction nevertheless occurred, to about one half. When this side was tolerably healed I adopted a similar proceeding at the other, but I took care to increase the distance from the angle of the mouth after fourteen days, when I found the tubing had sufficiently established a fistula, I took away also a wedge-shaped piece, as at the other side, and adopted every precaution to prevent further narrowing. I gained on this side more than half the distance. The mobility of the jaws was perfect; the patient had lost many of the teeth by ulceration of the alveoli, and the integument over the chin was drawn as tightly as it is possible to conceive.

The comparative illustrations of the condition before and after operation will show the great narrowing that had taken place, combined with increased density, almost of a cartilaginous firmness, and the improvement gained.

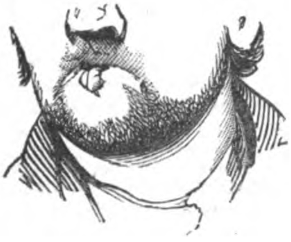

FIG. 1.—Before Operation.

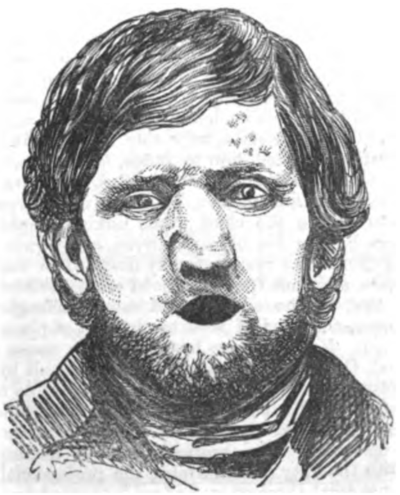

FIG. 2.—After Operation.

The repair of the general health, and the rapidity with which he regained his weight and strength, were remarkable in this patient; he felt so strong shortly after being operated on as to leave hospital and go to work.

The use of the tubing, and the formation of a fistulous point to act from and ensure a permanent angle to the lips, I found most satisfactory as the main cause of a perfect result to the patient, the tendency to contract and curtail the natural opening was most persistent.

b

Transactions of Societies.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

A MEETING of this society was held on Wednesday, the 4th inst., Dr. Gordon, C.B., Deputy Inspector-General of Hospitals, in the chair.

The honorary secretary read a paper on the "Vapour Bath" by Surgeon Lamprey, 67th Regiment, in which the author described the apparatus of Dr. H. Lees for administering mercury by this means, and entered fully into the advantages of the method of treating particular forms of disease. He detailed a very simple mechanism extemporised by himself for administering medicated vapours which acted quite as well as that of Dr. Lees, and had the additional merit of being much less expensive.

Dr. Evans, late senior house surgeon in the Royal Portsmouth (civil) Hospital, read a paper on the operation of the Contagious Diseases Act in Portsmouth, in the course of which he remarked that lock wards were first established in that hospital so far back as 1856, the beds in which were occupied by patients voluntarily applying for relief, but that so slight was the effect produced upon the prevention of disease by this arrangement, that so lately as the first half of 1867 more than fifty per cent. of those who under the Act were subjected to examination were found to be infected. Since that time, however, a marked decrease has taken place in the prevalence of disease among men as well as among women in Portsmouth and Gosport, and the type of that which prevails is much less severe than it was prior to the Act being enforced. He had no means of estimating the number of women who in former years would have come under the Act had it existed, but at the present time their proportion in these towns is only a fraction under five per thousand of the general population, and that about one-seventh of all are suffering from disease. He gave many interesting particulars with regard to the class of persons to whom his observations applied, stating among other matters that their liability to disease was greatest during the early period of their abandoned life, that it decreased thereafter, and that some few remained free from specific maladies, although other affections were found to be so prevalent among them it may be questioned if any be in all respects healthy. He gave some statistics of the manner in which women whose history could be traced were disposed of on being discharged from hospital, and stated that about twenty per cent. were induced to return to their homes or to enter institutions of various kinds, but that in a large proportion of those the improvement was only temporary, and that sooner or later they returned to their abandoned habits. Few among them, even among the better style, were able to write, and so far as his observation enabled him to judge, manual work was distasteful to all. As to the causes which led, in the first instance, to the downfall of these women, Dr. Evans considered domestic unhappiness among the chief; thus unkind stepfathers and stepmothers had, in his opinion, driven many girls upon the streets. Others were systematically deserted or neglected by their parents, and thus from childhood scarcely knew any other life than that in the streets; and some, although happily a small number, consisted of servant girls out of place or otherwise reduced. Beyond these, however, there seems reason to believe that there exists a class who are difficult to reach by the administration of the Act, that a considerable number of young women having ostensible means of living and working at various occupations during the day are thereby exempted from its operation. He observed that the medical men intrusted with the duty of performing the professional examinations did not treat those whom he found diseased, but that they were placed under the charge of the ordinary staff of the hospital. He was of opinion that the system of classification in hospital should be more effectually carried out than it seems to have hitherto been; thus he would have the younger women more completely separated from the older than is at present customary, by which arrangement he considered that moral influence would be more effectually exerted upon them than is practicable while they remain among their more hardened sisters. He would also suggest that small wards, capable of containing four or five patients, are better suited to the purposes of a lock hospital than those capable of containing more considerable numbers, as their inmates would thus be by so much less exposed to example and precept of their companions than when congregated as at present. The plan of having a regular hospital dress for the lock patients is, he considered, a good one, as it prevents them from absconding, and he would, in the case of similar hospitals that may hereafter be erected, have them placed in the country and at some distance from the town; one good result anticipated from such arrangement being that the inmates would the more completely be removed from the inconvenient visits of their *friends* and from associations connected with their manner of life.

In the course of the conversation which followed the reading of Dr. Evans' important paper it transpired that while a considerable number of diseased women finding themselves liable to be inspected suddenly migrate to places where they are strangers, some under similar circumstances came to Portsmouth. It by no means seldom happens that others come to this as well as to other stations at which the Act is in operation for the very purpose of being taken up by the police and sent to hospital. The mortality among them is by no means so great as might be anticipated; only four of those treated in the lock-wards have died, and none by disease peculiar to their habits. On the other hand, however, some, after being retained under treatment for lengthened periods, had to be discharged from hospital as incurable. These had a protective certificate given to them, and were liable to imprisonment if found practising their vocation. In connection with the subject of reformatories and homes for those who desire to avail themselves of such places, various particulars were given regarding institutions of this kind at Portsmouth and elsewhere; their tendency being to show that although many of those who resort to them return to the streets, they are, nevertheless, a very valuable means of restoring such as really desire to abandon a life of misery and vice, and that the measure of their success is in proportion to the discretion of their management.

The Chairman thanked Dr. Evans for the carefully prepared paper he had read, and which in some respects might be considered in connection with an article on the same subject in the *Westminster Review* for the present month. Referring to what had been stated in regard to the comparative freedom of the classes in question from general diseases, he said they were in accord with observations made in continental cities. He believed that so long as the Act is in reality only made applicable to women as it now is, its operation must necessarily be imperfect; that if it be intended to stamp out the disease this can only be effected by applying the Act over the whole kingdom to all classes equally, and to men as well as to women. He was of opinion that as at present administered it bears unequally, and at the same time unfairly upon women as compared to men, and that the one as much as the other should be liable to examination, and, if need be, compulsory treatment, on information being formally lodged that they are suspected of communicating infection. The Act should be administered through one organization, instead of being so as at present by various agents, and a medical superintendent should be appointed, not only for the purpose of performing professional examinations, but also treating all patients admitted into the lock-wards. He regretted that no ready means appeared to be available whereby the numerous homeless children who frequent the back streets and ramparts of the town could be provided for, or by which punishment could be brought home to parents who habitually neglected their children; and observed that in one respect, at any rate, an example might be borrowed from the other side of the Atlantic. In one American state, if not in more, and recently in Canada, a proposal has been made, by enactment, to render seduction penal. Were a similar Act passed in England it is easy to conceive that much misery and much infamy would be averted among the female population whether of our towns or agricultural districts.

The proceedings then terminated.

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QUININE IN SEPTICÆMIA, &c.

It counteracts septicæmia and the abnormal immigration of blood-globules in raw or exposed membranous or parenchymatous organs. It stops the movements of the white corpuscles; prevents the increase or new formation of cells, and exerts a controlling influence over dilatations of the blood-vessels.—*Schmidt's Jahrbücher.*

EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 144.)

Sir, I was rather astonished when I heard it put forward by some of my critics, that the mortality in the extern cases attended from the Dublin Lying-in Hospital amounted to 1 in 61 deliveries. I was aware that this branch of the institution had not been much encouraged, neither had the records of cases been very regularly kept. As a governor of the hospital I drew, about two years since, attention to the necessity of encouraging the out-door attendances and of keeping a more accurate record. I therefore applied to the Registrar for a report of the last year's deliveries, in order to compare them with Dr. Johnston's year of the hospital, when it was, in his words, as healthy as one could almost desire, and find by it that in the year ending March 31st, 1869, the extern attendances amounted to 147, with but 1 death. The mortality within the hospital for the same time amounted, as we have seen, to 1 in 45, or three and one-fourth to one of that without the hospital; and be it recollected, that this is the year in which the improved condition of the hospital, commensurate with Dr. Johnston's mastership, has been dwelt upon. Would we could even effect this saving within its walls.

We now arrive at Dr. M'Clintock's strictures upon my paper, and as this gentleman occupied an hour and forty minutes in developing them, you must bear with me as patiently as you can in the time required for their refutation. Our time will not, however, I trust, be misspent, as, from his numerous objections, his ingenuity, and his peculiarly pungent and asseverative manner of attack, I am quite aware that his observations produced a marked effect upon his hearers. I shall not follow his example, however telling as it may have been, of assuring you before doing it that I am about to annihilate him for ever. I shall not seek to forestall your plaudits by declaring my intentions of conquest which, like those of the boastful opponent of Tekeli, may fail to be realized in presence of the adversary. But I shall ask your calm attention to my reply, free of all favour, affection, and prejudice; as, in replying to this gentleman's somewhat bitter attack I shall be also meeting the objections of several others of my critics, whose arguments he has repeated and amplified. It is therefore, I repeat, the more necessary that a patient, considerate, and candid hearing may be accorded to me.

The spirit in which Dr. M'Clintock approaches the great subject that engrosses us (the means of reducing the admitted mortality in our lying-in hospitals) will be best understood by introducing him to you as the propounder of a novel and startling principle applicable to lying-in-hospitals, and one which he enunciates in the language of Drs. Bristow and Holmes, "that a high death-rate indicates, as a rule, that an hospital fulfils efficiently the purposes for which it was designed, and that a low death, on the other hand, indicates, *cœteris paribus*, comparative inefficiency." Why, sir, this principle, even as applied to general hospitals, admits of great question; but its application to lying-in hospitals I shall not trust myself to characterize. Such an assertion might be made in the heat of debate, but furnishes no excuse for a gentleman in his calm moments deliberately putting forth such a maxim as this before a society of enlightened physicians, namely, that "the principle enunciated (in these quotations) applied with little qualification to maternity as well as surgical or medical hospitals." We shall hear presently what Dr. Stokes says on the subject of labour as a natural process. How the learned Regius Professor must have shrunk, horror-stricken, from the avowal of such a principle!

After enunciating this paradoxical and shocking dogma, Dr. M'Clintock wanders off to descant upon reliable estimates of mortality in women in their own homes. But we shall not require him to go out of the four walls of the hospital in which he resided for ten years, to prove the case against himself. We shall not require to compare hospital with private practice to refute it. Let us take any period for which the hospital was free from metria, for a sufficient time, to give a fair average of deaths by the accidents of labour and diseases, independent of metria. Say the last three years of Dr. Collins's, and the first year of my mastership; that is four years, from 1830 to 1833 inclusive. In these four years there were 8,844 deliveries and 48 deaths, or 12 annually; that gives 1 death in 192. Now let us take, say the last four years of the hospital, from 1865 to 1868 inclusive. The deliveries were 4,574, the deaths 149; that gives 1 death in say 30⅔. The result of the comparison of the hospital with metria against the hospital without metria is to give 5⅓ unnecessary deaths out of every 6 that occurred in the last four years, as compared with the period 1830 to 1833. Now, does Dr. M'Clintock mean to tell this intelligent Society that that excess of death-rate in the same hospital, under identically similar circumstances in every respect save one, the presence of metria, furnishes us "with grounds to draw his inference, and satisfy him with its foundation?" "That a high death-rate indicates as a rule that the Dublin Lying-in Hospital fulfils efficiently the purposes for which it was designed, and that the low death-rate of Dr. Collins's four years, on the other, indicates (*cæteris paribus*) its comparative inefficiency in his period?"

Dr. M'Clintock triumphantly collects and recapitulates, what I had already given in my tables, the instances in the Lying-in Hospital in which the largest number of patients that had been delivered with the smallest death-rate; and after dwelling upon these as disproving my third proposition, he concludes by alluding to Dr. Labatt's most crowded period (the very one I had adduced as confirming my position) in these remarkable words:—"This was certainly enormous cohabitation, *and it did certainly breed an epidemic puerperal fever*, but there were three years of gestation before it appeared." Here we have the one grain of wheat in the bushel of chaff. But Dr. M'Clintock is in error in saying there were three years' freedom from puerperal fever at this period—there were only two, 1815 and 1816, and these he should have mentioned (a fact that he, as master, could not have been ignorant of) were the very two years that the auxiliary hospital was added, and the crowding lessened. In 1817 the mortality rose again from 1 in 182 to 1 in 108, and in the next year to 1 in 62, whilst in 1814 it had been 1 in 100, and in 1813 1 in 40.

After such an admission, which common sense and common honesty extorted at Dr. M'Clintock's hands, followed by my commentary of the addition made to the hospital, which he suppressed, what becomes of his statistics collected from my tables with such assiduity, and his cavils as to the comparative mortality in New Ross and Waterford Cottage Hospitals? Sir, Dr. M'Clintock might possibly have better consulted the interests of our common humanity, as he certainly would have done his own consistency and good taste, if he omitted his charges of *exaggeration* and *unsoundness*, dealt so unhesitatingly against me, in the very same sentence in which he admitted that I had made a *strong* case against larger hospitals in my mode of dealing with them, and when he still further "*conceded readily* a greater mortality amongst women confined in these institutions as compared with the aggregate of women confined in their own homes."

Why, these two points include the whole principle for which I have been contending.

My third and fourth propositions are the undeniable logical corollaries based upon these. Our eight nights have been occupied in testing the accuracy of these two propositions; propositions which, in slightly altered language, Dr. M'Clintock himself admits, and, as we shall see afterwards, explains; and yet, with rare inconsistency, whilst he admits the truth of my propositions, he occupies an hour and forty minutes of the valuable time of this Society, engrossed with a vital and all-important question, upon which so much depends, and in which our profession is as much upon its trial as are the lives of those women he admits to be sacrificed; he occupies, I say, this Society for an hour and forty minutes, whilst confirming my position, in trying to detect flaws in my arguments, in dwelling upon accidental slips of the pen, in the transcription of my figures, and in magnifying them into grave errors of calculation. But, excuse me, sir, I am imitating his bad example, and forestalling statements to come.

But, it has been attempted by Dr. M'Clintock, Dr. Atthill, &c., with more ingenuity than candour, holding me to the strict letter of my proposition, that the mortality was in direct proportion to the number of parturients in a given space, to prove that I had asserted that that general statement applied *ever* and *always* to the *very time* at which that crowding was observed. I did not, however, make any such statement. On the contrary, the whole tenor of my reasoning goes to prove the reverse. I dwelt especially on the capricious nature of this zymotic disease, and referred to the statistics of the lying-in hospital as showing this peculiarity in its endemic hauntings. But I went a great deal farther. I showed in distinct, unmistakable language what was intended in this proposition. Yet, strange to say, every gentleman who has attacked this Redan proposition has found it convenient to ignore these facts.

Page 293 of my paper states :—" If you will cast your eye along the Dublin Lying-in Hospital table there furnished, it will give you, at a glance, the longest duration of these endemic hauntings to which the hospital has been liable since its foundation. Observe where there are two figures in place of three, you will thus arrive at a rough result." Now, mark me, gentlemen. "From 1761 to '65 was one of these; again from 1767 to '70, and from 1772 to '74. From this year down to 1800 we meet only an occasional unhealthy year, but it remains at two figures until 1804, and so on, with only an occasional unhealthy year until 1818, the *most crowded state the hospital ever was in; in that year there were* 3,539 *deliveries. For three years the mortality then arose to* 1 *in* 44; *in* 1826 *it arose again, and continued for the next four years at* 1 *in* 50." If language means anything, it will be evident from this, that I state that the mortality arose and continued as the result of the previous crowding. It will be perceived this convincing evidence of the truth of the sixth proposition has been inserted in italics, to prevent its again escaping the notice of my critics. Sir, I feel called upon to do this, and to dwell thus on this quotation, because, although I pointed out this passage and these figures of Dr. Labatt's mastership to Dr. Atthill on the first night of discussion, as refuting his assertion and confirming my proposition in the most conclusive manner, other gentlemen have followed his bad example, and ignored this passage in treating of this subject.

Had my commentators taken the trouble of examining the history of the hospital, they would have found, however, as above alluded to, an especial explanation of the delay in the outburst of the disease until the year 1817, although the numbers had been increasing from 1815 to 1818 by nearly 1,000 deliveries; it was this. In the year 1815 the crowding was checked by the purchase of what had been the hospital for the blind, which was then added to the institution. This lessened the crowding. It partially isolated, by separating the patients, and thus the outburst of the disease was delayed for two years. Not only this, but the death-rate absolutely fell from 1 in 100, where it stood in 1814, to 1 in 180 in 1815, and to 1 in 182 in 1816.

What could be more convincing, then, than this period of 1818 in confirming the relations between crowding and death-rate insisted upon by me?

Drs. M'Clintock, Atthill, and their friends oblige me to analyse in detail the saliently marked periods which show the mere relation between increase, diminution, and death rates in the hospital, as they have done, a not uncommon thing with young philosophers, they have confounded cause and effect. They say :—" It so happens that during the year 1800, '1, '2, '3, '4, being the five years that immediately preceded those whose statistics I have just quoted, the annual deliveries averaged 500 less than the succeeding ones, being 8,900, yet the mortality was more than double, being 1 in 66." Now, let me ask, why did the deliveries average 500 less, and why did the mortality increase *pari passu* with this lessening? Simply because the overcrowding of the hospitals in the four preceding years, namely, 1796, '97, '98, '99, had engendered the disease, 6,474 patients having been delivered in it in that time, and their admission in 1797 having amounted to 1712. Dr. Evory, whose astute mind and experience pointed out the cause of the increased mortality, consequently limited his admissions, and in 1799, when the disease showed itself, he reduced his deliveries to 1,537, and again in 1800 to 1,337; but it was too late. The disease had found its habitat in the hospital, and continued its havoc for four years.

The indiscreet master who succeeded, Dr. Kelly, would not take the example of his predecessor, but allowed the patients to crowd into hospital, in increased numbers, until the year 1803, when the patients numbered 2,028, and the death-rate reached 1 in 46. Now, as nearly as possible the same thing had occurred in the last three years of Dr. Joseph Clarke's mastership. The deliveries had amounted to 4,990; the highest average up to that time, and in his last year, 1793, they reached 1,757. In that year the death-rate rose from 1 in 163 to 1 in 92, and the disease having found its habitat, the death-rate got to 1 in 77 the next year.

Dr. Evory, however, lowered his deliveries to 1,543 in 1794—in 1795 to 1,503, and in the latter year the death-rate only amounted to 1 in 214. The same thing exactly takes place with Dr. Hopkins. From the year 1806 to 1809 the deliveries increase from 2,220 annually to 2,889. The death-rate rises from 1 in 205, where it stood in 1808, to 1 in 98 in 1810; and although the deliveries are reduced by nearly 400, or to 2,484 in 1813, the death-rate reaches 1 in 40, because the disease has now found its habitat.

A fatal blindness seems, however, to follow our ministrations from the earliest periods of the management of this institution. The diminution of deliveries is attended with its consequences more speedily on this occasion than usual. The death-rate is reduced to 1 in 100. Dr. Labatt's mastership commences in 1815; patients crowd into the hospital again; the admissions reach 3,276 in 1816, and the death-rate stands at 1 in 182. But despite the relief afforded for a time by the increased accommodation afforded by the addition of the blind house, the fatal result, although delayed, is certain. The next year the deliveries amounted to 3,473, the death-rate rises, of course, to 108. Still the experience of former masters is disregarded, the deliveries are permitted to increase to 3,539, and the death-rate increases to 1 in 63; and although when too late, the deliveries are diminished next year to 3,197, the death-rate rises still higher to 1 in 33, the disease having now found its habitat, and retains it for another year, although the deliveries were reduced by 600, or to 2,458.

By a strange infatuation the deliveries were again allowed to increase to 2,849 in 1821, and to 2,675 in 1822; and though lowered in 1823 to 2,584, the death-rate rose to 1 in 44. In 1824 the deliveries were still further lowered to 2,446; the death-rates were reduced to 1 in 122. In 1825 the deliveries increase to 2,746, the death-rate increases to 1 in 105. The habitat is established, and although the deliveries in 1826 are lessened to 2,440, the death-rate rises to 1 in 30.

In this year I first became acquainted with this fell disease, as a pupil of the Lying-in Hospital, and when I call to mind the deep impression made upon my mind by witnessing the death of eighty women in one year by this disease, and of 191 for the four years that I attended as a pupil, most of whom had entered the institution in youth and health, buoyed with the hope of a speedy restoration to their homes and families, it is not to be wondered at that forty years has failed to efface it.

But, sir, painful as it is, I must persist in the cruel task I have set myself. The habitat was now thoroughly formed. The poison miasm pervaded the hospital thoroughly. Dr. Collins's mastership commenced in 1827, and he adopted every precaution that the resources of our art could devise to combat it. The deliveries, however, were increased by upwards of 100 that year, amounting to 2,550; the mortality was 1 in 77. In the next year (1828) the deliveries were increased to 2,856; the death-rate rose to 1 in 66; and although the deliveries were reduced in 1829 to 2,141, yet the habitat was there, and the death-rate was 1 in 63.

The reduction of deliveries, which Dr. Collins never after this allowed to amount so high as those of the next year, 2,288, told, and with the other means so minutely detailed in Dr. Collins's work, diminished his death-rate to 1 in 190, and it did not rise beyond 1 in 178 for the next three years.

It may be better to dwell briefly at this period of the history of the hospital; as, with the termination of Dr. Collins's mastership, an entirely new phase in its history is developed. The conclusions to be drawn from what has preceded are, that on every occasion when the hospital was crowded, sooner or later metria showed itself. Secondly, when this occurred, its habitat became established, and it continued for a longer or shorter time, notwithstanding every means that could be adopted: and although a reduction in the number of deliveries had an effect in ultimately improving the healthiness of the hospital, even these measures repeatedly failed in abating the evil immediately, when once the habitat of metria was thoroughly established. Let us now recapitulate the third and fourth propositions set forth in my prayer, namely: third, that the generation and absorption of the metria poison or contagion is in a direct proportion to the number of parturient females cohabiting at their parturient period, or who breathe the same atmosphere at the time of their delivery; and the fourth:—that in lying-in hospitals, where large numbers of patients are delivered under the same roof, this disease finds its habitat, appearing and reappearing at uncertain intervals.

If ever propositions were established by multiplied facts, and confirmed by prolonged experience, I submit these proportions have been so by the preceding analysis. But, as the object of this paper is, not merely to obtain a barren victory by the ingenious manipulation of a number of figures, but to carry conviction to the minds of the profession, and through them, to the public, let us reason a little more closely upon the laws which appear to be derived from a study of the history of the metria hauntings in the hospital.—Firstly, that markedly as these attacks occur in direct proportion to the number of parturient females cohabiting at their parturient period, yet the contagion is cumulative, or growing in its contagious power, requiring a longer or shorter time to arrive at its full intensity or saturation. This law accounts for the interval of time observed to elapse, before the outbursts of the disease, and after the cause which experience has proved to be the most invariable, if not the only known cause of its development, after it has been generated—I allude to crowding.

Again, although it is true that the spread of the disease is in proportion to the number, it is a mistake to suppose that this crowding *requires* a large number of patients to produce it. We have seen, by the diminution of the mortality in the Waterford Cottage Hospital, on changing the number of beds from six to two in the wards, that it was not the presence of a large number, but the crowding of what we might say a comparatively small number, that sustained the mortality at its higher rate. The same fact is proved by the large mortality observed to occur in the London Hospitals, containing thirty and fifty beds, and in the other hospitals enumerated in Dr. Churchill's table.

Now, ingeniously and pertinaciously as my critics have endeavoured to keep this latter law in the shade, and pervert it as an argument against my proposition, neither their facts nor their logic will hold for one moment on this subject. No incompatibility whatever exists between the latter law and my general proposition. I affirm that a zymotic disease is conveyed by the absorption of poisonous contagion. I lay down a general proposition, that the generation of this poison will be in the direct proportion of the number of patients subject to the conditions on which it is generated, and breathing the atmosphere charged with it. I require that, to lessen or prevent its generation and spread, the number generating and exposed to the spread of the poison should be reduced to a minimum. That minimum might be one, but, should not object to two, at least, until the success had been sufficiently tested. Need I remind my illogical young critics, that the major comprehends the minor; and that if more than one patient inhabiting a ward increases the liability to generating the poison, and the certainty of its spread and extension, that *a priori* the "generation and extension must be in exact proportion to the number of parturients exposed to it, and breathing the same atmosphere." So far, then, from the mortality in the medium-sized or small hospitals, hunted up by my critics, and a fearful array it was, but especially the mortality in the York-road, the Glasgow, the Edinburgh, and Dr. Beatty's hospitals; I say, so far from their mortality making against my proposition, properly understood, they all confirm and strengthen them, because they present the conditions I object to in a more marked degree; possessing all the objections and vices, with none of the advantages of the great lying-in hospitals.

(To be continued.)

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CALABAR BEAN IN TRISMUS NEONATORUM.

Dr. Alois Monti, of the St. Ann's Childs Hospital, reports three cases out of five cured by this remedy. He prefers subcutaneous injections, as he thinks the internal use uncertain. He repeats these injections every ten or fifteen minutes until the spasms cease; then intermits them even for several hours until the cramps return again. For new-born children he uses one-tenth grain of the extract per dose, and goes up to one-third, one half, or a whole grain a day. Older children can commence with one-third grain per dose. For internal use, from one to four grains a day may be given.—*Jahrb. fur Kinderheilk.*

INFLUENCE OF CLIMATE ON VENEREAL DISEASES.

The evolution of syphilis, according to M. Lagneau, would be less rapid in cold than in warm countries, at Christiana than in France, in France than in the tropical regions. Gonorrhœa, very common in the United States, less so in China, would scarcely manifest itself amongst the natives of Algeria and the Levant, except those in contact with Europeans. Syphilitic maladies should be cured less readily in cold than in warm countries, and easily with the negroes. When two races come in contact in the same country, syphilis falls most severely on that which previously had been least subject to it. Individuals who contract syphilis in any country would find its effects to amend in a warmer climate, and to be aggravated in a colder one. Syphilis, though universally diffused, would seem unable to establish itself permanently in Iceland, situated almost under the polar circle. According to Livingstone, it would be spontaneously cured in the interior of Southern Africa.—*Jour. de Med. et de Chir. Prat.*

SCOTLAND.

THE TESTIMONIAL NUISANCE.

EDINBURGH, August 24.

How it is in other parts of the world we know not; but here, whenever any of our University Chairs become vacant, every would-be candidate immediately sends forth by every post copies of his last work, or a statement of what he has done and intends to do in regard to that particular branch of his Profession, to all the many hundreds of his brethren in every quarter of the globe, whose opinion he thinks may be of service in helping him to gain his end. Having thus cast his bread upon the waters, he waits, with what equanimity he may, until the returning post brings the hoped-for replies, which are immediately printed and again circulated to the patrons of the vacant Chair first; to all who can by any means influence these, second; and, lastly, to the general public; so that, failing THE CHAIR, the candidate may at least attain a certain amount of *Kudos*—some never hope for more than the latter; let us hope they gain it. Such *Kudos* must be a poor return for all the trouble, not to speak of expense. Now this seems to us to be a most absurd mode of procedure; we can understand and appreciate the value of a competitive examination, or the exercise of high-handed interest, as in our Crown appointments; but to measure the worth of a candidate by the number of testimonials he has the impudence to beg, or the luck to secure, or by the amount of facial contortion required to pronounce the names of their authors, seems to us of all absurdities the most absurd. It would be better by far to weigh each volume, or to measure its length and breadth, and let the heaviest book and the largest sheets carry the day. Material bulk is *presence* of a certain kind, and, though occasionally inconvenient, is undoubtedly a thing of weight. But names, however jaw-breaking they may be, are only valuable in proportion to the dignity and trustworthiness of those who own them (we were about to say); but though that is true, it is not all the truth, and must be qualified in regard to testimonials; because a man may be a most distinguished surgeon, and yet not capable of duly appreciating shades of difference in candidates for a Chair of Practice of Physic; or, being a contemporary of B., and having a very proper admiration for his talents and acquirements, he may ignore those of A., before whose time the whole subject of their mutual investigation was a chaos dark as Erebus itself. A.'s discoveries to him are only part of the inheritance derived from the mighty men of old; B.'s seem to him advances; but he forgets that A. is that man who has rendered B.'s advances possible. In a matter such as that to which we refer, names, to be of value, must be those of masters of some standing in that particular branch to which the Chair refers; and if to that special qualification be added a personal knowledge of the candidate, then such testimony ought to outweigh any amount of comparatively less valuable evidence. We have been led into these remarks by the simultaneous appearance on our table of the testimonials of the two candidates for our Chair of Pathology, whom we formerly pointed out as being the most distinguished. Both of these are very well known to the Profession here, because their whole life and work have been before them, and yet how widely do their testimonials vary! Forty-one of the most distinguished professors, teachers, and medical practitioners in Edinburgh concur in their opinion that Dr. Sanders is preeminently qualified, by his attainments and success in pathological investigations, for the vacant Chair of Pathology, while only five of our Edinburgh medical practitioners venture to say a word for Dr. Stewart, and of these three have only recorded as it were second votes for him, having given their first and best unreservedly for his opponent. Bad as the system of testimonialising is, such an overwhelming amount of evidence in favour of one from those among whom both have so long lived and worked, cannot but have an important influence upon the curators, to whom most of the testimonial-givers are personally known, and who have, at all events, the means at hand of correctly estimating the value of the testimonials given, and who unquestionably know very well whether the five outweigh the forty-one, or even a tithe of them, in professional repute, in scientific name, or in mere trustworthiness.

Dr. Stewart, however, has studied abroad, and has very properly kept up an acquaintance with his old fellow-students, whose names, now rising to distinction, crowd his pages with well-deserved encomiums of their old companion. We honour them for their leal true-heartedness, and we congratulate Dr. Stewart upon their personal esteem. But no one would for one instant place in comparison with their testimonials those received by Dr. Sanders from such veterans in pathology, such household names in European science, as Virchow, Broca, Bouillaud, Rokitansky, Wedl, and Donders. It is an awful nuisance to candidates and their friends, and it must be equally so to the patrons of a Chair, this system of testimonialising. We are strongly of opinion that it ought to be forbidden, that the names of intending candidates being sent in, the patrons ought to select one or more of the most distinguished Professors in the department vacant, and, referring the conflicting claims to them, abide by their decision. Let us see how this would affect our present candidates for the Chair of Pathology. We suppose that no one will deny the claims of Virchow to be considered the foremost pathologist in Europe. In the present instance he has acted unconsciously as referee, he has given a testimonial to both candidates, and we think the friends of both ought to be well content to abide by his decision. Virchow acknowledges Dr. Stewart to have been one of his most distinguished students, and regards him as well qualified to do honour to the Edinburgh University as the Professor of Pathology; but he confesses that the pathological researches of Dr. Sanders have not only confirmed, but have at times been in advance of his own when treating of the same subjects. If it be an honour to Edinburgh to have as its Professor of Pathology a distinguished student of Europe's most distinguished Pathologist, surely it must be a still greater honour to secure the services of one by whom even Virchow's knowledge has been increased—has received at times "eine Bereichenung." We congratulate Edinburgh on its candidates for the Chair of Pathology, and we also congratulate the curators on the comparative lightness of their task, which, to satisfy the Profession, can have but one termination.

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THE CHAIR OF CLINICAL SURGERY.

THE Queen has been pleased to approve the appointment of Mr. Joseph Lister to be Regius Professor of Clinical Surgery in the University of Edinburgh.

UNIVERSITY OF EDINBURGH.

Her Majesty has been pleased, by Order in Council, to approve of reports by the University Court of the University of Edinburgh, recommending that Professor Syme and Professor Henderson should be permitted to retire from their respective Professorships on retiring allowances.

SCOTTISH REGISTRAR-GENERAL'S RETURN.

The Registrar-General for Scotland reports that only 29,472 births were registered in Scotland in the second quarter of the year 1868, being in the annual proportion of 3·67 per cent. of the estimated population. The average of the quarter in the previous ten years was 3·80 per cent. The birth-rate in the town districts in the quarter was 4·05 per cent.; in the rural districts 3·25 per cent. The births registered in Scotland averaged 333 a day in April, 316 in May, 323 in June. So low a birth-rate was not registered in the Spring quarter of any one of the preceding ten years. Unhappily, on the other hand, the death-rate for the quarter had never been so high in the ten years. 19,499 deaths were registered in Scotland, being at the annual rate of 2·42 per cent., the average being only 2·22 per cent. The ratio in the town districts was 2·90 per cent., in the rural districts 1·82 per cent. It reached 3·31 per cent. in Edinburgh, 3·36 in Greenock, 3·70 in Glasgow. On an average 222 persons died daily in April in Scotland, 207 in May, 212 in June. The marriages, 5,596, were in the annual proportion of 69 in ten thousand persons, the ten years' average being 70, but in 1866 there were as many as 76. The mariage-rate was 0·82 per cent, in the town districts, 0·54 in the rural districts. The high mortality of the quarter was apparently caused by the unusual prevalence and biting severity of the northerly winds, which, during May and June, blew with a constancy rarely witnessed in Scotland, and a keenness such that, even on the 15th, 16th, and 17th of June, the whole of the high ranges of hills were covered with snow. The consequence was that, instead of June being one of the six healthiest months, as it usually is, its mortality was as high as January, one of the most fatal months. That the increased mortality was mainly due to the biting severity of these northerly winds was demonstrated by the fact that the towns and parishes which were sheltered from these winds had a mortality below their average, while those exposed to them, as Glasgow, Paisley, Greenock, and Edinburgh, had their mortality greatly increased. The cold weather accompanying these winds did not merely increase the prevalence and fatality of the diseases of the respiratory organs, but of all diseases, even those usually termed epidemic—both the epidemics of adults and of children. It had also a particularly baneful influence on those advanced in life, so that in many parishes all the most aged inhabitants were cut off. Among the notes appended to their returns by the local registrars is one from the registrar at Coul, in Aberdeenshire, who remarks:—"A new disorder is very common at present. The symptoms are sore-throat, acute headache, and an eruption like that which accompanies scarlatina, but the spots are above and not under the skin." The Registrar-General observes that this is probably an outbreak of the disease termed "Dengue," an eruptive fever common in the West Indies, but which has at rare intervals appeared as a local epidemic in this country.

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IODINE AND ACONITE IN PERIODONTITIS.

Professor Abbott writes :—The best remedy, and the one that works the most conveniently for periodontitis, I have ever used, is a mixture of equal parts of officinal tincture of iodine and tincture of aconite root applied to the gum around the roots of the tooth with a camel's-hair brush, or a portion of cotton-wool at the end of a stick. I have been using it for a year, and have not found it fail. I apply it, in the early stages of the inflammation, once in the twenty-four hours, and in very severe cases twice.—*Boston Journal.*

NITRATE OF SILVER IN RHEUMATIC PARAPLEGIA.

Dr. Caradec, of Brest, reports a case occurring in a hump-backed person, but caused by living in a damp dwelling. There were pains in the back, arms, loins and legs; intense hyperæsthesia of the skin of the legs, and twitchings of the muscles, followed by paralysis of the limbs and sphincters. The nutrition and temperature remained normal. The pains were followed by total anæsthesia as high as the upper fourth of the thigh, and the paralysis became complete. After this state had lasted a year, he was put under the use of nitrate of silver, from one to eight centigrammes per day. An evident gain in sensation and motion was noted in three weeks, and an almost perfect recovery in three months. The patient remained well for five years. The good effects of the nitrate of silver are regarded as undoubted, and the remedy is confidently recommended for similar cases.—*Gazette Hebdom.*

A NEW METHOD OF TREATING THE PEDICLE IN OVARIOTOMY.

Dr. Julius F. Miner, in the *Buffalo Medical and Surgical Journal* (June, 1869), advances what will seem to most surgeons to be a very startling proposition—namely, that in many cases, ligatures, clamps, or cautery, may be dispensed with in the operation for ovariotomy, and the pedicle returned without danger. His opinion is formed upon a case in which he removed an enormous ovarian tumour by the following operation:—

"The tumour was multilocular, very large, weighing, as near as could be ascertained, between seventy-five and one hundred pounds. It was attached throughout its entire circumference to the omentum, intestines, walls of the abdomen, and all other parts with which it came in contact. These attachments were not so firm but that they could be broken up, and with great care the tumour was separated from the surrounding parts until the pedicle was reached. The process of enucleation had been carried on so extensively and successfully that encouragement was afforded for continued trial. The pedicle was large, and extended over a wide surface, but by patient and gentle effort it was separated from its entire attachment to the tumour, and the immense growth removed without the ligation of a single vessel. The terminal branches of the vessels of the pedicle gave out no more blood than issued from the vessels of the attachment elsewhere, and there appeared no more occasion for ligature here than elsewhere. All hæmorrhage soon ceased, and the incision was closed by interrupted suture." Dr. Miner adds: "The ovarian tumour is generally composed of a firm, dense, fibrous cyst, containing fluid of very varied colour and composition. It may, and it may not, have a solid portion, but usually it does have more or less of a body, the remnant of an enlarged or degenerated gland. Upon the surface of this smooth dense cyst are spread out the vascular, fibrous, cellular, and other tissues which compose the pedicle, but only the terminal branches of the vessels enter this cyst; the vessels may be quite large at their origin, but soon they are numerously divided and enter the cyst, if at all, of capillary size. The attachment of the pedicle to the cyst is more easily broken than any one would mistrust who has not attempted its separation in the manner described, and I am confident that the same efforts which are made to break up adhesions to the peritoneum, omentum, and other parts, if extended to the pedicle, will, many times, be equally successful."

In cases where this method of enucleation without ligature may be found impracticable, Dr. Miner advises a modification of the principle of acupressure—"that is, a needle with ligature attached, passed transversely through the pedicle, weaving it in such manner as to make pressure upon the vessels sufficient to arrest the circulation. Where this method can be made effectual, it approaches very near in point of favour to enucleation without ligature, since the needle can doubtless be very early removed and the parts beyond the point of its introduction need not be strangulated or the vitality destroyed so as to produce sloughing."

The plan of enucleation thus suggested is eminently worthy of trial by other surgeons, and should subsequent experience confirm its practicability, ovariotomy will be shorn of some of its most hazardous features. The well-known variability in vascularity of the pedicle of ovarian tumours, however, renders great caution advisable in determining the cases wherein this method should be attempted.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 25, 1869.

LOCAL MISMANAGEMENT.

SOME individuals are so unfortunately constituted that they crave for notoriety, and, rather than not be talked about, will make themselves ridiculous or despicable. This state of mind appears to prevail very strongly in certain localities, of which we hear occasionally.

In the North-Western district of the great Metropolis is an extensive parish, containing a population of little less than a quarter of a million souls—a large proportion poor—which may be said to have been given up by the Legislature to the great railway interests, and by the landowners to speculating builders, peculiarly afflicted in this manner.

The Board of local magnates who administered the affairs of this parish some three years since contrived to make themselves so unenviably notorious that no person of sense or position would consent to be associated with them; but the disgraceful neglect and ill-treatment of the poor at length compelled the more respectable inhabitants to bestir themselves. The divisions amongst the mis-named Guardians, who, having quarrelled with the magistrates, the coroner, and the Poor-law authorities, were quarrelling amongst themselves and roundly abusing each other, and the passing of an Act of Parliament in 1867, constituting magistrates residing in the parish *ex-officio* members of the Board of Guardians, facilitated their proceeding, and enabled them to remedy some of the most flagrant abuses.

The manifold evils of inefficient management were everywhere apparent—many were redressed—the deserving poor received more adequate relief—the workhouse was made more comfortable for the aged and infirm, and other improvements introduced, the additional cost of which was officially reported as more than counterbalanced by the withdrawal of grants to the undeserving and the prevention of waste and peculation.

Finding that the sick poor could not be suitably provided for in the workhouse; that the foul atmosphere of the existing infirmary—to which the death of one, and the serious illness of another medical officer was attributed—retarded the recovery of the patients; these gentlemen, acting under the directions of the Poor-law Board, entered into a contract for the erection of an infirmary for 524 beds, on an open space in the parish well adapted for the purpose, the cost of which it is estimated would be defrayed by a rate of three farthings in the pound.

Receiving notice that the children must be removed from the schools in which they had been placed at a cost of 10s. 6d. per head weekly, they set about erecting schools for 700 children, at a cost of £37,500, the whole of which, with the interest, would be repaid in a few years by the saving effected in their maintenance—estimated at about half the amount recently paid.

Whether the Guardians acted upon the most economical principles we cannot decide; but as their opponents cast no imputation upon their motives, and they are proved to have acted in other respects with discretion, and in these matters with the sanction (if not under the directions) of the Poor-law Board, we must give them credit for prudence in these also. But these changes involve immediate expense; new buildings must be paid for—the rates for a time, at least, must be increased. Higher rates signify reduced rentals, and involve reduction in the price of newly-built houses. Certain busybodies were therefore induced to establish a Ratepayers' Association, to ensure the dismissal of extravagant Guardians, and the election of men pledged to economy, or, rather, to a reduction of the rates. The Association succeeded in returning a majority of their candidates, amongst whom we regret to see the names of two members of our Profession, at the last election, who set about their work by quarrelling with the *ex-officio* Guardians and the Poor-law Board as to the hour of meeting.

Believing the Master (who is acknowledged to be an intelligent and exemplary officer) to be opposed to their proceedings, the new Guardians—now distinguished as the Numerical Majority, in contradistinction to their opponents, who are styled the Intelligent Minority—suspended him; but the Poor-law Board, after due investigation, ordered him to be reinstated, on the ground that there appeared to be no foundation for the charge; the majority, while complying with the letter of the order, decreed a fresh suspension, without any charge being even intimated, upon which the Poor-law Board issued an imperative order for the Master to take charge of the workhouse, and deprived the Guardians of the power of suspending any official during the remainder of their year of office.

But our business is with the infirmary and its inmates, rather than with the general management; unfortunately, the sick poor are the first sufferers, the strong and healthy can remove themselves from, or bear up against, influences which crush the weak and delicate, and medical officers are necessarily made to appear prime movers in cases of suffering and cruelty, when really they have borne but a very subordinate part.

In this case, a poor woman having died, an inquest was held by the Coroner, when it was stated that the Guardians, being desirous of clearing the infirmary in order to prove it is sufficient for the purpose, and that the new building is unnecessary, had directed the medical officer *pro tem.* to remove as many of the inmates as possible, and that such removal had been the cause of death in this as in other cases. That the patient had died shortly after removal from the infirmary was clear; but the conduct of the authorities in the matter being now the subject of an official enquiry by order of the Poor-law Board, we refrain from any expression of opinion as to the degree of responsibility attaching to the medical officer.

While this case was still pending, another, equally painful in its details, came before the public. An unfortunate man, deprived by sickness of the ability to provide for his family, had been assisted by a grant of five shillings weekly, in addition to which his wife earned some ten shillings by her exertions; the new Guardians withdrew the grant, and directed him to sell his furniture and come into the house with his family; to this the wife naturally objected, that by so doing she would lose her home and the means of earning her livelihood; that she would thus become a permanent inmate of the workhouse with her children; and that a little assistance—even a shilling or eighteenpence per week—would enable her to keep them out of it. The Committee were firm; they would only give them indoor relief; the poor man died, and at a coroner's inquest it was stated that his death had been accelerated by the anxiety thus occasioned.

When we find Boards of Guardians thus blind to the real interests of the parish, and unmindful of the wants of the poor, whose guardians they are supposed to be, what are medical men to do?

We have gone fully into the history of this case, as it may be considered to some extent typical, although, we trust, an extreme one.

If such things can occur in the Metropolis of England, in the borough of Marylebone, for years distinguished by its claims to political influence and opposition to centralization, what may not happen in small towns and out-of-the-way parishes? and what security have medical Poor-law officers that they will not be crushed by the misconduct of petty tyrants, clothed with a little brief authority, who play such tricks, free from the supervision of the press, and, to a great extent, from the control of public opinion?

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THE THUNDER OF TUAM.

Following at a respectful interval the glorious footsteps of the great Finlen, the town commissioners and clerical echoes of Tuam have vindicated the disputed right of public meeting, and in farcical solemnity have asserted most decisively the right of the free Briton to talk nonsense and make himself ridiculous. Disdaining the hacknied subjects of the Irish Church or Tenant Right, the little clique have expended their energies on so small a subject as the local doctor, and in the fervidness of their rhetoric have absolutely frothed again. We published some weeks since a letter from Dr. Kinkead on the subject of Prostitution, a contribution to the discussion which had lately occupied a part of our columns. Dealing with the matter in the most general way, Dr. Kinkead repeated the statement, which all the world knows to be a truism, that a certain class of women "standing behind the counters of shops by day act the harlot by night." This remark was quite as applicable to Hong Kong as to Tuam, yet a knot of little great men, in company with and possibly at the dictation of local clerics, seized the occasion for a display of virtuous indignation against the medical man, whom, for reasons known to themselves and their instructors, they seem to have been desirous of exterminating. The vaporous exhalations of the speakers are too precious for obscurity, and we therefore append extracts:—

> Mr. Shine proposed the following resolution:—
>
> "Resolved—That we, the merchants, traders, and shopkeepers of Tuam, have learned with supreme disgust and burning indignation that there has been found in our midst a man capable of publishing to the world the palpable untruths and reckless scandals contained in a certain letter in the Medical Press and Circular of July 7th, signed R. J. Kinkead, and that we repel and repudiate with scorn the vile charge insinuated against a class to which all who are nearest and dearest to us on earth belong, and so insultingly alluded to as '*standing behind the counters of shops by day while acting the harlot by night.*'
>
> "We, moreover, protest against the tenor of his letter as a libel on the national character, which, we are proud to say, has admittedly held a first place amongst the nations of the earth for the purity of its daughters."
>
> Mr. Shine said:—"Mr. chairman and fellow-townsmen, in proposing this resolution for your adoption, I must observe that the extract from Dr. Kinkead's letter which I have just read contains, as you all know, a foul and dastardly imputation on those beings who are nearest and dearest to us all—our wives, our children, our sisters, and friends—in fact, on all those whom we love best—for I may say they all stand behind counters. (Groans.) I tell the foul-mouthed author of that base and bitter libel that they whom he has aspersed are not a whit his inferiors. If Dr. Kinkead looked above him and directed his inquiring but evidently prejudiced gaze to those classes whom he endeavours with rather doubtful success to become identified with in the social scale, he would perhaps find actors fitting his congenial description. If he were present, I would hurl back in his teeth the base aspersion which he has aimed at the honourable daughters of industry."
>
> Rev. James M'Gee, C.A., said:—"The meeting has for its object the denunciation of as vile statements as could well emanate from the pen of any man, and which you conceive to bear slanderously upon yourselves; and I must say that unless you did so resent this gratuitous and gross insult, you would richly deserve the treatment you have received. I may be allowed to premise that to the mere theories of Dr. Kinkead, or any other man, we have nothing to say, so long as they do not bear injuriously upon ourselves, or affect the interests of morality and religion. But what we complain of is, that a man living in our midst should, with the confidence of everyday life experience, publish to the world, as applicable to all times and all places (and of course that in which he resides, and from which he is supposed to derive his experience), a state of things which you and I know to be as opposed to truth as it is slanderous upon ourselves." (Cheers.)

It is obviously impossible to believe that the foregoing rhodomontade expressed any real feeling of anger, or that the speakers truly considered that they or their town were specially touched by Dr. Kinkead's remark. We should think even less of them than we do if we credited their possession of that degree of stupidity.

We are relieved, however, of any doubt by the observation of the persons who took part in the movement. Three out of five of the speakers were local ecclesiastics, and the speech of the last was an elaborate glorification of the religious system which provided such earnest and honest champions against cavillers of an opposite creed.

The whole affair bears the appearance of an attempt at religious persecution, all the more despicable because it is inaugurated under a false pretence. Dr. Kinkead may rest satisfied with the assurance that if contempt or discredit be applicable to any parties to the controversy, it is not to the temperate exponent of the strict truth, but to those who resort to a despicable subterfuge to crush an obnoxious person. The entire affair is no less a caricature of the right of public meeting than it is of real honest indignation.

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Notes on Current Topics.

Trinity College, Dublin.

Notice has been given that, after the year 1869, candidates for the degree of Master in Surgery will be required to produce certificates of practical instruction in ophthalmic surgery, of at least three months' duration.

Masters in Surgery are entitled to be registered for the Parliamentary franchise without payment.

Vaccination in India.

The *Pioneer* observes, that notwithstanding the vigorous efforts of the Vaccine Department, the inhabitants of Rajpootana do not seem to have much faith in the practice of vaccination. In Tonk, however, and some of the Marwar villages, the vaccinator is welcomed and even sent for. In the hill villages around Aboo the people submit to the vaccinator readily enough ; but everywhere else in Rajpootana the staff of vaccinators meet with very indifferent success.

Ammonia as an Antidote for Snake Poison.

The *Indian Medical Gazette* contains a long account of further experiments by Dr. Fayrer on the influence of snake poison. The remedy tested this time was injection of ammonia into the circulation, as recommended by Professor Halford of Melbourne. But Professor Halford's experience seems doomed to be contradicted by Indian experiment in every instance. The ammonia, thus exhibited, appeared rather to expedite death than to prevent it. The contradiction between the results of Australian and Indian experiments is becoming almost as inexplicable as the nature of snake poison itself.—*Indian Examiner.*

The Cattle Plague.

In the district of Frankfort-on-the-Oder the cattle plague broke out during the last days of July. Official inquiries have proved that it was introduced by a herd of cattle which were bought at the market of Muhlhausen in East Prussia. It has spread to four or five villages. As, however, the strictest measures have been adopted to prevent the infection being carried further, and the villages in question have been closed by a military cordon to all trade in cattle and fodder, it is hoped that the plague will soon be extinguished.

The Indian Pharmacopœia.

The Pharmacopœia of India Committee have issued a volume embracing the results of their labours. The British Pharmacopœia issued by the Medical Council of England in 1867 having introduced many important changes in the nomenclature and composition of many important preparations, the Secretary of State considered it advisable (says the *Englishman*) to remodel the Bengal Pharmacopœia of 1844, and to sanction the publication of an Indian Pharmacopœia based on that for England. This work was entrusted to a committee composed of Sir J. Ranald Martin, president, Sir William O'Shaughnessy Brooke, Alexander Gibson, Daniel Hanbury, Drs. Thomas Thomson, John Forbes Watson, Robert Wight, and Edward John Waring. Dr. Waring acted also as editor of the Pharmacopœia. The work produced by the labours of these gentlemen is most valuable, embracing as it does the labours of numbers of Indian officers, and the results of the researches of some of the best native medical men.

Health of Dublin.

In the Dublin Registration District, the births registered during the week ending August 14th amounted to 134. The average number in the corresponding week of the years 1864 to '68 inclusive, was 158. The deaths registered during the week were 123. The average number in the corresponding week of the previous five years was 124. Fever caused 6 deaths, 3 of which were from typhus, and 3 from enteric or typhoid fever. Seven deaths resulted from measles. Five deaths from scarlatina and 1 from diphtheria, were registered. Erysipelas proved fatal in 2 instances. Six deaths were ascribed to diarrhœa, and 1 to infantile cholera. Six deaths were caused by bronchitis, and 3 by inflammation of the lungs. Convulsions carried off 12 children. Four deaths were attributed to apoplexy, 2 to paralysis, and 5 to cephalitis or inflammation of the brain. Fifteen deaths resulted from phthisis or pulmonary consumption. Two deaths were caused by heart disease, and 1 by aneurism. Five accidental deaths were registered during the week, viz., 1 by injuries to spine ; 1 by drowning ; 2 by inhalation of poisonous gas ; and 1 by "accidental hæmorrhage."

The Fever Haunts of India.

Dr. Smith's brief report on the fevers of Bengal, in reply to a memorial on the subject, is extremely emphatic. Of one village—the worst—he says :—

"Here is a concentration of everything that is insanitary. Dr. Thompson and I, after being in the village for about ten minutes, both began to suffer from headache, and to experience general discomfort. Near the centre of the village is a tree upon which we observed numerous vultures' nests ; the birds themselves were looking down unscared upon the festering scene below, which is literally a lair only fit for the wildest beasts of prey."

The extent of the evil is so alarming that complete desolation of the district must be the result in another ten years, if it is not checked. Sixty or seventy per cent. of the rural population, and five-sixths of the children under eight years of age, are believed by Dr. Smith to be suffering from enlarged spleen. "An atmosphere of silent despair seems to hang over the worst villages ; and no wonder indeed, for everything is rotting the air, the ground, the vital organs of the people. We thus see humanity reduced to one of its most abject conditions ; uncouth, cadaverous men and women, surrounded by pitiably diseased children, moving silently about in a stronghold of malaria, which they call their village home, where every draught of water and every breath of air inhaled is poison." Dr. Smith enumerates eleven villages which have lost upwards of sixty per cent. of their inhabitants, and the figures are probably not much exaggerated, though they may not be exactly correct; and though the same rate of mortality does not prevail throughout the district, these are but few among many villages similarly affected. These villages are not in the immediate vicinity of one another, but scattered over different and distinct parts of the district, and there can be little doubt that the intervening villages will in due course have their turn of the disease with varying severity.

The Government of Bengal can no longer delay to adopt the most energetic remedies; but it is hoping almost against hope, to think that the calamity can be materially diminished by engineering operations in one or two years.

A Poor-law Medical Officer and the Guardians.

At a recent meeting of the Board of Guardians of the Blackburn Union, Dr. Garstang, one of the medical officers of this Union, tendered his resignation, pending a charge of alleged neglect, which is now under the notice of the Poor-law Board. In announcing his intention to resign, he says to the Guardians, "with all due respect," that there is not one amongst them who knows anything of the actual condition of the sick poor of his district; and that "it may be of interest to you, and to the ratepayers, to be informed that taking into calculation the number of cases, medical, surgical, and obstetric, which I have attended, and the total amount of money which I received, each case, of whatever nature and duration, averages the bewildering sum of 2s." Dr. Garstang further remarks, "It is not at all difficult to realise the sentiment that the pauper doctor is the scapegoat of the Poor-law medical service." Experience but too sadly compels us to endorse this latter passage. The resignation was accepted without discussion.

The Sanitary Condition of the Suez Canal.

M. De Lesseps, in his report presented recently to the Company, has expressed himself as follows as to the sanitary state of the population:—

"We have published for distribution the annual report of Dr. Aubert Roche on the sanitary and medical condition of the workmen and officers at the Isthmus. It contains interesting facts. The population, which in 1859 consisted of 150 persons, of whom 25 were Europeans, and 125 natives, amounted last year to 34,258 individuals, 16,010 Europeans, and 18,248 natives, and is at the present moment, altogether, 42,400. The mortality, except that of the cholera year, is maintained at 1 per cent., although in France it amounts to 2·40 per cent. For 10 years since the service has commenced, the health of the people has been steadily improving, and both the diseases and deaths have diminished. But at what a melancholy price has this result been attained! This year four of the medical officers died; out of the eleven medical men who first participated in the enterprise but five remain, the service having lost one-half its number."

An International Pharmacopœia.

Amongst the questions which are set down for debate at the approaching Pharmaceutical Conference, to be held at Vienna next month, is the compilation of a universal pharmacopœia.

It is desirable to put an end to the inconvenience which accrues when it is desired to make up prescriptions in a foreign country with medicines prepared by a pharmacopœia other than that which is in use in the country of the prescriber.

The Water Commission..

The evidence has already appeared in a Blue Book of nearly 500 pages. Our readers know much of it in advance. We select for extract, this week, the opinion of Mr. Hawksley, the eminent engineer, who on being asked whether germs of cholera might not be carried from one point to another even in streams, and so purified, replied in the negative. He did not think that cholera was propagated by such means. He said:—"Cholera is a very remarkable disease, and inscrutable as to its origin, but exceedingly rapidly propagated by infection, especially when the disease assumes an epidemic character. In 1853 or 1854, the cholera made an attack upon Newcastle, and it was very fatal there; but there was no cholera at Sunderland. Those two towns are about twelve miles apart in a direct line. Sunderland and Monkwearmouth are practically one town, just as Gateshead and Newcastle are another. There was no cholera at Sunderland, excepting one or two imported cases, but on other occasions there had been a great amount of cholera at Sunderland, and on those occasions there had been comparatively little at Newcastle, although it had never been free. On that occasion (and I am speaking of towns that I have been connected with), after the cholera had done its work at Newcastle, it suddenly jumped over to Bishop's Auckland and settled down there, and was very destructive; then it passed down the river, still omitting Sunderland, and returned upon Durham; but, although these two places are upon the river Wear, Sunderland, which is also upon the river Wear below them, was never attacked. Take Copenhagen also as an example. The cholera twice visited the Baltic, without touching Copenhagen, although Copenhagen was then the worst sewered town perhaps in the world; all the night-soil and garbage were thrown out on the little island called Hamager, adjacent to the town, and the stench from that island pervaded the whole city at night in hot weather. But in 1853 the cholera settled down there like a cloud, not attacking many other places in the Baltic, which it had visited before, and before I left more than 4,000 people had died. No change had occurred in the state of the city or of its water supply on the third visit of the cholera to the Baltic from the state which had prevailed on the first and second visitations. Then again, to show that the water has nothing necessarily to do with it, cholera always follows a certain track; it has its origin in the East Indies, it travels usually through Russia sometimes for two or three years before it reaches England, and it passes always against the prevailing wind. The prevailing wind is westerly, but the cholera comes with the march of the Marmot from place to place almost directly in opposition to it. I am persuaded, and all my experience shows it, that those things to which it has become usual to refer it have nothing to do with the cholera, and that the cholera has nothing to do with them. The cholera germ is a thing of the imagination, inasmuch as nobody has seen it or has been able to watch its development or effects."

Social Science.

The Congress is to assemble at Bristol on the 27th September, and the discussions will last to the 6th October.

The questions in the Health Department are:—

1. Can Government beneficially further interfere to limit the spread of infectious diseases? 2. What legislative measures might be proposed to deal with cases of uncontrollable drunkenness? 3. Should the Contagious Diseases Act be extended to the civil population?

The Great Northern Hospital has received an anonymous donation of £1,000.

Mr. George Cowell has been elected Assistant-Surgeon to the Westminster Hospital.

The New Sydenham Society held its annual meeting at Leeds. It is in a satisfactory condition. Forty volumes have appeared in the ten years. There is usually a balance of £1,000 in hand.

The *Sind News* of Monday fortnight reports that five deaths from heat-apoplexy occurred at Hydrabad, amongst the detachment of Europeans of H.M.'s 82nd Regiment during the previous fortnight.

Mr. D. Ferguson, the well-known surgical instrument maker to St. Bartholomew's Hospital, died on the 13th inst., at the age of eighty-one. His son had long conducted the business. The deceased gentleman was much respected by his patrons, among whom Lawrence, Vincent, Stanley, and others may be named. He was born at Glasgow in 1789.

We regret to announce the death of Dr. H. B. Montgomery, Secretary to the Sanitary Commissioner of Madras, and Professor of Hygiene in the Medical College. He died of diarrhœa on the 11th inst. after only a short illness. He entered the service in 1852, when about twenty-six years old. We hear it is probable that the post of Secretary to the Sanitary Commissioner will be abolished. When the Sanitary Commissioner retires from that post, as he will do in a few months on promotion to a higher grade in the medical service, Dr. Montgomery would have probably been appointed Commissioner, and the vacant secretaryship will not be filled up. The principal objection to the proposed reduction is that it will leave no efficient representative of the sanitary department at head quarters during the long tours of the Commissioner.

ACONITE IN TETANUS.

The celebrated Professor Wunderlich reports two cases, one traumatic, the other spontaneous, cured by aconite, in doses of from five to ten drops, from two to four times a day. On the 11th day (in the traumatic case) after twenty-four grammes of the tincture had been used, a cure was effected. In the idiopathic case the treatment was not commenced till the thirteenth day, when five drops, ter die, were given. The improvement was very marked on the second day, and a cure followed after eleven grammes of the tincture had been used. Wunderlich regarded the cases as severe.—*Schmidt Jahrb.*

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The Association met at Exeter last Wednesday, according to the programme published in our last number. The proceedings are, of course, extremely lengthy, and cannot be summarised for this issue. We give, as is our custom, the inaugural address of the new President, Professor Stokes, of Cambridge, who, having assumed the Chair, spoke as follows:—

"As this is the first time that the British Association for the Advancement of Science has met in the city of Exeter, and it is probable that many now present have never attended a former meeting, I hope the older members of the Association will bear with me if I say a few words in explanation of the objects for which the Association was instituted. In the first place, then, it aims at fulfilling an office which is quite distinct from that of the various scientific societies which are established in different parts of the country. These, for the most part, have for their leading object to make the voluntary labours of isolated workers in science available to the scientific world generally by receiving, discussing, and publishing the results which they may have obtained. The British Association, on the other hand, aims at giving a more systematic direction to scientific inquiry, and that in various ways.

"In a rapidly progressing branch of science it is by no means easy to become acquainted with its actual state. The workers in it are scattered throughout the civilized world, and their results are published in a variety of Transactions and scientific periodicals, mixed with other scientific matter. To make oneself, without assistance, well acquainted with what has been done, it is requisite to have access to an extensive library, to be able to read with facility several modern languages, and to have leisure to hunt through the tables of contents, or at least the indices, of a number of serial works. Without such knowledge, there is always the risk that a scientific man may spend his strength in doing over again what has been done already; whereas with better direction the same expenditure of time and labour might have resulted in some substantial addition to our knowledge. With a view to meet this difficulty, the British Association has requested individuals who were more specially conversant with particular departments of science, to draw up reports on the present state of our knowledge in, or on the recent progress of, special branches; and the influence of the Association as a public body has been found sufficient to induce a number of scientific men to undertake the great labour of preparing such reports.

"By thus ascertaining thoroughly what we already had, what we still wanted was made more clear; and indeed it was one special object of the reports I have mentioned to point out what were the more prominent desiderata in the various subjects to which they related. The Association was thus the better enabled to fulfil another of its functions, that of organising means for the prosecution of researches which require co-operation. When the want is within the compass of what can be accomplished by individuals, the demand may be left to create the supply, but it often happens that a research can hardly be carried out without co-operation. It may, for instance, require a combination of the most profound theoretical knowledge with the greatest experimental skill, or an extensive knowledge of very dissimilar branches of science; or again, the work to be done, though all of one kind, may be of such an extent as to be beyond the power of any one man. In such cases the limited power of the individual can only be supplemented by the principle of co-operation; and accordingly it becomes an important part of the business of the Association to organise committees for the prosecution of special researches. The researches thus undertaken at the request of the Association are published at length, along with the reports on the progress of science in the first part of the annual volume.

"In close connection with the last must be mentioned another mode in which the Association contributes to the progress of science. Many researches require not only time and thought, but pecuniary outlay; and it would seem hard that scientific men who give their time and labour gratuitously to carrying out such researches should be further obliged to incur an expenditure which they often can ill afford. The Association accordingly grants sums of money to individuals or committees for defraying the expenses of such researches. It appears from the report which has just been published that, reckoning up to the year 1867 inclusive, £29,312 4s. 1d. has been voted by the Association for various scientific objects. Deducting from this the sum of £23 16s. for the balances of grants not wholly expended, which were returned to the Association, we may say that £29,288 8s. 1d. has been expended in the manner indicated. When we remember that these grants were mostly of small amount, and do not include personal expenses, and that very many of the researches undertaken at the request of the Association do not involve money grants at all, we may form some idea of the amount of scientific activity which has been evoked under the auspices of the Association.

"In the address with which the business of the meeting is opened it is usual for your president to give some account of the most recent progress of science. The task is by no means an easy one. Few indeed are familiar with science in all its branches; and even to one who was, the selection of topics and the mode of treating them would still present difficulties. I shall not attempt to give an account of the recent progress of science in general, but shall select from those branches with which I am more familiar some examples of recent progress which may, I hope, prove to be of pretty general interest. And even in this I feel that I shall have to crave your indulgence, for it is hard to be intelligible to some without being wearisome to others.

"Among the various branches of physical science, astronomy occupies in many respects a foremost rank. The movements of the heavenly bodies must have occupied the attention and excited the interest of mankind from the earliest ages, and accordingly the first rudiments of science are lost in the depths of antiquity. The grandeur of the subjects of contemplation which it presents to us have won for it especial favour, and its importance in relation to navigation has caused it to be supported by national resources. Newton's great discovery of universal gravitation raised it from the rank of a science of observation to that of one admitting of the most exact mathematical deduction; and the investigation of the consequences of this law, and the explanation thereby of the lunar and planetary disturbances, have afforded a field for the exercise of the highest mathematical powers on the part of Newton and his successors. Gradually the apparent anomalies, as they might have been deemed, in the motions of the heavenly bodies were shown to be necessary consequences of the one fundamental law, and at last, as the result of calculations of enormous labour, tables were constructed enabling the places of those bodies at any given time to be determined years beforehand with astonishing precision. A still more striking step was taken. When it had been shown by careful calculation that the apparent motion of the remotest of the planets then known to belong to our system could not be wholly explained on the theory of gravitation, by taking account of the disturbing powers of the other known planets, Adams in our own country, and Le Verrier in France, boldly reversed the problem, and instead of determining the disturbing effect of a known planet, set themselves to inquire what must be the mass and orbit of an unknown planet which shall be capable of producing by its disturbing force the unexplained deviations in the position of Uranus from its calculated place. The result of this inquiry is too well known to require notice.

"After these brilliant achievements some may perhaps have been tempted to imagine that the field of astronomical research must have been well-nigh exhausted. Small perturbations, hitherto overlooked, might be determined, and astronomical tables thereby rendered still more exact. New asteroids might be discovered by the telescope. More accurate values of the constants with which we have to deal might be obtained. But no essential novelty of principle was to be looked for in the department of astronomy; for such we must go to younger and less mature branches of science.

"Researches which have been carried on within the last few years, even the progress which has been made within the last twelve months, show how short-sighted such an anticipation would have been; what an unexpected flood of light may sometimes be thrown over one science by its union with another; how conducive accordingly to the advancement of science may be an association like the present, in which not only are the workers at special sciences brought together in the sectional meetings, but in the general meetings of the Association, and in the social intercourse, which, though of an informal character, is no unimportant part of our proceedings, the cultivators of different branches of science brought together, and have an opportunity of enlarging their minds by contact with the minds of others, who have been used to trains of thought of a very different character from their own.

"The science of astronomy is indebted to that of optics for the principles which regulate the construction of those optical instruments which are so essenial to the astronomer. It repaid its debt by furnishing to optics a result which it is important we should keep in view in considering the nature of light. It is to astronomy that we are indebted for the first proof we obtained of the finite velocity of light, and for the first numerical determination of that enormous velocity. Astronomy, again, led, 44 years later, to a second determination of that velocity in the remarkable phenomenon of aberration discovered by Bradley, a phenomenon presenting special points of interest in relation to the nature of light, and which has given rise to some discussion extending even to the present day, so that the Astronomer Royal has not deemed it unworthy of investigation, laborious as he foresees the trial is likely to prove to determine the constant of aberration by means of a telescope having its tube filled with water.

"If in respect of these phenomena optics received much aid from astronomy, the latter science has been indebted to the former for information which could not otherwise have been obtained. The motions and the masses of the heavenly bodies are revealed to us more or less fully by astronomical observations; but we could not thus become acquained with the chemical nature of these distant objects. Yet, by the application of the spectroscope to the scrutiny of the heavenly bodies, evidence has been obtained of the existence therein of various elements known to us by the chemical examination of the materials of which our own earth is composed; and not only so, but light is thrown on the state in which matter is there existing, which, in the case of nebulæ especially, led to the formation of new ideas respecting their constitution, and the rectification of astronomical speculations previously entertained. I shall not, however, dwell further on this part of the subject, which is now of some years' standing, and has been mentioned by more than one of your former presidents, but will pass on to newer researches in the same direction.

"We are accustomed to apply to the stars the epithet fixed. Night after night they are seen to have the same relative arrangement; and when their places are determined by careful measurement, and certain small corrections due to known causes are applied to the immediate results of observation, they are found to have the same relative distances. But when instead of days the observations extend over months or years, it is found that the fixity is not quite absolute. Defining as fixity invariability of position as estimated with reference to the stars as a whole, and comparing the position of an individual star with those of the stars in its neighbourhood, we find that some of the stars exhibit 'proper motions,' show, that is, a progressive change of angular position as seen from the earth, or rather as they would be seen from the sun, which we may take for the mean annual place of the earth. This indicates linear motion in a direction transverse to the line joining the sun with the star. But since our sun is merely a star, a line drawn from the star exhibiting proper motion to our sun is, as regards the former, merely a line drawn to a star taken at random, and therefore there is no reason why the star's motion should be, except accidentally, in a direction perpendicular to the line joining the star with our sun. We must conclude that the stars, including our own sun, or some of them at least, are moving in various directions in space, and that it is merely the transversal component of the whole motion, or rather of the motion relatively to our sun, that is revealed to us by a change in the star's apparent place.

"How then shall we determine whether any particular star is approaching to or receding from our sun? It is clear that astronomy alone is powerless to aid us here, since such a motion would be unaccompanied by change of angular position. Here the science of optics comes to our aid in a remarkable manner.

"The pitch of a musical note depends, as we know, on the number of vibrations which reach the ear in a given time, such as a second. Suppose, now, that a body, such as a bell, which is vibrating a given number of times per second, is at the same time moving from the observer, the air being calm. Since the successive pulses of sound travel all with the velocity of sound, but diverge from different centres, namely, the successive points in the bell's path at which the bell was when those pulses were first excited, it is evident that the sound-waves will be somewhat more spread out on the side from which the bell is moving, and more crowded together on the side towards which it is moving, than if the bell had been at rest. Consequently the number of vibrations per second which reach the ear of an observer situated in the former of these directions will be somewhat smaller, and the number which reach an observer situated in the opposite direction somewhat greater than if the bell had been at rest. Hence to the former the pitch will be somewhat lower, and to the latter somewhat higher, than the natural pitch of the bell. And the same thing will happen if the observer be in motion instead of the bell, or if both be in motion; in fact, the effect depends only on the relative motion of the observer and the bell in the direction of a line joining the two—in other words, on the velocity of recession or approach of the observer and the bell. The effect may be perceived in standing by a railway when a train in which the steam whistle is sounding passes by at full speed, or, better still, if the observer be seated in a train which is simultaneously moving in the opposite direction.

"The present state of optical science is such as to furnish us with evidence of a force which is perfectly overwhelming, that light consists of a tremor or vibratory movement propagated in an elastic medium filling the planetary and stellar places, a medium which thus fulfils for light an office similar to that of air for sound. In this theory, to difference of periodic time corresponds difference of refrangibility. Suppose that we were in possession of a source of light capable, like the bell in the analogous case of sound, of exciting in the æther supposed at rest vibrations of a definite period, corresponding, therefore, to light of a definite refrangibility. Then, just as in the case of sound, if the source of light and the observer were receding from or approaching to each other with a velocity which was not insensibly small compared with the velocity of light, an appreciable lowering or elevation of refrangibility would be produced, which would be capable of detection by means of a spectroscope of high dispersive power.

"The velocity of light is so enormous—about 185,000 miles per second—that it can readily be imagined that any motion which we can experimentally produce in a source of light is as rest in comparison. But the earth in its orbit round the sun moves at the rate of about 18 miles per second; and in the motions of stars approaching to or receding from our sun we might expect to meet with velocities comparable with this. The orbital velocity of the earth is, it is true, only about the one ten-thousandth part of the velocity of light, which admits of being easily calculated, proves not to be so insensibly small as to elude all chance of detection, provided only the observations are conducted with extreme delicacy.

"But how shall we find in such distant objects as the stars an analogue of the bell which we have assumed in the illustration drawn from sound? What evidence can we ever obtain, if an examination of their light should present us with rays of definite refrangibility, of the existence in those remote bodies of ponderable matter vibrating in known periods not identical with those corresponding to the refrangibilities of the definite rays which we observe? The answer to this question will involve a reference, which I will endeavour to make as brief as I can, to the splendid researches of Professor Kirchhoff. The exact coincidence of certain dark lines in the solar spectrum with bright lines in certain artificial sources of light had previously been in one or two instances observed; but it is to Kirchhoff we owe the inference from an extension of Prevost's theory of exchanges, that a glowing medium which emits bright light of any particular refrangibility necessarily (at that temperature at least) acts as an absorbing medium, extinguishing light of the same refrangibility. In saying this it is but just to mention that in relation to radiant heat (from whence the transition to light is easy), Kirchhoff was preceded, though unconsciously, by our own countryman, Mr. Balfour Stewart. The inference which Kirchhoff drew from Prevost's theory thus extended led him to make a careful comparison of the places of the dark lines of the solar spectrum with those of bright lines produced by the incandescent gas or vapour of known elements; and the coincidences were in many cases so remarkable as to establish almost to a certainty the existence of several of the known elements in the solar atmosphere, producing by their absorbing action the dark lines coinciding with the bright lines observed. Among other elements may be mentioned in particular hydrogen, the spectrum of which, when traversed by an electric discharge, shows a bright line or band exactly coinciding with the dark line C, and another with the line F.

"Now Mr. Huggins found that several of the stars show in their spectra dark lines coinciding in position with C and F; and what strengthens the belief that this coincidence, or apparent coincidence, is not merely fortuitous, but is due to a common cause, is that the two lines are found associated together, both present or both absent. And Kirchhoff's theory suggests that the common cause is the existence of hydrogen in the atmospheres of the sun and certain stars, and its exercise of an absorbing action on the light emitted from beneath.

"Now, by careful and repeated observations with a telescope furnished with a spectroscope of high dispersive power, Mr. Huggins found that the F line, the one selected for observation, in the spectrum of Sirius, did not exactly coincide with the corresponding bright line of a hydrogen spark, which latter agrees in position with the solar F, but was a little less refrangible, while preserving the same general appearance. What conclusion, then, are we to draw from the result? Surely it would be most unreasonable to attribute the dark lines in the spectra of the sun and of Sirius to distinct causes, and to regard their almost exact coincidence as purely fortuitous, when we have in proper motion a *vera causa* to account for a minute difference. And if, as Kirchhoff's labours render almost certain, the dark solar line depends on the existence of hydrogen in the atmosphere of our sun, we are led to infer that that element, with which the chemist working in his laboratory is so familiar, exists and is subject to the same physical laws in that distant star, so distant that, judging by the most probable value of its annual parallax, light which would go seven times round our earth in one second would take fourteen years to travel from the star. What a grand conception of the unity of plan pervading the universe do such conclusions present to our minds!

"Assuming, then, that the small difference of refrangibility observed between the solar F and that of Sirius is due to proper motion, Mr. Huggins concludes from his measures of the minute difference of position that at the time of the observation Sirius was receding from the earth at the rate of 41·4 miles per second. A part of this was due to the motion of the earth in its orbit; and on deducting the orbital velocity of the earth, resolved in the direction of a line drawn from the star, there remained 29·4 miles per second as the velocity with which Sirius and our sun are mutually receding from each other. Considering the minuteness of the quantity on which the result depends, it is satisfactory to find that Mr. Huggins's results as to the motion of Sirius have been confirmed by the observations of Father Secchi, made at Rome with a different instrument.

"The determination of radial proper motion in this way is still in its infancy. It is worthy of note that, unlike the detection of transversal proper motion by change of angular position, it is equally applicable to stars at all distances, provided they are bright enough to render the observations possible. It is conceivable that the results of these observations may one day lead to a determination of the motion of the solar system in space, which is more trustworthy than that which has been deduced from changes of position, as being founded on a broader induction, and not confined to conclusions derived from the stars in our neighbourhood. Should even the solar system and the nearer stars be drifting along, as Sir John Herschel suggests, with an approximately common motion, like motes in a sunbeam, it is conceivable that the circumstance might thus be capable of detection. To what wide speculations are we led as to the possible progress of our knowledge when we put together what has been accomplished in different branches of science!

"I turn now to another recent application of spectral analysis. The phenomenon of a total solar eclipse is described by those who have seen it as one of the most imposing that can be witnessed. The rarity of its occurrence and the shortness of its duration afford, however, opportunity for only a hasty study of the phenomena which may then present themselves. Among these, one of the most remarkable, seen indeed before, but first brought prominently into notice by the observers who watched the eclipse of July 7, 1842, consists in a series of mountain-like or cloud-like luminous objects seen outside the dark disc of the moon. These have been seen in subsequent total eclipses, and more specially studied, by means of photography, by Mr. Warren De La Rue in the eclipse of June 18, 1860. The result of the various observations, and especially the study, which could be made at leisure, of the photographs obtained by Mr. De La Rue, proved conclusively that these appendages belong to the sun, not to the moon. The photographs proved, further, their light to be remarkable for actinic power. Since that time the method of spectral analysis has been elaborated, and it seemed likely that additional information bearing on the nature of these objects, might be obtained by the application of the spectroscope. Accordingly, various expeditions were equipped for the purpose of observing the total solar eclipse which was to happen on August 17, 1868. In our own country an equatorially mounted telescope provided with a spectroscope was procured for the purpose by the Royal Society, which was entrusted to Lieutenant (now Captain) Herschel, who was going out to India, one of the countries crossed by the line of the central shadow. Another expedition was organised by the Royal Astronomical Society, under the auspices of Major Tennant, who was foremost in pressing on the attention of scientific men the importance of availing themselves of the opportunity.

"Shortly before the conclusion of the meeting of the Association at Norwich last year, the first results of the observations were made known to the meeting through the agency of the electric telegraph. In a telegram sent by M. Janssen to the president of the Royal Society, it was announced that the spectrum of the prominences was very remarkable, showing bright lines, while that of the corona showed none. Brief as the message necessarily was, one point was settled. The prominences could not be clouds in the strict sense of the term, shining either by virtue of their own heat or by light reflected from below. They must consist of incandescent matter in the gaseous form. It appeared from the more detailed accounts received by post from the various observers, and put together at leisure, that except in the immediate neighbourhood of the sun, the light of the prominences consisted mainly of three bright lines, of which two coincided with C and F, and the intermediate one nearly, but, as subsequent researches showed, not exactly, with D. The bright lines coinciding with C and F indicate the presence of glowing hydrogen. Several of the other lines were identified with those which would be produced by the incandescent vapour of certain other elements.

"This is precious information to have gathered during the brief interval of the total phase, and required on the part of the observers self-denial in withdrawing the eye from the imposing spectacle of the surrounding scenery, and coolness in proceeding steadily with some definite part of the inquiry, when so many questions crowded for solution, and the fruits of months of preparation were to be reaped in three or four minutes or lost altogether; especially when, as too often happened, the observations were provokingly interrupted by flying clouds.

"But valuable as these observations were, it is obvious that we should have had long to wait before we could have become acquainted with the usual behaviour of these objects, and their possible relation to changes which may be going on at the surface of the sun, if we had been dependent on the rare and brief phenomenon of a total solar eclipse for gathering information respecting them. But how, the question might be asked, shall we ever be able so to subdue the overpowering glare of our great luminary, and the dazzling illumination which it produces in our atmosphere, when we look nearly in its direction, as to perceive objects which are comparatively so faint? Here again the science of optics comes in aid of astronomy.

"When a line of light, such as a narrow slit held in front of a luminous object, is viewed through a prism, the light is ordinarily spread out into a coloured band, the length of which may be increased at pleasure by substituting two or more prisms for the single prism. As the total quantity of light is not thereby increased it is obvious that the intensity of the light of the coloured band will go on decreasing as the length increases. Such is the case with ordinary sources of light, like the flame of a candle, or the sky, which gives a continuous spectrum, or one generally continuous though interrupted by dark bands. But if the light from the source be homogeneous, consisting, that is, of light of one degree of refrangibility only, the image of the slit will be merely deviated by the prisms, not widened out into a band, and not consequently reduced in intensity by the dispersion. And if the source of light emit light of both kinds it will be easily understood that the images of the slit corresponding to light of any definite refrangibilities which the mixture may contain will stand out, by their superior intensity, on the weaker ground of the continuous spectrum.

"Preparations for observations of this kind had long been in progress in the hands of our countryman Mr. Lockyer. His first attempts were unsuccessful; but, undismayed by failure, he ordered the construction of a new spectroscope of superior power, in which he was aided by a grant from the sum placed annually by Parliament at the disposal of the Royal Society for scientific purposes. The execution of this instrument was delayed by what proved to be the last illness of the eminent optician to whom it was entrusted, the late Mr. Cooke; but when at last the instrument was placed in his hands, Mr. Lockyer was not long in discovering the object of his two years' search. On the 20th of October last year, in examining the space immediately surrounding the edge of the solar disc, he obtained evidence, by the occurrence of a bright line in the spectrum, that his slit was on the image of one of those prominences the nature of which had so long been an enigma. It further appeared from an observation made on November 5 (as indeed might be expected from the photographs of Mr. De La Rue, and the descriptions of those who had observed total solar eclipses) that the prominences were merely elevated portions of an extensive luminous stratum of the same general character, which, now that the necessity of the interposition of the moon was dispensed with, could be traced completely round the sun. Notices of this discovery were received from the author by the Royal Society on Oct. 21 and Nov. 3, and the former was almost immediately published in No. 105 of the Proceedings. These were shortly afterwards followed by a fuller paper on the same subject.

"Meanwhile the same thing had been independently observed in another part of the world. After having observed the remarkable spectrum of the prominences during the total eclipse, it occurred to M. Janssen that the same method might allow the prominences to be detected at any time; and on trial he succeeded in detecting them the very day after the eclipse. The results of his observations were sent by post, and were received shortly after the account of Mr. Lockyer's discovery had been communicated by Mr. De La Rue to the French Academy.

"In the way hitherto described a prominence is not seen as a whole, but the observer knows when its image is intercepted by the slit; and by varying a little the position of the slit a series of sections of the prominence are obtained, by putting which together the form of the prominence is deduced. Shortly after Mr. Lockyer's communication of his discovery, Mr. Huggins, who had been independently engaged in the attempt to render the prominences visible by the aid of the spectroscope, succeeded in seeing a prominence as a whole by somewhat widening the slit, and using a red glass to diminish the glare of the light admitted by the slit, the prominence being seen by means of the C line in the red. Mr. Lockyer had a design for seeing the prominences as a whole by giving the slit a rapid motion of small extent, but this proved to be superfluous, and they are now habitually seen with their actual forms. Nor is our power of observing them restricted to those which are so situated that they are seen by projection outside the sun's limb; such is the power of the spectroscopic method of observation that it has enabled Mr. Lockyer and others to observe them right on the disc of the sun, an important step for connecting them with other solar phenomena.

"One of the most striking results of the habitual study of these prominences is the evidence they afford of the stupendous changes which are going on in the central body of our system. Prominences the heights of which are to be measured by thousands and tens of thousands of miles appear and disappear in the course of some minutes. And a study of certain minute changes of position in the bright line F, which receive a simple and natural explanation by referring them to proper motion in the glowing gas by which that line is produced, and which we see no other way of accounting for, have led Mr. Lockyer to conclude that the gas in question is sometimes travelling with velocities comparable with that of the earth in its orbit. Moreover, these exhibitions of intense action are frequently found to be intimately connected with the spots, and can hardly fail to throw light on the disputed question of their formation. Nor are chemical composition and proper motion the only physical conditions of the gas which are accessible to spectral analysis. By comparing the breadth of the bright bands (for though narrow they are not mere lines) seen in the prominences with those observed in the spectrum of hydrogen rendered incandescent under different physical conditions, Dr. Frankland and Mr. Lockyer have deduced conclusions respecting the pressure to which the gas is subject in the neighbourhood of the sun. I am happy to say that Mr. Lockyer has consented to deliver a discourse during our meeting, in which the whole subject will doubtless be fully explained.

"I have dwelt perhaps too long on this topic, and I cannot help fearing that I may have been tedious to the many scientific men to whom the subject is already perfectly familiar. Yet the contemplations which it opens out to us are so exalted, and the proof which it affords of what can be accomplished by the union of different branches of science is so striking, that I hope I may be pardoned for occupying your time. I cannot, however, leave the subject of astronomy without congratulating the Association on the accomplishment of an object which originated with it, and in the promotion of which it formerly took an active part. It was at the meeting of the Association at Birmingham, in 1849, under the presidency of the Rev. Dr. Robinson, that a resolution was passed for making an application to Her Majesty's Government to establish a reflector of not less than three feet aperture at the Cape of Good Hope, and to make such additions to the staff of that observatory as might be necessary for its effectual working. This resolution met with the hearty concurrence of the President of the Council of the Royal Society, who suggested that the precise locality in the Southern Hemisphere where the telescope should be erected had best be left an open question. This modification having been adopted by your council, the application was presented to Earl Russell, then First Lord of the Treasury, by representatives of both bodies early in 1850. A reply was received from Government to the effect that though they agreed with the Association as to the interest which attached itself to the inquiry, yet there was so much difficulty attending the arrangements that they were not prepared to take any steps without much further inquiry. This reply was considered so far favourable as not to forbid the hope of success if the application were renewed on a suitable opportunity. The subject was again brought before the Association by Colonel (now General Sir Edward) Sabine, in his opening address as president at the Belfast meeting in 1852. The result was that the matter was again brought before Government by a committee of the British Association acting in conjunction with a committee of the Royal Society, by means of an application made to the Earl of Aberdeen. By this time the country was engaged in the Russian war, in consequence of which, it was replied, no funds could then be spared; but a promise was given that when the crisis then impending was past the matter should be taken up, a promise which the retirement from office and subsequent death of Lord Aberdeen rendered of no avail.

"But though failing in its immediate object, the action of the British Association in this matter has not remained fruitless. A few years later the subject was warmly taken up at Melbourne, and after preliminary correspondence between the board of visitors of the Melbourne Observatory and the president and council of the Royal Society, and the appointment by the latter body of a committee to consider and report on the subject, in April, 1864, a proposition was made to the colonial legislature for a grant of £5,000 for the construction of a telescope, and was acceded to. Not to weary you with details, I will merely say that the telescope has been constructed by Mr. Grubb, of Dublin, and is now erected at Melbourne, and in the hands of Mr. Le Suer, who has been appointed to use it. It is a reflector of four feet aperture, of the Cassegrain construction, equatorially mounted, and provided with a clock movement. Before its shipment it was inspected in Dublin by the committee appointed by the Royal Society to consider the best mode of carrying out the object for which the vote was made by the Melbourne Legislature; and the committee speak in the highest terms of its contrivance and execution. We may expect before long to get a first instalment of the results obtained by a scrutiny of the southern heavens with an instrument far more powerful than any that has hitherto been applied to them—results which will at the same time add to our existing knowledge and redound to the honour of the colony, by whose liberality this long-cherished object has at last been effected.

"As I have mentioned an application to the Government on the part of the Association which was not successful, it is but right to say that such is not generally the result. I will refer to one instance. At the Cambridge meeting of the Association, in 1862, a committee, consisting of representatives of the mechanical and chemical sections, was appointed for the purpose of investigating the application of gun-cotton to warlike purposes. At the Newcastle meeting, in the following year, this committee presented their report. It was felt that a complete study of the subject demanded appliances which could be obtained only from our military resources, and at the Newcastle meeting a resolution was passed recommending the appointment of a Royal commission. The recommendation was adopted, and in 1864 a commission was appointed, which was requested to report on the application of gun-cotton to civil as well as to naval and military purposes. The committee gave in their report last year, and that report, together with a more recent return relative to the application of gun-cotton to mining and quarrying operations, has just been printed for the House of Commons.

"A substance of such comparatively recent introduction cannot be fairly compared with an explosive in the use of which we have the experience of centuries. Yet, even with our present experience, there are some purposes for which gun-cotton can advantageously replace gunpowder, while its manufacture and storage can be effected with comparative safety, since it is in a wet state during the process of manufacture, and is not at all injured by being kept permanently in water, but merely requires to be dried for use. Even should it be required to store it in the dry state, it is doubtful whether, with the precautions indicated by the chemical investigations of Mr. Abel, any greater risk is incurred than in the case of gunpowder. In the blasting of hard rocks it is found to be highly efficient, while the remarkable results recently obtained by Mr. Abel leave no doubt of its value for explosions such as are frequently required in warfare. General Hay speaks highly of the promise of its value for small arms; but many more experiments are required, especially as a change in the arm and mode of ignition require a change in the construction of the cartridge. In heavy ordnance the due control of the rapidity of combustion of the substance is a matter of greater difficulty; and, though considerable progress has been made, much remains to be done before the three conditions of safety to the gun, high velocity of projection, and uniformity of result are satisfactorily combined.

"By the kindness of Dr. Carpenter I am enabled to mention to you the latest results obtained in an expedition which could not have been undertaken without the aid of Government, an aid which was freely given. Last year Dr. Carpenter and Professor Wyville Thomson represented to the president and council of the Royal Society the great importance to zoology and palæontology of obtaining soundings from great depths in the ocean, and suggested to them to use their influence with the Admiralty to induce them to place a gun-boat, or other suitable vessel, at the disposal of those gentlemen and any other naturalists who might be willing to accompany them, for the purpose of carrying on a systematic course of deep-sea dredging for a month or six weeks. This application was forwarded to the Admiralty with the warm support of the president and council, and was readily acceded to. The operations were a good deal impeded by rough weather, but, nevertheless, important results were obtained. Dredging was successfully accomplished at a depth of 650 fathoms; and the existence was established of a varied and abundant submarine fauna, at depths which had generally been supposed to be either azoic, or occupied by animals of a very low type; and the character of the fauna and of the mud brought up was such as to point to a chalk formation actually going on.

"It seemed desirable to carry the soundings to still greater depths, and to examine more fully the changes of temperature which had been met with in the descent. Another application was accordingly made to the Admiralty in the present year, and was no less readily acceded to than the former; and a larger vessel than that used last year is now on her cruise. I am informed by Dr. Carpenter that dredging has been successfully carried down to more than 2,400 fathoms (nearly the height of Mont Blanc), and that animal life has been found even at that depth in considerable *variety*, though its *amount* and *kind* are obviously influenced by the reduction of temperature to Arctic coldness. A very careful series of temperature soundings has been taken, showing, on the same spot, a continuous descent of temperature with the depth, at first more rapid, afterwards pretty uniform. Thermometers protected from pressure by a plan described by Dr. Miller were found to maintain their character at the great depths reached, the difference between them and the best ordinary thermometers used in the same sounding being exactly conformable to the pressure corresponding with each depth, as determined by the experiments previously made in smaller depths. All the observations hitherto made go to confirm the idea of a general interchange of polar and equatorial water, the former occupying the lowest depths, the latter forming a superficial stratum of 700 or 800 fathoms. The analyses of the water brought up indicate a large proportion of carbonic acid in the gases of the deep waters, and a general diffusion of organic matter.

"I must turn for a few moments to another application recently made to Government, which has not been successful. The application I have in view was made, not by the British Association, or other scientific societies in their corporate capacity, but by a body composed of the presidents of the British Association and of the Royal and other leading scientific societies, and its object was, not the promotion of science directly, but the recognition of pre-eminent scientific merit. In the history of science few names, indeed, hold so prominent a place as that of Faraday. The perfect novelty of principle and recondite nature of many of his great discoveries are such as to bear the impress of genius of the highest order, and to form an epoch in the advance of science, and while his scientific labours excited the admiration of men of science throughout the world, his singularly genial disposition and modest unassuming character won for him the love of those who had the happiness of numbering him among their personal friends. At a meeting of the presidents of the scientific societies to which I have alluded, it was resolved to erect a marble statue in memory of Faraday. He was a man of whom England may well be proud, and it was thought that it would be a graceful recognition of his merits if the monument were erected at the public expense. The present Chancellor of the Exchequer, however, did not think it right that the recognition of scientific merit, however eminent, should fall on the taxation of the country, though even in a pecuniary point of view the country has received so much benefit from the labours of scientific men. The carrying out of the resolution being thus left to private exertion, a public meeting, presided over by his Royal Highness the Prince of Wales, was held in the Royal Institution, an establishment which has the honour of being identified with Faraday's scientific career. At this meeting a committee was formed to carry out the object, and a subscription list commenced. By permission of the secretaries of this Association an office has been opened in the reception-room, where those members of the Association who may be desirous of taking part in the movement will have every facility afforded them.

"In chemistry I do not believe that any great step has been made within the last year; but perhaps there is no science in which an earnest worker is so sure of being rewarded by making some substantial acquisition to our knowledge, though it may not be of the nature of one of those grand discoveries which from time to time stamp their impress on different branches of science. I may be permitted to refer to one or two discoveries which are exceedingly curious, and some of which may prove of considerable practical importance.

"The Turaco, or plantain-eater of the Cape of Good Hope, is celebrated for its beautiful plumage. A portion of the wings is of a fine red colour. This red-colouring matter has been investigated by Professor Church, who finds it to contain nearly six per cent. of copper, which cannot be distinguished by the ordinary tests, nor removed from the colouring-matter without destroying it. The colouring-matter is in fact a natural organic compound of which copper is one of the essential constituents. Traces of this metal had previously been found in animals—for example, in oysters, to the cost of those who partook of them. But in these cases the presence of the copper was merely accidental; thus oysters that lived near the mouths of streams which came down from copper mines assimilated a portion of the copper salt, without apparently its doing them either good or harm. But in the Turaco the existence of the red colouring matter which belongs to their normal plumage is dependant upon copper, which, obtained in minute quantities with the food, is stored up in this strange manner in the system of the animal. Thus in the very same feather, partly red and partly black, copper was found in abundance in the red parts, but none or only the merest trace in the black.

"This example warns us against taking too utilitarian a view of the plan of creation. Here we have a chemical substance elaborated, which is perfectly unique in its nature, and contains a metal, the salts of which are ordinarily regarded as poisonous to animals; and the sole purpose to which, so far as we know, it is subservient in the animal economy is one of pure decoration. Thus a pair of the birds which were kept in captivity lost their fine red colour, in the course of a few days, in consequence of washing in the water which was left them to drink, the red-colouring matter, which is soluble in water, being thus washed out, but except as to the loss of their beauty it does not appear that the birds were the worse for it.

"A large part of the calicoes which are produced in this country in such enormous quantities are sent out into the market in the printed form. Although other substances are employed, the place which madder occupies among dye-stuffs with the calico-printer is compared by Mr. Shunck to that which iron occupies among metals with the engineer. It appears from the public returns that upwards of 10,000 tons of madder are imported annually into the United Kingdom. The colours which madder yields to mordanted cloth are due to two substances, alizarine and purpurine, derived from the root. Of these, alizarine is deemed the more important, as producing faster colours, and yielding finer violets. In studying the transformations of alizarine under the action of chemical re-agents, MM. Graebe and Liebermann were led to connect it with anthracene, one of the coal-tar series of bodies, and to devise a mode of forming it artificially. The discovery is still too recent to allow us to judge of the cost with which it can be obtained by artificial formation, which must decide the question of its commercial employment. But assuming it to be thus obtained at a sufficiently cheap rate, what a remarkable example does the discovery afford of the way in which the philosopher quietly working in his laboratory may obtain results which revolutionise the industry of nations! To the calico-printer, indeed, it may make no very important difference whether he continues to use madder, or replaces it by the artificial substance; but what a sweeping change is made in the madder-growing interest! What hundreds of acres hitherto employed in madder cultivation are set free for the production of human food, or of some other substance useful to man! Such changes can hardly be made without temporary inconvenience to those who are interested in the branches of industry affected; but we must not on that account attempt to stay the progress of discovery, which is conducive to the general weal.

"Another example of the way in which practical applications unexpectedly turn up when science is pursued for its own sake is afforded by a result recently obtained by Dr. Matthiessen, in his investigation of the constitution of the opium bases. He found that by the action of hydrochloric acid on morphia a new base was produced, which as to composition differed from the former merely by the removal of one equivalent of water. But the physiological action of the new base was utterly different from that of the original one. While morphia is a powerful narcotic, the use of which is apt to be followed by subsequent depression, the new base was found to be free from narcotic properties, but to be a powerful emetic, the action of which was unattended by injurious after-effects. It seems likely to become a valuable remedial agent.

"In relation to mechanism, this year is remarkable as being the centenary of the great invention of our countryman James Watt. It was in the year 1769 that he took out his patent involving the invention of separate condensation, which is justly regarded as forming the birth of the steam-engine. Little could even his inventive mind have foreseen the magnitude of the gift he was conferring on mankind in general, and on his own country more particularly. In these days of steamers, power-looms, and railways, it requires no small effort to place ourselves in imagination in the condition we should be in without the steam-engine. It needs no formal celebration to remind Britons what they owe to Watt. Of him truly it may be said, '*Si monumentum requiris, circumspice.*'

"With reference to those branches of science in which we are more or less concerned with the phenomena of life, my own studies give me no right to address you. I regret this the less because my predecessor and my probable successor in the presidential chair are both of well-known eminence in this department. But I hope I may be permitted as a physicist, and viewing the question from the physical side, to express to you my views as to the relation which the physical bear to the biological sciences.

"No other physical science has been brought to such perfection as mechanics; and in mechanics we have long been familiar with the idea of the perfect generality of its laws, of their applicability to bodies organic as well as inorganic, living as well as dead. Thus in a railway collision, when a train is suddenly arrested, the passengers are thrown forward by virtue of the inertia of their bodies, precisely according to the laws which regulate the motion of dead matter. So trite has the idea become that the reference to it may seem childish; but from mechanics let us pass on to chemistry, and the case will be found by no means so clear. When chemists ceased to be content with the mere ultimate analysis of organic substances, and set themselves to study their proximate constituents, a great number of definite chemical compounds were obtained which could not be formed artificially. I do not know what may have been the usual opinion at that time among chemists as to their mode of formation. Probably it may have been imagined that chemical affinities were indeed concerned in their formation, but controlled and modified by an assumed vital force. But as the science progressed many of these organic substances were formed artificially—in some cases from other and perfectly distinct organic substances, in other cases, actually from their elements. This statement must indeed be accepted with one qualification. It was stated several years ago by M. Pasteur, and I believe the statement still remains true, that no substance the solution of which possesses the property of rotating the plane of polarisation of polarised light had been formed artificially from substances not possessing that property. Now several of the natural substances which are deemed to have been produced artificially, are active in the sense of rotating the plane of polarisation; and therefore in these cases the inactive artificial substances cannot be absolutely identical with the natural ones. But the inactivity of the artificial substance is readily explained on the supposition that the artificial substance bears to the natural the same relation as racemic acid bears to tartaric—that it is, so to speak, a mixture of the natural substance with its image in a mirror. And when we remember by what a peculiar and troublesome process M. Pasteur succeeded in separating racemic acid into the right-handed and left-handed tartaric acids, it will be at once understood how easily the fact, if it be a fact, of the existence in the natural substance of a mixture of two substances, one right-handed and the other left-handed, but otherwise identical, may have escaped detection. This is a curious point, to the clearing up of which it is desirable that chemists should direct their attention. Waiving, then, the difference of activity or inactivity, which, as we have seen, admits of a simple physical explanation, though the correctness of that explanation remains to be investigated, we may say that at the present time a considerable number of what used to be regarded as essentially natural organic substances have been formed in the laboratory. That being the case, it seems most reasonable to suppose that in the plant or animal from which those organic substances were obtained they were formed by the play of ordinary chemical affinity, not necessarily nor probably by the same series of reactions by which they were formed in the laboratory, where a high temperature is commonly employed, but still by chemical reaction of some kind, under the agency in many cases of light, an agency sometimes employed by the chemist in his laboratory. And since the boundary line between the natural substances which have and those which have not been formed artificially is one which, so far as we know, simply depends upon the amount of our knowledge, and is continually changing as new processes are discovered, we are led to extend the same reasoning to the various chemical substances of which organic structures are made up.

"But do the laws of chemical affinity, to which, as I have endeavoured to infer, living beings, whether vegetable or animal, are in absolute subjection, together with those of capillary attraction, of diffusion, and so forth, account for the formation of an organic structure, as distinguished from the elaboration of the chemical substances of which it is composed? No more, it seems to me, than the laws of motion account for the union of oxygen and hydrogen to form water, though the ponderable matter so uniting is subject to the laws of motion during the act of union just as well as before and after. In the various processes of crystallisation, of precipitation, and so forth, which we witness in dead matter, I cannot see the faintest shadow of an approach to the formation of an organic structure, still less to the wonderful series of changes which are concerned in the growth and perpetuation of even the lowliest plant. Admitting to the full as highly probable, though not completely demonstrated, the applicability of living beings of the laws which have been ascertained with reference to dead matter, I feel constrained at the same time to admit the existence of a mysterious something lying beyond—a something *sui generis*, which I regard not as balancing and suspending the ordinary physical laws, but as working with them and through them to the attainment of a designed end.

"What this something which we call life may be is a profound mystery. We know not how many links in the chain of secondary causation may yet remain behind; we know not how few. It would be presumptuous indeed to assume in any case that we had already reached the last link, and to charge with irreverence a fellow-worker who attempted to push his investigations yet one step further back. On the other hand, if a thick darkness enshrouds all beyond, we have no right to assume it to be impossible that we should have reached even the last link of the chain—a stage where further progress is unattainable, and we can only refer the highest law at which we stopped to the fiat of an Almighty Power. To assume the contrary as a matter of necessity, is practically to remove the first cause of all to an infinite distance from us. The boundary, however, between what is clearly known and what is veiled in inpenetrable darkness is not ordinarily thus sharply defined. Between the two there lies a misty region, in which loom the ill-discerned forms of links of the chain which are yet beyond us. But the general principle is not affected thereby. Let us fearlessly trace the dependance of link on link, as far as it may be given us to trace it, but let us take heed that in thus studying second causes we forget not the first cause, nor shut our eyes to the wonderful proofs of design which, in the study of organised beings, especially meet us at every turn.

"Truth we know must be self-consistent, nor can one truth contradict another, even though the two may have been arrived at by totally different processes—in the one case, suppose, obtained by sound scientific investigation; in the other case, taken on trust from duly authenticated witnesses. Misinterpretations, of course, there may be on the one side or on the other, causing apparent contradictions. Every mathematician knows that in his private work he will occasionally, by two different trains of reasoning, arrive at discordant conclusions. He is at once aware that there must be a slip somewhere, and sets himself to detect and correct it. When conclusions rest on probable evidence, the reconciling of apparent contradictions is not so simple and certain. It requires the exercise of a calm, unbiassed judgment, of looking at both sides of the question; and oftentimes we have long to suspend our decision, and seek for further evidence. None need fear the effect of scientific inquiry carried on in an honest, truth-loving, humble spirit, which makes us no less ready frankly to avow our ignorance of what we cannot explain than to accept conclusions based on sound evidence. The slow but sure path of induction is open to us. Let us frame hypotheses if we will; most useful are they when kept in their proper place, as stimulating inquiry. Let us seek to confront them with observation and experiment, thereby confirming or upsetting them as the result may prove; but let us beware of placing them prematurely in the rank of ascertained truths, and building further conclusions on them as if they were.

"When from the phenomena of life we pass on to those of mind, we enter a region still more profoundly mysterious. We can readily imagine that we may here be dealing with phenomena altogether transcending those of mere life, in some such way as those of life transcend, as I have endeavoured to infer, those of chemistry and molecular attractions, or as the laws of chemical affinity in their turn transcend those of mere mechanics. Science can be expected to do but little to aid us here, since the instrument of research is itself the object of investigation. It can but enlighten us as to the depth of our ignorance, and lead us to look to a higher aid for that which most nearly concerns our well-being."

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the 28th of last month I was called on to attend Mrs. K., aged thirty, who stated she was carrying her second child for about three months, and that three days previously she was suddenly seized with pain, and the passage of blood through the vagina. She said the pain was similar to that as if she were in labour, that it used to cease for a considerable time, and again reappear. She had passed (as I understood) a great deal of blood.

By auscultation I perceived that the fœtus was living, having advanced to about the fourth month. On examination per vaginam, I found the uterus contracting, with the os dilated to the extent that I could almost introduce the top of my middle finger. I directed my attention to preventing expulsion, and with that object recommended perfect rest in the recumbent posture, with drinks and chicken broth, and prescribed a mixture (somewhat unchemical), composed of acetate of lead and opium, the latter in a large proportion, to be given at regular intervals. I also gave directions that in case the pain and hæmorrhage continued for any time, to send for me. The woman progressed favourably, and is now perfectly recovered. There was no doubt but in this case premature labour had begun, and I think the case interesting, as showing how, though uterine action may have absolutely commenced, it is possible to overcome it by the aid of appropriate remedies, and that cases apparently hopeless may thereby be saved.

Yours truly,

Richard O'Kelly, L.R.C.S.E.

Cooleclevane Lodge, Kilmichael, Macroom, Aug. 9.

MUSTARD AND ITS VOLATILE OIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you permit us to trouble you with an inquiry which has suggested itself to us, after perusing the very valuable report upon mustard, contained in the Medical Press and Circular of the 4th of August?

At page 98 you state "Myrosine, a compound formed in the seeds, is an emulsion-like substance contained in the seeds of the black and white mustard, particularly in the latter, and is one of the most important ingredients. Myronic acid exists largely in the black seed but not in the white, it is present in the form of a potassium salt." You further state "myrosine and myronic acid react upon each other in the presence of water and produce sulphocyanate of allyl or the volatile oil of mustard, to which oil mustard owes its peculiar properties."

It would appear, therefore, that genuine mustard may vary in its chemical properties according to the proportions of flour used, from the black and white mustard seeds.

We therefore beg permission to inquire, if your analysts have decided in their minds, what are the best proportions for the flours of black and white mustard seeds to bear to each other in genuine mustard sold for table use?

Should you kindly favour us with a reply, we will make use of the information by henceforth mixing our genuine mustard in the proportions that you may suggest.

We remain, Sir,

Your faithful servants,

Keen, Robinson, Bellville & Co.

Garlick hill, London, E.C., August 21, 1869.

⁂ Myronic acid, which is present in the form of myronate of potassium in the black mustard seeds, is the source of the volatile oil of mustard, or sulphocyanate of allyl. White mustard seeds do not contain any myronic acid. Although a small quantity of an acrid oil peculiar to those seeds is generated on treating them with water; myrosin, an emulsion-like substance, is contained in both the white and black mustard seeds, particularly in the first. Ludwig and others have stated that myrosin is not essential to the formation of mustard oil from myronic acid; but, if not absolutely essential, it so wonderfully facilitates its formation, that for all practical purposes its presence may be considered necessary. As the black seeds contain both myrosin and myronic acid, they generate the essential oil on being treated with water. The largest amount of essential oil that has been procured from the black seeds seems to be 10 parts from 1,000; but as the *addition* of a small quantity of white seeds (which do not contain myronic acid, the source of the oil) does *not diminish the per-centage of oil;* it would seem that the myrosin is hardly present in sufficient quantity in the black seeds to determine the decomposition. The quantity of white mustard seed desirable should not, in our opinion, exceed one-third of the entire weight; but we believe that the quantity used is far above that proportion. This is done for economy, the mustard flour from the white, of course, being much cheaper than that procured from the black. There is no doubt that there can be two mustards by different makers having the same amount of wheat flour present, and yet they shall vary very much in the amount of pungency when mixed. Another of our correspondents inquires as to the mode adopted for removing the fixed oil before dressing. We cannot give any information on this point; it was made on good authority, and is borne out by the discrepancy found in the amount of fixed oil present in different samples of mustard. We do not think, however, from further inquiries, that the practice is very general. We believe that a mustard farina is prepared in France which is perfectly free from the fixed oil. It is used for blistering purposes.

Gleanings in Medicine, Surgery, and the Allied Sciences.

SPECTRUM ANALYSIS.

The *Contemporary Review* for the current month has the following article, which will just now be interesting:—

So early as in 1814, Fraunhofer examined the spectra of certain stars, and he found therein a general though not an absolute resemblance to the spectrum of sunlight. Unable himself to read the wonderful lessons contained in the dark lines which interrupt the continuity of their light, it was reserved for our countrymen, Messrs. Huggins and Miller, to state with confidence that the stars, like the sun, are incandescent bodies, each surrounded by an atmosphere containing many of our terrestrial metals in the state of glowing vapours. Mr. Huggins has also shown that many of the nebulæ certainly contain vaporous aggregations of hydrogen, nitrogen, and some other gaseous substance not as yet identified with any known terrestrial element, and all of them in a state of intense incandescence. The same patient and sagacious philosopher has detected hydrogen in the nucleus of several comets, and unmistakeable traces of carbon in two of these mysterious bodies; he has thus added another link to the chain of evidence which connects the comets with certain rings of meteoric matter circulating round the sun. Finally, all these marvellous and unexpected phenomena, which have flashed as it were into the human cognizance within the last seven or eight years, go far to establish the truth of Laplace's hypothesis, that the whole visible material universe is an evolution of things, arising from the condensation of vast tracts of gaseous or vaporous matter scattered through the regions of space.

But the most extraordinary revelations made by the application of the spectroscope are those which have been still more recently brought to light regarding the vast plutonic operations which are now proceeding, and which, without any great exaggeration, may be said to be even visible on our sun. It is no doubt known to the majority of our readers, that when the sun is completely concealed by the dark body of the moon during a total solar eclipse, certain luminous protuberances, varied in form and extent, become visible even to the naked eye, some of which extend to the enormous distance of from twenty to eighty thousand miles from the general photosphere. At the recent solar eclipse of 1868, expeditions were despatched by the various European Governments to examine the nature of these strange flames by the infallible methods of the new Spectrum Analysis. It was at once discovered that the chief ingredient in these rose-coloured protuberances was hydrogen; but, in addition to this, Mr. Janssen in India, and Mr. Lockyer in England, each independently of the other, discovered that the traces, or rather the spectra, of these rose-coloured flames could be observed at all times in the bright sun *without the intervention of an eclipse.* Mr. Huggins so far improved the method as to render the entire forms of these flaming protuberances visible when the sun shines in a clear atmosphere.

Hence the well-instructed eye may now behold the amazing spectacles of jets of glowing hydrogen gas shooting (and almost waving about) for thousands of miles beyond the body of the sun, out of the incandescent vaporous atmosphere of metals which surrounds it.

It is thus from an astronomical, or, as we may properly call it, a cosmical, rather than from a chemical point of view, that the results of the new process appear the most astonishing, and possess the greatest promise for the future. To the philosophical astronomer the prism has become the necessary supplement of the telescope. The province of the telescope lies in the determination of the forms and positions of the vast and remote bodies which constitute the visible universe; that of the prism lies in the unhoped-for analysis of their material composition. It has already made us acquainted with certain envelopes of glowing metallic vapours which constitute the atmosphere of the sun, and especially of that envelope of hydrogen which overtops them all, and from which torrents of the heated gas are seen to surge forth in fantastic changing forms for tens of thousands of miles; it has already demonstrated the identity of stars with suns; and in nebulæ and comets it has detected the existence of vaporous material the same as those which to the chemist are the most familiar of terrestrial elements.

These are scientific achievements without a parallel in the annals of the progress of knowledge, but we are persuaded that a more remarkable and still more important future is in reserve for the new process. The very recent researches of MM. Frankland, Huggins, and Lockyer, afford some happy indications that from Spectrum Analysis we may be able to determine the amount of heat and of molecular condensation in the vaporous envelopes of the sun, and in the materials which form the nebulæ. If this should prove to be the case, then, in process of time, it will be possible to detect the progress of any changes which may occur in the sun or the nebulæ with respect to the temperatures of both, and in the aggregation of the materials of the latter. Herein we discern one of the great features of the astronomy of the future.

We may confidently hope that the prism will determine such mooted questions as the periodic variation of temperature or the slow secular cooling of the sun and its envelopes, as well as any growing condensation of nebulous matter into suns and planets, and will ascertain the motions of recessions or approach of the remoter denizens of the universe towards our earth. It may even give the inhabitants of this earth some effective and intelligible warning that their great material system of existence is on the wane.

THE DECOLOURIZATION OF TINCTURE OF IODINE.

As much has lately been said and written on this subject, it may not be uninteresting to add a suggestion or two to the store of knowledge already communicated. The methods proposed are so familiar to all, having been fully discussed in late periodicals, that I need do no more than mention them; yet, in my opinion, they do not really give us what we desire. The process by the action of carbolic acid and glycerine has its disadvantages, in being somewhat uncertain, and requiring more time for its successful completion than is desirable; the other process, by the addition of hyposulphite of soda, although undoubtedly hastening the action, in many cases causes a deposit of metallic iodine. The ordinary soap liniment seems to me to accomplish what we wish to attain better than either of these processes. True, it does not actually decolourise the iodine, yet it possesses the great advantage of enabling us to rub it freely into the skin, without the characteristic colour of iodine being imparted to it; and thus we can use iodine as an external application where the antipathies or caprice of patients would otherwise present a formidable barrier to its use, were it employed in the ordinary way. As a liniment, one part of tincture of iodine, one of glycerine, and two of soap liniment, may be used for a long time without producing much cutaneous irritation, or any characteristic decolourization. Stains caused by the accidental application of tincture of iodine may be at once removed by the use of soap liniment.—*California Medical Gazette.*

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Medical News.

DR. WILSON FOX has been gazetted Physician Extraordinary to the Queen. We congratulate the young Professor of Medicine at University College on so early obtaining a Court appointment, and hope it may not divert him from the steady scientific work he has been doing. Many older men will say he has indeed been "a lucky fellow." The appointment is one that certainly places at the service of Her Majesty an able young physician.

MR. ERASMUS WILSON has been elected to the Professorship of Dermatology, which he so munificently founded. The *Lancet*, which has never let slip the opportunity of a spiteful sentence about this gentleman, has the impudence to advise him to "devote his lectures to professional, and not to personal details." If the *Lancet* would take the advice thus impertinently offered by one of its own scribes, how much better would it be for the profession, which is constantly outraged by the rancour so freely exhibited in its pages!

UNIVERSITY OF EDINBURGH.—The following is a list of the gentlemen on whom degrees in Medicine were conferred at the Graduates' Ceremonial, of which a description has already appeared in the MEDICAL PRESS AND CIRCULAR. [*** Those who have obtained prizes for their dissertations. ** Deemed worthy of competing for the dissertation prizes. * Commended for their dissertations.].—Candidates who received the Degree of Doctor of Medicine under the New Statutes:—*James Ormiston Affleck, Scotland, M.B. and C.M.; David Hawley Burn Anderson, Scotland, M.B. and C.M.; John Francis Vincent Bent, England, M.B. and C.M.; Charles Moss Campbell, India, M.B. and C.M.; Henri Louis Colladon (M.A. Geneva), M.B. and C.M.; ***John Haddon, Scotland, M.B. and C.M.; Alexander Richardson Haughey, Ireland, M.B.; Charles Holden, New Brunswick, M.B. and C.M.; George Hunter, Scotland, M.B. and C.M.; William Brown Hunter, Ireland, M.B. and C.M.; John Kirkwood, Scotland, M.B. and C.M.; **Robert Lightfoot, England, M.B. and C.M.; George May Low, England, M.B. and C.M.; John Macbeth (M.A. Edin.), Scotland, M.B. and C.M.; Alexander Dall Macdonald, Scotland, M.B. and C.M.; John MacRae, Scotland, M.B. and C.M.; Edward Malins, England, M.B. and C.M.; William Munro, Scotland, M.B. and C.M.; Henry Alleyne Nicholson, England (D. Sc. Edin.), M.B. and C.M.; Alfred Pullar, Scotland, M.B. and C.M.; James Ramsay (M.A. St. And.), Scotland, M.B. and C.M.; *Christopher Currie Ritchie, Scotland, M.B. and C.M.; Alexander Steven, Scotland, M.B. and C.M.; Henry Stolterfoth (M.A. Cantab.), England, M.B. and C.M. (received the Degree of M.D. on 31st October, 1868); James Call Weddell, Berwick-upon-Tweed, M.B. and C.M.; Henry Carter Wigg, Australia, M.B. Candidates who received the Degree of Doctor of Medicine under the Old Statutes:—Alexander Grant, (M.A. Aberd.), Scotland; Donald Ross, Scotland; Thomas Appleby Stephenson, England; *** John Miller Strachan, England; William Josiah Walker, England. Candidates who received the Degrees of Bachelor of Medicine and Master in Surgery. [† Indicates that the candidate has passed the examinations with First-class Honours. ‡ Indicates that the candidate has passed the examinations with Second-class Honours.]—† George Amsden, England; Matthew L. Bartholomeusz, Ceylon; Alexander Henderson Begg, Scotland; Alexander Bennett, Scotland; Thomas Marshall Bennett, England; George Keith Brebner, Scotland; William Macfie Campbell, Scotland: William Jackson Cleaver, England; Henry David Cook, India; Francis Pritchard Davies, Wales; John Ewart, England; John Charles Hirschfeld, Isle of Man; Alfred Hollis, Isle of Wight; Charles John Krickenbeck, Ceylon; Alfred Robert Law, England; George Lorimer, (M.A.Ed.), Scotland; Gilbert P. Mackenzie, British Guiana; Henry Miller, England; Robert Moodie, Scotland; Æneas Munro, Scotland; William John Naismith, India; Francis Cobham Nicholson, Melbourne, Australia; ‡ George Kincaird, Scotland; Orlando Reeves Prankerd, England; Urban Pritchard, England; Adam Scott Reid, Scotland; David William Roberts, Wales; John Allan Robertson, Scotland; Thomas Sayer, England; William Gifford Scott, India; Alexander James Sinclair, Scotland, (received the Degrees of M.B. and C.M. on 31st October, 1868); Robert Mitchell H. Smith, Scotland; Edward Smyth, Scotland; Charles Stewart, Scotland; Alfred Thomas, England; Edwin Thompson, England; James Archer Thomson, England; George Waugh, Scotland; John Manuk Zorab, India. Candidates who received the Degree of Bachelor of Medicine:—Byrom Bramwell, England; Thomas Dodson Chalmers, England; Thomas Kay Gray, Scotland; Andrea Carlo Francisco Rabagliati, (M.A. Edin.), Scotland; George Ballingall Stuart, India.

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NOTICES TO CORRESPONDENTS.

IN all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

CORRESPONDENTS not answered should look to the answers the following week.

TO SUBSCRIBERS.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

Dr. G. M. DICKENSON will please receive our best thanks.

Dr. T. MORE MADDEN.—We are waiting the return of your proofs. One slip only of the three sent you has as yet come to hand.

Dr. JACKMAN, Swymbridge.—Reforms in the direction you speak of have been so often promised, that we almost despair of any very comprehensive scheme. The matter *may* be brought forward next Session.

COMMUNICATIONS, Enclosures, &c., received from Dr. Balthazar Foster, Birmingham; Dr. Purdon, Belfast; Mr. Wallace Robertson, Glasgow; Dr. Tidy, Hackney; Dr. Drysdale; Dr. Gordon, Portsmouth; Dr. Waring-Curran, Sutton; Dr. Sabben, Stoke Newington; Mr. Gamble, Liverpool; Mr. Barker, London; Mr. Bowser; Dr. Aspray, London; Dr. Hunt; Mr. W. E. Benson, Liverpool: Mr. G. Woodhall, Leeds; Mr. Eskell; Mr. Messent; Mr. W. Ludlow Roots, Kingston; Mr. G. M. Dickenson, Pailton; Mr. G. Pink, Eastmeon; Dr. Price, Holyhead; Mr. Belville; Dr. Macnamara, Exeter; Dr. Birchenall, Macclesfield; Dr. Fletcher, Dublin; Dr. Leary, Portsmouth; Dr. Burder, Bristol; Dr. Crawford, York; Mr. W. H. Colbourne, Chippenham; Dr. Johnstone, Brampton; Mr. W. S. Whatford, Brighton; Mr. Vincent, Liverpool; Dr. Clement, M.P., Shrewsbury; Dr. T. More Madden, Dublin; Dr. J. H. Jackman, Swymbridge; Mr. Craine, Ramsey.

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VACANCIES.

Royal General Dispensary.—Physician. Salary £40. Election September 2.

Warneford Hospital, Leamington.—House-Surgeon. Salary £100.

Eastbourne Union.—Medical Officer. Salary £90, with extra fees.

Royal Maternity Charity.—Physician. Applications on or before the 28th inst. See advertisement.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 1, 1869.

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Lecture.

ON THE USE OF THE FORCEPS IN MIDWIFERY PRACTICE.

DELIVERED IN THE

ROTUNDO DUBLIN LYING-IN HOSPITAL.

By THOMAS MORE MADDEN, M.R.I.A.,

Assistant Physician to the Hospital.

LECTURE I.

GENTLEMEN,—There is no question connected with the study of midwifery of greater practical importance than the best manner of assisting women in child-birth, so as to accomplish the delivery of a living child from a living mother, with safety to both, in cases which must have terminated unfavourably to either if nature were not aided by art. There are but two instrumental operations recognized in English midwifery practice for this purpose, although in other countries other operations are successfully resorted to with the same intention.

The operations to which I have referred, as recognized in this country, are the applications of the vectis and forceps. The former is now seldom resorted to, at least in the practice of this, the largest and oldest Lying-in Hospital in the United Kingdom; and I shall, therefore, confine my observations this evening to the latter.

The subject of this Lecture is one well deserving your most careful consideration, for your success in midwifery practice, and, what is of much greater importance, the well-being of your patients, will be materially influenced by your forming sound views on the use of the midwifery forceps, and on your being able to carry those views into practice with promptitude and dexterity when the occasion arises.

Notwithstanding all that has been written on this subject of late years, the application of the forceps is still, I fear, regarded with prejudice by many practitioners; and in some of the text-books on midwifery which are in vogue with students, the employment of the forceps is restricted by the reiteration of rules prescribed by writers whose own experience of the use of this instrument was extremely limited, and who attributed disastrous results to the forceps, which were probably caused by their want of dexterity in its application, or by their delay in resorting to it. I should be very reluctant, however, to advocate the habitual use of the forceps in ordinary cases, for I thoroughly agree with Dr. Blundell that "meddlesome midwifery is bad midwifery;" and I think it is obvious that the course of natural labour should never be interfered with except for the purpose of saving either the parturient woman or the child from some danger which would probably result to either from the protraction of the labour. But, even with this limitation, I think the forceps may be much more frequently used in midwifery practice than it generally is.

The term "meddlesome midwifery" cannot be properly applied to any operative interference that may be necessary in a case of labour for the purpose of saving either the mother or the child from any danger, or, the former only, from the sufferings of over-protracted childbirth. The latter consideration is not, as I think, sufficiently attended to by some very eminent authorities on this subject, and I am therefore anxious to impress on you in the course of these lectures the propriety of employing the forceps more frequently than is usually advised for the purpose, in certain cases, of shortening the sufferings of tedious labour, and thus, at the same time, also obviating its dangers.

The history of the introduction of the forceps into obstetric practice is a subject of the highest interest, and I only regret that the scope of these lectures does not allow me now to enter on it as I should wish to do. I would, however, strongly recommend any of you who take an interest in tracing the progress of our art from its infancy to its present degree of perfection to read for yourselves on this topic the introduction to Smellie's "Midwifery," published in 1752; Dr. J. Davis's "Operative Midwifery;" and Dr. Churchill's "Researches on Operative Midwifery;" in which you will find this subject fully discussed

None of the ancient Greek or Roman medical writers allude to the forceps as a means of delivering living children with; but an instrument very similar to our modern forceps was found some years ago in the house of an obstetrix in the excavations at Pompeii. (*a*) The Arabians appear to have been acquainted with this method of assisting Nature in cases of difficult labour, and Avicenna refers distinctly to the forceps for this purpose. The instrument, however, appears to have passed into disuse, and to have been completely forgotten by all writers and practitioners of midwifery from the time of Avicenna until that of Jacobus Rüeffe, who, in his work on "Human Conception and Generation," published at Zurich in 1554, speaks of a forceps without teeth—"forceps qua dentes eruuntur"—for the purpose of delivering living children with—"ut si possibile sit, id quod protrahendum est educat faciliter." Nothing, however, seems to have come of Rueffe's suggestion till the elder Chamberlen constructed and employed the forceps, of which you have facsimiles on the table before you, about the year 1647. These forceps were confined by the Chamberlen family to their own practice; nor do they deserve much credit for an invention which they only employed for their own aggrandisement. No description of the forceps was given to the profession till Mr. Chapman, in 1733, published an account and engraving of Chamberlen's forceps, which he had received from another practitioner who had used them for several years previously. Thus it was to Chapman, and not to any of the Chamberlen family, that the credit of introducing the midwifery forceps into practice is due. Three distinct forms of Chamberlen forceps are on the table before you, and it is enough to say that they differ from the short forceps now in use very little, excepting the formation of the lock, which, in Chamberlen's second forceps, is similar to that of the modern French forceps, and the thickness and clumsiness of the blades. From the Chamberlens' time to the present day innumerable have been the attempts to improve the forceps, and I now exhibit to you a vast number of these instruments, in which you will see much evidence of the absurdities of misapplied ingenuity.

The worst of these forceps is that generally used in France, and which is recommended by some American writers. It is a horribly clumsy misshapen mass of iron, sixteen inches in length, and locked with a pivot-and-mortice lock, very difficult to adjust. I need not waste time in pointing out the objections to this instrument, which are obvious.

Some years ago the forceps was hardly ever resorted to until the parturient woman, worn out by the protracted sufferings she had endured, was almost moribund, and when, too, the child was probably dead, in consequence of the long-continued pressure it had been subjected to. And yet, as I could show you by a reference to the statistics of this Hospital, in forceps cases the mortality to the mother is always less in proportion to the frequency of the operation, as well as to its early performance in those cases which require it.

In order to understand why it was the forceps were so little used in this Hospital at the time I refer to, we must bear in mind the rules laid down and acted on by the most eminent obstetricians for many years. Dr. Osborne says that, "in the state indicating the use of the forceps, all the powers of life are exhausted, all capacity for further exertion is at an end, and the mind as much depressed as the body; they would both together sink under the influence of such continued and unavailing struggles."(*b*) Dr. Denman enjoins us to wait for at least six hours, with the head of the child stationary in a position favourable for the use of the forceps, before the instrument should be applied; (*c*) Dr. Merriman confirms this rule; (*a*) Dr. Gooch extended this period of suffering and danger to twelve hours; (*b*) and Dr. Collins did not think it right to interfere "as long as the head advances ever so slowly, *unless the child be dead*," or unless some urgent symptom presented itself.(*c*) When such rules were acted on, can it be wondered at that the forceps should fail to deliver "a living child from a living mother?"

In the statistical reports of the successive Masters of the Dublin Lying-in Hospital we find evidence of the fallaciousness of the rules I have just quoted, and of the advantage which has followed their non-observance. Thus, in Dr. Joseph Clarke's Mastership, from 1787 to 1793, during which 10,387 deliveries took place in the Hospital, the forceps were only used fourteen times; two of the mothers were lost, and the result to the children is not recorded. And in his private practice, extending over a period of forty years, during which time he attended 3,878 cases of labour, Dr. Clarke only once attempted to apply the forceps, and then did not succeed. (*d*)

In Dr. Labatt's Mastership, from 1815 to 1821, during which time there were 21,867 births in the Hospital, the forceps were never applied. In Dr. Collins's Mastership, from 1826 to 1833, the number of births in the Hospital was 16,654, and only in 24 of these cases was the forceps used, while craniotomy was performed in no less than 118 cases. I have generally observed that those accoucheurs who employ the forceps most frequently use the perforator most rarely. Drs. McClintock and Hardy, in their Report of three years' practice in the Hospital, under the Mastership of the late Dr. Charles Johnson, from 1842 to 1845, state that in 6,702 deliveries the forceps was only used in 18 cases, in 16 the vectis, in 30 ergot of rye was given, and in no less than 52 cases the perforator and crotchet were resorted to. (*e*)

To the present Master of the Hospital the great credit is, I think, due of having, when Assistant Physician, been the first to advocate and introduce into the practice of this Hospital the early and frequent use of the forceps in cases of difficult labour. In the Report which he edited, conjointly with Dr. Sinclair, of the practice of the Rotundo Hospital during Dr. Shackleton's Mastership, from 1847 to 1854, in 13,748 cases Dr. Johnston tells us that no less than 226 deliveries were accomplished with the forceps.(*f*)

Dr. Halahan, in his account of the forceps cases which occurred in his term of office as Assistant Physician, during Dr. McClintock's Mastership, tells us that the forceps was used fifty-six times, or about once in every sixty cases. (*g*)

In private practice the operation in question, even a few years ago, was even more rarely resorted to than it was in the Hospital. Thus, Dr. Davis (senior) says that, in his opinion, it cannot be absolutely necessary to have recourse to the forceps or lever more frequently than once in 300, or, at most, in 250 cases. (*h*) And Dr. Davis (junior), improving on this rule, only used the forceps seven times in 7,371 deliveries—that is, once in every 1,053 labours. (*i*)

Dr. Churchill's statistics, published in the last edition of his "Theory and Practice of Midwifery," shows a great increase in the number of forceps operations in British practice within the last twenty-five years. Thus, in the tables published in Dr. Churchill's "Researches on Operative Midwifery," in 1841, it is stated that in Great Britain out of 42,196 cases of labour, there were 120 forceps cases, or about 1 in 351; while in France the proportion was 1 in 162, and in Germany 1 in 153. (*j*) But in the same

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(*a*) Adams's Translation of the Works of Paulus Ægineta. Syd. Soc. Ed. Vol. i:, p. 652.

(*b*) Osborne, "Essays on the Practice of Midwifery." Essay iv., sect. i. London, 1795.

(*c*) Denman, "Midwifery." Vol. ii., p. 390.

(*a*) Merriman on "Difficult Parturition." P. 165.

(*b*) Gooch, "Practical Compendium of Midwifery." P. 210.

(*c*) Collins, "Practical Midwifery." P. 18.

(*d*) Dr. Collins, "Midwifery." Appendix. P. 56. Dublin, 1845.

(*e*) Drs. McClintock and Hardy, "Practical Observations on Midwifery." P. 95. Dublin, 1848.

(*f*) Drs. Johnston and Sinclair, "Practical Midwifery." P. 163. London, 1858.

(*g*) Dr. Halahan, "On the Forceps in Difficult Labour." Pp. 5 and 6. Dublin, 1864.

(*h*) Dr. Davis, "Elements of Operative Midwifery." P. 259.

(*i*) Dr. John Hall Davis, "On Difficult Parturition." P. 51. London, 1858.

(*j*) "Researches on Operative Midwifery." By Fleetwood Churchill, M.D. P. 133. Dublin, 1841.

author's work, published in 1866, we learn that the proportion of forceps cases in British practice has risen to 1 in 171, while in France it is now 1 in 140, and in Germany 1 in 106. (*a*)

In British midwifery practice, where the operation is less frequently performed than it is abroad, the results of the operation are not so satisfactory as they are in France and Germany. In the former, Dr. Churchill shows that 1 in 29 of the mothers, and 1 in 5 of the children, were lost; while in the latter the mortality of the mothers is only 1 in 35, while that of the children remains about the same. In private practice the mortality is much less, however, than in the foregoing cases of forceps operations which occurred in the practice of large public institutions, only 3 mothers and 68 children having been lost in 577 forceps cases in private practice. Dr. Churchill, in 99 forceps cases, only lost two of the mothers, and both died of puerperal fever which prevailed at the time. (*b*) Dr. John Beatty used the forceps in no less than 111 cases with the most perfect success, and did not lose a single patient by it. (*c*)

In Dr. T. Beatty's memoir on the forceps, published in the *Dublin Medical Journal*, vol. xxi., we find that in all the cases he operated on—15 in number, "the operation was performed with complete success, as far as the mother was concerned;" seven of the children were born alive and eight dead; "but of these six were born under circumstances that would have caused a similar result independently of the operation. Since that paper was published—from 1842 to 1866—Dr. Beatty tells us he had recourse to the forceps thirty-five times in his private practice. Many of these forceps cases were first labour, and in twenty-eight cases the children were delivered alive; the other seven were dead." (*d*)

I have myself applied the forceps in 38 cases. In only one of these was the child born dead, and there was evidence of its death before the forceps was applied. Two of the mothers died, but one was moribund from puerperal convulsions when the operation was performed, so that in reality in only one case could the patient's death have been by any possibility ascribed to the application of the forceps, and in that one case the woman had been for many months before her confinement a patient of mine, suffering from dropsy and albuminuria, and after death the kidneys were found extensively diseased.

So much for the statistics of this operation, and dry as these figures must, I fear, seem, yet I venture to think that at any rate what has been just said will be of great service if it only impresses on your minds the fact that the application of the forceps is, *per se*, a comparatively safe operation, both to the mother and child. Thus, in forceps cases, even under unfavourable circumstances, only one in thirty-four of the mothers is lost, whilst in craniotomy cases, not only are all the children destroyed, but, moreover, one in every five of the mothers is lost.

The midwifery forceps is a tractor, a compressor, and a lever of the first order, the fulcrum of each blade resting in the handle of the opposite blade. There are two principal varieties of forceps—namely, the long and the short forceps. The latter are generally employed in ordinary cases, and I shall first describe the instrument which I prefer myself, and point out its uses and mode of application.

The forceps I employ differs in several respects from the short forceps generally used, and has been made by Mr. White, of Sackville street, in accordance with my directions. The measurements of this forceps are as follow: Length of instrument, 10½ inches; length of blades, 6¼ inches; length of handle, including lock, 4 inches; widest space between blades when locked, 2⅞ inches; interval between points, 1¼ inches. The curve of the blades is very gradual, and commences half-an-inch above the lock, the space between which and the commencement of the curve of the blades is bevelled internally, and bent slightly outwards to form a space for the finger of the operator. The blades are only one inch and a third at their widest point, and which is just three inches and-a-half from lock. They are tapered very gradually to and from this point, and are fenestrated as nearly as possible throughout their entire length, and as thin as is consistent with strength. Special care has been paid by Mr. White to the avoidance of any sharp edges or points. The handles are checker-worked in the old fashion, and the total weight of the instrument is only eight ounces and a quarter.

The modifications introduced into the construction of this forceps, trivial as they may appear separately, are, I venture to think, of advantage in facilitating the application and use of the instrument. The fenestra being very wide in proportion to the width of the blades, the rims of the fenestra are much thinner than is usual, so that when the forceps is applied to the head, the protuberances of the parietal bones projecting through the fenestra almost completely project over and conceal the rims, so that there is less probability of the maternal structures being injured during the extraction, being in closer contact with the child's head than is the case when the ordinary forceps are used.

My chief dependance on the forceps is as a simple tractor rather than as a lever or compressor. The ring between the locks, into which the forefinger of the right hand is introduced during extraction with my forceps, will be found of material aid to the operator, and I generally rely mainly on this, and seldom find it necessary to use any degree of power with the handles.

This forceps, moreover, fits the fœtal head closer than any forceps I have used, and is, therefore, less liable to slip, being so curved that the blades are in close apposition with the head throughout their entire length, and exercise an equal degree of pressure on every part of it with which they are in contact. In some of the modern forceps on the table you observe that the blades are so sharply curved that the instrument is in contact with the head at two points only, on which, therefore, an injurious degree of pressure must of necessity be made.

The shortness of the handles makes the application of the forceps much more facile to the operator, and the instrument is, of course, more easily carried, occupying less space than Beatty's, Churchill's, or any other short forceps commonly used, and can be more readily slipped on without making an unnecessary parade of your instruments before the patient's friends, although you should never, if possible, apply the forceps without a consultation, nor without apprising the patient that you are about to assist her.

Pressure on the child's head beyond a safe limit is guarded against by the lesser strength of the blades and shanks of this forceps, which only admits of a limited degree of compressing power being used.

The compressing power of the forceps is generally supposed to be very limited, and the experiments of Baudeloque are generally quoted as being conclusive on this point. This eminent obstetrician performed nine experiments on the heads of still-born children with Levret's forceps. In one case the instrument bent in reducing the head only two lines; in the next the sutures were torn, and the brain escaped by compressing the head three lines; in two cases in which the sutures were loose, he reduced the head four lines, and another case four lines and-a-half; in the seventh experiment three lines; and in the eighth, two lines of space were gained. (*a*)

These experiments, however, do not appear to me to justify the opinion as to "the limited power of the forceps when used as a compressing instrument," (*b*) which Dr. Murphy and other recent writers join with Baude-

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(*a*) "Theory and Practice of Midwifery." By Fleetwood Churchill, M.D. P. 370. London, 1866.

(*b*) Dr. Churchill, "Theory and Practice of Midwifery." Fifth Edition. P. 374.

(*c*) Dr. John Beatty, "On the Use of Instruments in Cases of Difficult and Protracted Labour." Dublin Medical Transactions. 1830.

(*d*) "Contributions to Medicine and Midwifery." By T. E. Beattie, M.D. P. 123. Dublin. 1866.

(*a*) Baudeloque, tome ii., p. 17.

(*b*) Dr. Murphy's Lectures on Parturition, p. 156.

b

loque in expressing. By Baudeloque's own showing, he was able to compress the fœtal as much as half an inch in three out of nine cases, and, as was long since pointed out by Dr. Rigby,* the pressure which is gradually employed by the forceps properly applied to the head of the living child, the plastic properties of which are so vast, will produce very different results from the violent and sudden force applied by Baudeloque to inanimate structures.

We now proceed to consider in what cases the instrument I have just described may be employed. These cases we will consider one by one, but before doing so I shall point out the general principles on which we act in applying the forceps. This instrument is indicated in cases of natural presentation, in which any danger from delay in the second stage of labour either exists, or is threatened to the mother or to the child. In other words, the forceps may be applied in such cases whenever there is a well-founded conviction that without assistance the labour will not terminate favourably for the mother or child, not only with regard to the safety of the lives of either, but also with regard to the safety of the organs, which in either would be injured by the labour being further protracted.

(To be continued.)

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Original Communications.

SEQUELÆ OF OTITIS.

By J. Birchenall, M.R.C.S., Macclesfield.

Mrs. B., aged fifty-four, previously in tolerable health, was seized in the early part of December, 1846, with acute otitis, which yielded after a time to leeching, blistering, &c. As the weather was variable and cold, she kept her room during her first week of convalescence; but on Christmas day, contrary to my instructions, came down into the dining-room and sat with the family to dinner. Among other things she partook of roasted goose, was sick in the course of the day, complained of chilliness, and went early to bed.

On my visit next morning, I found her again suffering from acute pain in the ear, with a return of febrile symptoms. In this instance the complaint did not yield to the previous treatment, nor yet to a course of calomel and opium.

The symptoms gradually assumed a grave and unpromising aspect: there was insomnolence, with a highly excited expression of countenance; great restlessness and delirium; incoherent chattering; angry crimination and scolding of her attendants: all this was followed by the frequent utterance of very obscene language, and the most profane execrations of both her husband and his two daughters by a former wife—two amiable young ladies, to whom she had always been greatly attached. On the sixth or seventh day the frenzied excitement was succeeded by a faint muttering; there were rigors, followed by constant jactitation of the lower extremities; the body rigidly maintaining the supine posture; and death supervened on the tenth day of the relapse.

The *post-mortem* revealed a reddened and highly injected condition of the arachnoid and pia mater, over the entire cerebral surface. There was some effusion into the ventricles, and pus at the base of the skull, behind the os petrosum on the side affected, which was also diffused over the lower surface of the cerebral hemisphere. The spinal column was not exposed, as I had to prosecute the investigation alone, by the express desire of the family.

I may observe, that my patient had always maintained a virtuous demeanour; had been piously disposed from early life; and was, up to the period of her death, an accredited and estimable member of a Christian church.

The case is interesting psychologically, as indicating how closely our mental and moral affinities are allied; and, in a medico-legal point of view, the well-defined succession of the latter class of phenomena points to the conclusion that moral insanity is dependent upon antecedent intelligential derangement; consequently, that outrages and crimes which are the result of violently excited moral sentiments are not to be regarded as the acts of an irresponsible agent unless they have been preceded by morbid mental associations.

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COMPLETE ABSENCE OF ANUS WITH RECTUM OPENING INTO VAGINA.

By Dr. Garland, Newry.

On July 27th, 1869, Mrs.—— brought for my advice a female child, æt. three months, suffering from imperforate anus. On examination, I found that the obstruction was not of the membranous form, but that the rectum for a considerable distance was blocked up with a dense mass of fibro-cellular structure, and communicated with the vagina, through which the contents of the bowel escaped. I advised an operation as the only alternative for a speedily fatal issue, or at best a brief but miserable existence. The mother consented, and I had the satisfaction of assisting Dr. Morrison, of this town, who, by cutting down on the point of a bent probe, introduced into the *cul de sac* of the rectum through the vagina, opened the gut at the depth of about two inches from the surface; thus making an artificial anus with a moderate amount of hæmorrhage. I need scarcely say that the operation was performed with that skill and dexterity which Dr. Morrison is well known to possess.

Finally, a conical plug was inserted in the rectum, and the mother instructed as regards its manipulation. The case has gone on most satisfactorily from the beginning up to a recent date. The fæces are passing through the natural channel, while the abnormal opening in the vagina seems to be rapidly closing.

Mr. Erichsen takes a gloomy view of these cases of *complete absence of anus*, and says, "It commonly happens that death results in a few days from irritation occasioned by the absorption of the excreted fluids."

I think this case is worthy of record and should encourage others to operate as the *dernier réssort* under similar circumstances.

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Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

Edited by W. Thornley Stoker, M.D., L.R.C.S.

JERVIS STREET HOSPITAL.

Blood Poisoning and Inflammation of Lymphatics. Tonic Treatment.

Under the care of Mr. Stapleton.

(From the Notes of Mr. Mulligan, Resident Pupil.)

Patrick C., æt. eighteen, a labourer, of slight muscular habit, occupied in attending cattle, was admitted into Jervis Street Hospital, May 2nd, 1869, suffering from diffuse inflammation of an erysipelatous character, spreading over the right side of his face.

At the time of his admission he was in a weak feverish condition, with much constitutional disturbance; his tongue was dry and furred; his pulse rapid and weak; his respirations frequent; his voice indistinct; and his speech impaired. The lower lip was enlarged and prominent, and of a deep purple colour. The next morning the upper lip became also enlarged. A small pimple was detected on the lower lip. There was great effusion about the eye of the affected side. The superficial lymphatics were inflamed, streaks of a bright red colour being visible, corresponding to their situation in different parts of the body. On passing the finger into the mouth, the cheek was found to be enormously thickened, and at first the mass was supposed to have opened into the mouth, owing to a deceptive condition caused by the portion of the cheek where the opening of Steno's duct tied it down, not swelling like the surrounding parts, and simulating to the touch the character of a considerable opening into the tumefied cheek.

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* Dr. Rigby, "Midwifery," p. 162.

No history of purulent infection could be obtained ; but he stated that on Sunday, about a week previous to his admission, he noticed a small sore pimple beneath the lower lip, which on the next day became more painful and irritable. He then suffered from nausea and headache, and was troubled with an uneasy warm sensation in the right side of his face. He went to work on Tuesday, but the pain and swelling increased so much, that on Wednesday he was obliged to keep his bed, and finally, finding himself getting worse, he came into hospital on Sunday.

On the day of his admission he was seen by Mr. Stapleton, who ordered him a mixture containing chlorate of potass and bark, and, his throat being sore, a gargle containing the tinctures of myrrh and bark, and chlorate of potass.

For some days the side of his face continued to increase in size, the same medicines were continued, and a sulphate of iron lotion was kept constantly applied to the affected part. The upper eyelid being much swollen by serous effusion was scarified, and, together with the cheek—which remained very tender—was poulticed and fomented. His condition did not improve; he was feverish, suffered from severe rigors ; his respiration was hurried ; his pulse quick and weak ; he passed restless nights ; sweating profusely. Bed sores began to form in different parts of his body.

Being in this condition, Mr. Stapleton gave him large quantities of nourishment, he got as much as eighteen eggs and several pints of rich egg-flip in the day, and under this dietetic treatment he rapidly improved ; the shiverings ceased ; the pulse went down ; the skin resumed its natural temperature ; his voice got stronger ; and the swelling and tenderness about his face became less. He continued to mend until May the 22nd, when unfavourable symptoms were again noticed ; his pulse rose from 75 to 100 ; his tongue was covered with a brown fur ; the shiverings and perspirations returned ; he was drowsy and heavy during the day, and restless and wakeful during the night, he was ordered the bark and chlorate of potass as before. Some swelling remained still over the right eye.

May 24th.—Pulse 120 ; tongue covered with fur ; coagulated blood passed from the nose. The night sweats continuing, he was ordered twenty grains of muriate of quinine in half an ounce of muriated tincture of iron—twenty drops every sixth hour.

He now began gradually to mend, and on the 6th of June was sufficiently well to leave for extern treatment, and change of air. About fourteen days after his discharge he was seen by Mr. Stapleton, who opened a large abscess, which had formed near the great trochanter.

On the 4th of August he was readmitted, the enlargement over the eye remaining. A few days after his reception, he had a fit of an epileptic nature. The tumour on the forehead was opened on the 11th August, and the frontal bone underneath found to be in a state of necrosis. Some matter made its escape, and a portion of necrosed bone was removed. Mr. Stapleton directed that he should get a mixture containing iodide of potassium and liquor potassæ with bark.

He is still in hospital, but is rapidly convalescing, the wound over the right eye progressing favourably, and no ill symptoms showing themselves.

Transactions of Societies.

THE PHARMACEUTICAL CONFERENCE.

The Sixth Annual Conference has been held at Exeter.

Professor **Attfield** read the annual report, congratulating the members on the continued prosperity of the Society. At the last annual meeting the number of the members amounted to 562, and at the time the report was written they numbered 620, and by those just elected their numbers must be increased to 670 or 680. (Applause.) The income was also in excess of the expenditure by about £80. (Renewed applause.) The question had been debated by the Committee during the past year whether they should or not issue a year book or annual report on the progress of Pharmacy, and a sub-committee had been appointed to consider the question in all its details, and that Committee reported that they considered that a subscription of 5s. a-year would be sufficient to cover the cost of the publication. The Treasurer's (Dr. Brady's) report showed a balance in hand in August 1868, of £35 15s. 7d., £123 15s. had been received in members' subscriptions. The expenses included the cost of printing the proceedings, £24 10s. ; contributions towards the expenses of the Norwich Meeting, £25 ; and some smaller items, leaving a balance in hand of £79 10s. 1d. The Treasurer announced that he estimated the amount of the subscriptions now due at £91 15s. The reports were unanimously received and adopted, and the members passed a hearty vote of thanks to the Secretaries and the Treasurer, for the manner in which they had conducted the business of the Society.

The **President**, after announcing that deputations from various chemists' associations in the country were present, delivered the inaugural address, observing that their sixth anniversary brought them to Exeter to find there a welcome no less cordial and fraternal than they had experienced on many previous occasions. The President then passed in review the events of the year in connection with Pharmacy, observing that the Pharmacy Act had come into operation since they last met, and in London they had found very little difficulty in complying with its provisions, and its tendency was advantageous to public safety and convenience. A very great stimulus had been given to improved education which such a measure as the Pharmacy Act would infallibly prove. Its effects were even now apparent, for in no previous year had he seen the laboratories at Bloomsbury square filled with more learned and intelligent students. The President remarked, with regard to the sale of poisons, that it was remarkable that no law should have been passed to regulate it in this country, till the Arsenic Act was passed in 1851, but in France so far back as 1353, nearly 500 years before, a law was passed to regulate the profession of apothecary and herbalist, and to subject their shops to inspection. The President quoted some curious extracts from this enactment, and then spoke of the public recognition of the services of Mr. Sandford to the cause of pharmaceutical education, plate to the value of £200 having been given to that gentleman by members of the Pharmaceutical Society in May last, and the balance of the amount subscribed was to be expended in a portrait of Mr. Sandford to be placed on the walls of the institution for which he had laboured with so much devotion and success. The President then passed in review the progress of scientific Pharmacy for the year, especially noticing the labours of Mr. John Eliot Howard, on the chemistry and physiology of Cinchona as shown in his recently published work on the Quinology of the East Indian Plantations. The President gave some interesting facts in connection with this subject, alluding to the so-called *mossing process* which seemed to be destined to play an important part in cinchona culture. This process consisted in covering the stem from which a strip of the bark had been removed with moss.* The wood thus laid bare exuded a delicate cellular tissue, having the appearance of minute gelatinous drops, which gradually increased and hardened, and ultimately formed a new layer of bark. An interesting fact in connection with this new bark was, that it was richer in alkaloids than that which it replaced, and the bark of the second renewal was richer than the first, and the third than the second. This increase of the alkaloids was considerable—in some cases almost double—and it was also stated that the bark of the third renewal was better fitted for the extraction of quinine than normal bark, and yielded its alkaloid in a state in which its purification was singularly easy.

The President then passed in review the labours of Mr. Broughton, in the same field, for the Madras Government, of Mr. Lefort in the comparative examination of the Ipecacuanha of Brazil and that of New Granada; and also spoke of the method of distilling the various herbaceous plants of this country, and concluded by noticing the various subjects which were to engage the attention of the meeting.

Papers were then read by Mr. E. Smith, of Torquay, on Pharmaceutical Responsibility and Remuneration, which provoked the longest and most animated discussion of the session; by Mr. Carteigh, on Syrup of Iodide of Iron; on Distillates, by Mr. Ince; on the Preparation of Lard in Pharmacy, by Mr. Edward Smith; on the Spectrum Analysis, as applied to Pharmacy, by Mr. Stoddart; on Syrup of Phosphate of Iron, by Mr. T. B. Groves; and on Ipecacuanha, by Dr. Atfield.

Mr. Evans called the attention of those present to an engraving of Mr. Jacob Bell, which hung over the President's chair, and said that it had been engraved with the intention of applying the fund raised by the sale of copies to the foundation of a scholarship, or prizes for encouraging the study of Pharmacy.

The committee on a year book had considered two plans—one was the offer of a publisher to publish the work for £200, and allow the society 1,000 copies of the work for that sum, and the other was to publish the book on their own responsibility, at a cost of £250. It was resolved to accept the latter alternative. A paper was read by Mr. G. F. Schacht, of Clifton, on "The Opportunities for Scientific Education in the Provinces." By the provisions of the New Pharmacy Act, all young men entering the business of chemist and druggist may be educated, to a certain point, in chemistry and botany, and great difficulty was experienced in small places, in obtaining instruction in those sciences. Mr. Schacht calculated the number of young men thus requiring instruction as 1,693 in every year. For these, full opportunities for instruction existed in only 29 towns, and inferior opportunities in only about 88 more, leaving a large number, even of towns, unprovided with the means of scientific education. Mr. Schacht recommended the establishment of Local Pharmaceutical Societies; a system of readings in chemistry, such as he had given at Clifton, and the employment of science and art teachers in those places where Government Science and Art Schools existed.

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BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

We last week gave a full report of the Presidental address, which, as a summary of what has been done in the whole realm of science during the year, is always looked upon as of the first importance, and naturally takes precedence of the Sections. Amongst these latter Chemistry and Biology are the most intensely interesting to our Profession. This year there was no address in the Biological Section, but in that devoted to Chemical Science, the President, Dr. H. Debus, F.R.S., F.C.S., delivered a most interesting one, of which we proceed to give an abstract:—

ADDRESS OF PRESIDENT OF CHEMICAL SECTION.

Dr. Debus said: I believe it has been the custom with many of my predecessors in this office to place before the members of the British Association a report of the progress of Chemistry during the year preceding their election. In attempting to follow their example, I soon found that it would be impossible for me, without making too great a demand upon your time, to give even a bare outline of the more important chemical work done during the year. A science, the report of whose yearly advances fills about 1,000 large octavo pages, cannot by any powers of mine have its progress chronicled in an address of half an hour's duration. The best course open to me, under such circumstances, is to direct your attention to the ideas which at present guide chemists in their researches; to place in a clear light the objects they are striving to attain; and to indicate the direction of the scientific thought of our time. To do this is by no means an easy task; for the more manifold and diversified the objects of a science become, the more numerous and extensive its relations with other branches of knowledge, the more difficult it becomes to draw a picture of its actual condition. It is always an excellent recommendation of a theory or hypothesis when, among the cultivators of the science to which it pertains, very little difference of opinion exists as regards its admissibility and scientific value. This is in a high degree the case with regard to the atomic theory. The vast majority of chemists, I believe, accept this theory as the most suitable exponent of the fundamental truths of their science; and certainly if the quality of the tree may be judged by its fruit there is no other view which furnishes a clearer image to our minds of the chemical constitution of bodies, and at the same time conduces to the discovery of as many important facts and relations. On Dalton's profound hypothesis all bodies are supposed to be composed of atoms of infinitely small dimensions. But these atoms are supposed not to be single: two or more of them are held together by certain forces, and thus constitute what is called a molecule. One atom of carbon, one atom of calcium, and three atoms of oxygen, joined together by the force called chemical affinity, constitute a molecule of carbonate of lime. Vast numbers of such molecules bound to each other by the force of cohesion form a visible piece of chalk. If a chemist wishes to examine a body, his first endeavour is to ascertain of what sort of atoms the body is formed. This is a mere matter of experiment. He next determines how many of such atoms are contained in each molecule of the body; and finally he ascertains how these atoms are arranged, or, more correctly, combined within the molecule; for it is quite clear that a substance like saltpetre, which contains one atom of nitrogen, one of potassium, and three of oxygen, may have these atoms arranged in very different manners and still have the same composition. We might assume the potassium and nitrogen in more intimate union, nearer to each other than they are to oxygen, or we might consider nitrogen and oxygen more closely packed together, and, so to speak, attached as a whole to the potassium; in both cases, saltpetre would have in each molecule the same number of atoms, and the weight of the molecule would be the same. The three determinations just mentioned are of fundamental importance to the chemist; not that such inquiries are the only ones which interest him, for we shall in the sequel notice others of almost equal importance. Nor must it be supposed that questions of this nature are of quite a modern date; for Leucippus, 500 B.C. appears to have sought to explain the nature of things by the assumption that they are formed by the union of small particles, which latter received the name of atoms from Epicurus. It is true the notion of atoms as conceived by the Grecian philosophers is not quite the same as ours, but their speculations contain our notions pretty much in the same way as the acorn contains the oak tree. The determinations of the quality of the atoms in a molecule, or the analysis of the latter, has not undergone many changes during the last few years, and the same may be said about the finding of the relative weight of a molecule, or the determination of the number of atoms which are contained in it. With regard to the latter point, however, it may be mentioned that Avogrado's hypothesis, according to which equal volumes of gaseous substances, measured at the same temperature and pressure, contain the same number of molecules, guides us chiefly in assigning to each molecule its relative weight and its number of atoms; this hypothesis has won more and more the confidence of chemists, and it is now admitted to hold good in nearly all well-examined cases. Our views relative to the manner in which atoms are arranged in molecules, and our methods of ascertaining this arrangement, have, however, undergone great alterations and received great additions during the last ten or fifteen years. To a consideration of these changes, I will now, for a short time, invite your attention. Since our modern views, however, originated in a great measure in the study of organic bodies, and since the majority of chemists now devote their time and labour thereto, I shall confine my remarks principally to the organic branch of the subject. Eighteen years ago, Professor Williamson read before the members of this Association a remarkable paper which contained the germ of our modern chemical views, and was the cause of many important discoveries. He proposed to regard three large classes of bodies, acids, bases, and salts, from the same point of view, and to compare their chemical properties with those of one single elected substance. For this term of comparison he chose water. Now water is composed of three atoms, two of hydrogen and one of oxygen. Williamson showed that all oxygen acids, all oxygen bases, and the salts resulting from a combination of the two, can, like water, be considered to be composed of three parts or radicals, two of the radicals playing the part of the hydrogen atoms in water, and the third that of the atom of oxygen. Potassic hydrate is water which has one of its atoms of hydrogen replaced by an atom of potassium, hydric nitrate is water which has one atom of hydrogen replaced by nitric oxide, and potassic nitrate is water with one of its hydrogen atoms replaced by nitrate oxide and the other by potassium. This speculation, as every chemist knows, is well supported by experiments; it embraces three large classes of bodies which till then had been considered as distinct. Mr. Gerhardt, in 1853, extended Williamson's views by distinguishing two other types of molecular structure represented respectively by hydrogen and ammonia; and succeeded, by help of the radical theory, in arranging the majority of the then known substances under one or the other of the three types already mentioned. Like every theory which is in harmony with experience, the above considerations led to results of unexpected importance. For it soon became apparent that the radicals which thus replace hydrogen in water are not at all of the same chemical value. The learned gentleman entered into an elaborate and technical explanation in proof of this statement, and then went on to say:—Thus every year produces results which improve our conceptions of the atomic and molecular constitution of bodies. And as our knowledge improves, new questions suggest themselves, and our power over the elements increases. It has already become possible to prepare in the laboratory bodies of a very complex character, and which a few years ago were only found in the bodies of animals or plants. Alizarin, the beautiful compound of the madder root, has been obtained by artificial means in the course of the year by Messrs. Liebermann and Græbe. Results of such a nature render it highly probable that, at no distant period, it will be in our power to prepare artificially nearly all, if not all, the substances found in plants and animals. Here I must not be misunderstood. Organic structures, such as muscular fibre or the leaves of a tree, the science of chemistry is incapable of producing, but molecules like those found in a leaf or in the stem of a tree, will no doubt one day be manufactured from their elements. I must not conclude this address without reference to two or three papers of great importance. Professor Bunsen, of Heidelberg, has published a paper on the washing of precipitate. Every one acquainted with practical chemistry knows how much time is often lost in waiting for a liquid to pass through a filter. Bunsen found the rate of filtration nearly proportional to the difference between the pressures on the upper and lower surfaces of the liquid. If, accordingly, the funnel be fixed air-tight by means of a perforated cork to the neck of a bottle, and the air exhausted in the bottle, the liquid will run faster through the filter in proportion to the diminution of the pressure in the bottle. Comparative experiments, some made according to the old, and others made according to the new method, showed that the filtration, washing, and drying of a precipitate, which took seven hours by the old plan, could be performed by filtration into an exhausted bottle in thirteen minutes. But a saving of time is not the only advantage of the improved method of collecting and washing precipitates. A more perfect washing, with less water than is required by the common way of proceeding, is by no means the least recommendation of Bunsen's ingenious method. A very important paper has been published by Professor Liebig on the improvement of the nourishing qualities of bread. Certain quantities of phosphates and other salts form necessary ingredients of wholesome food. Now, it is well known that most of these salts, which naturally exist in wheat, remain with the husk. Liebig proposes to add salts, of a nature similar to those remaining in the husk, to the flour, and at the same time to substitute for the carbonic acid developed by fermentation gas liberated from sodic carbonate. The bread prepared according to Liebig's recommendation is said to be of excellent quality, and to exceed in value bread made by the ordinary method. Mr. Graham, of Her Majesty's Mint, has continued his researches in the absorption of hydrogen by palladium. Palladium appears to be able to absorb more than 900 times its volume of hydrogen, and to form a combination which consists of nearly equal equivalents of the two elements. Hydrogenium, as Mr. Graham calls the combined hydrogen, acts in this case like a metal, and thus the opinion held by some scientific men, that hydrogen constitutes the vapour of a metal, receives confirmation. The specific gravity of hydrogenium, as contained in the alloy, was found to be 1·95. These experiments are remarkable in more than one respect. The palladium which absorbs and combines with the hydrogen, does not change its state of aggregation, but remains solid and expands as if it had been heated. The nodules of the palladium have consequently changed their relative positions, and combined with hydrogen, whilst the continuity of the metal remained intact. The last paper to which I have to draw your attention is to the beautiful paper by Professor Tyndall, on a new method of decomposing gaseous substances by means of light. Tyndall's experiments bring us face to face with the motions of atoms of molecules, and the relation of these motions to chemical decomposition. They will no doubt, at some future time, furnish valuable materials to chemical dynamics.

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Literature.

A HISTORY OF CHEMICAL THEORY.*

THE first of these is the introduction to M. Wurtz's "Dictionary of Chemistry." Mr. H. Watts viewing this as an important monograph, of which we have no exact counterpart in the English language, has presented it to us in our native tongue. It is no great compliment to say that, from many circumstances, there could not be a fitter translator.

As we have already reviewed this introduction in the original language, it is only necessary to notice the editor's share in the work. Mr. Watts, in his Preface, is obliged to offer a sort of an apology for what he terms "the national partiality." We were, perhaps, the first to call attention to this marring of a valuable book by the use of illiberality, and our ideas have been forcibly endorsed by subsequent reviewers. If this bias culminated in such sentences as "chemistry is a French science," &c., it would be very unimportant; but the more we have become acquainted with this book, the more we are convinced that *M. Wurtz's chemistry is simply French chemistry*, and that he has not sufficiently studied universal chemistry.

The text of the original is literally and carefully translated in the present edition without comment or omission. The editor has, however, added his remarks in notes, which he keeps distinct from the original notes by marking with letters instead of numerals. The first of them is a long one, in which he proves that the statement that chemistry, as a science, was founded by Lavoisier, requires some qualification. He also says the first great generalisation of the facts of chemistry was undoubtedly the phlogistic theory of Stahl. Now, this theory took no account of the relation of weight between a combustible body and the products of its combustion, directing attention exclusively to the visible phenomena, the evolution of light and heat, attending the process; and it was, perhaps, by a natural reaction that, when the real nature of the change and the great importance of the increase of weight experienced by the burning body had been brought to light by the discoveries of Lavoisier, the attention of chemists should for a considerable time have been chiefly directed to their ponderal relations, and that even the good and valuable points in the phlogistic theory should have been, for the most part, overlooked. But, on viewing these phenomena by the light of recent investigations, it must be admitted that the thermal changes attending the process of combustion are quite as important as the ponderal changes.

Even those who are the happy possessors of the "Dictionnaire de Chimie" should get this English version of the introduction. It is an invaluable accompaniment.

The first five parts of M. Wurtz's "Dictionary" give us a very good idea of the character, scope, and value of the work. As regards the arrangement, the publishers state in their advertisement that the work is not, properly speaking, a dictionary—that is to say, it is not merely a vocabulary containing words and their definitions, but it is a collection of monographs upon the different objects of the science. The alphabetical arrangement would appear to be the only point of resemblance to the dictionary form. There are eighteen collaborators, who are, however, under the generalship of M. Wurtz (*"une grande unité de rédaction."*)

This little army contains certainly the cream of the French chemists, if we except MM. Dumas, Berthollet, and a few others. It consists of—Bouis, Caventon, Ph. de Clermont, Debray, Deherain, Delafontaine, Friedel, Gautier, Grimaux,

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* "A History of Chemical Theory, from the Age of Lavoisier to the Present Time." By A. Wurtz. Translated and Edited by H. Watts. London: Macmillan and Co. 1869.

"Dictionnaire de Chimie, Pure et Appliquée." Par A. Wurtz. "Histoire des Doctrines Chimiques depuis Lavoisier, &c., et 1er à 5e Fascicule." "Abichite" à "Ceruse." Paris: L. Hachette et Cie 1868 and 1869.

Hautefeuille, Kopp, Lanth, Le Blanc, A. Naquet, Salet, Schutzenberger, Roost, and Willan.

They all seem to have borne the heat of the work, and to have done their share. There is no doubt that this important book has been suggested by "Watts' Dictionary of Chemistry" (published within the last few years in England), which it follows closely in the general outline and arrangement. We have no doubt that the desirability of possessing a similar work in France was stimulated by the deserved success of the first-named book. M. Wurtz's "Dictionary" possesses, however, one radical difference, which is a decided advantage. It is a dictionary "*pure ct appliquée*," and equally devoted to technical and theoretical chemistry.

We cannot speak too highly of the illustrations, which are excellent and most useful in such articles as require description of furnace or still arrangement. Also, the great superiority that our French neighbours' drawing of crystals exhibit to the unsatisfactory outline sketches given in our works on mineralogy. Here all the crystals are drawn in perspective and are artistically shaded. The value of such a mode of illustration is at once evident.

The following are some of the most important articles in the number received:—"Acids" and "Amines," from the pen of M. Naquet. "Alcohol" and "Steel" are articles well written and well illustrated. "Alcoholimetry" is rather meagre. Under this head is given a list of these compounds: —Aniline, Alkaloids, Assimilation, and Atomicity, &c.—the last an excellent series of articles by M. Wurtz. Also we may specially mention Benzol, Bile, Bleaching, and Carbon.

MENTON AND SAN REMO.*

We are here presented, from the hands of a well-known author, with a small but sensible volume on Menton and San Remo, two of the foreign winter health resorts which seem to have a really sound and good reputation.

The short description of Menton given in the first few pages of Dr. Edwin Lee's book is concise and to the point; and it is with regret that we find so good a writer and describer breaking off for the sake of slipping in a highly-coloured description of "secluded valleys" and "mountain torrents." Perhaps, however, our writer may elect thus to change from the plain to the poetical, and, at any rate, we must allow that all his very numerous quotations from authors seem to us well and wisely chosen.

In the description of San Remo we are pleased to find Dr. Lee familiar with the well-written and highly-interesting pamphlet of Dr. Prosser James, published some years ago, when San Remo was but little known.

For our own part, while experience obliges us to speak favourably of Menton as an eminently good winter residence for many phthisical invalids, we have a preference for San Remo as being less confined and more bracing than Menton, while at the same time it is warm and free from cold draughts.

The second half of Dr. Lee's work consists of very good advice in the selection of a winter climate. The importance of exercise in a dry bracing air is thoroughly insisted on; people are to be taught that *the risk they run is in staying in-doors, not in going out.* Another recent writer on the climatic treatment of consumption† has strongly urged this point of exercise out of doors as being the nearest approach we have as yet found to be a specific for the cure of consumption. Our own experience is entirely in accordance with this; indeed, we should say the surest way to make consumption inevitably fatal would be to shut the invalid up in one room and give him plenty of cough mixtures of opium, squills, tartarised antimony, and so forth. This is the way consumption was treated formerly, and is too often treated now, and no wonder at its being called the *scourge of our race.* We are, however, wandering away from Dr. Lee and his book. A few pages at the end of the work are devoted to a short notice of Porto Maurizio, a small seaport near San Remo, to which Dr. Lee had his attention drawn by Dr. Panizzi last winter. Porto Maurizio seems worthy some attention as a seaport, and possesses already a certain amount of accommodation for visitors.

Dr. Lee's book is by no means an expensive one: it is simply got up, as if intended for use; and, seeing the amount of information it contains, both respecting Menton and San Remo, as well as on climatic influences generally, we recommend those to read it who are intending a sojourn in the district of the Riviera during the coming winter.

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* "Menton and San Remo; with Observations on the Influence of Climate, having Special Reference to the Climate of the Riviera." By Edwin Lee, M.D. Second Edition. London: W. J. Adams, 59 Fleet street. 1869.

† "Climatic Treatment of Consumption." By John C. Thorowgood, M.D.

◆

Summary of Science.

By C. R. C. TICHBORNE, F.C.S., F.R.G.S.I., ETC.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

ON THE BOILING OF LIQUIDS.—MEANS FOR PREVENTING BUMPING.

Hugo Müller says that Pietro Pellogio's processes for the above purpose are quite ineffective. M. Pellogio's method consists of a moderately-wide glass tube passing nearly to the bottom of the retort, the upper end being bent at right angles, and draw, out into a capillary tu be. E. Winkelhofer has proposed for the same purpose the application of an electric current. M. Müller says that the most satisfactory mode is to introduce through the cork in the tabular of the retort a glass tube, which is drawn out to a capillary tube, and pressed tightly to the bottom of the retort. The upper end of the glass tube is connected by an indian-rubber tube with a generator of carbonic acid, hydrogen, or gas-holder containing air. Under these conditions all bumping is avoided, and the distillation proceeds with the utmost facility. For ordinary purposes, the author introduces into the liquid about to be distilled a small fragment of sodium amalgam, or in cases where the liquid is acid, a small piece of sodium tin.

Methylic alcohol is well known to be one of the most difficult liquids to distil; yet, on the introduction of a minute piece of sodium amalgam or sodium tin, it can be distilled with perfect steadiness, and without exhausting the sodium tin.

The action of these substances is due to the minute but continuous disengagement of hydrogen gas taking place during the process of distillation.

PRESERVATION OF PROTOSULPHATE OF IRON.

M. Wellborn states that protosulphate of iron is absolutely preserved, and kept without even the least trace of oxidation, by placing with it a piece of camphor wrapped in a piece of clean and dry paper.

ETHYL-HYPOSULPHUROUS ACID.

Mr. R. Smith has endeavoured to prepare a class of salts in which an alcohol radicle is introduced into the formula of the hyposulphites. The author starts by preparing ethylic sulphide by the action of ethylic chloride on protosulphide of potassium and ordinary alcohol; in about half an hour heat was applied to the retort, when a distillate having the odour of garlic and rotten cabbage came over it, consisting of ethylic sulphide, alcohol, ethylic chloride. Water was added which separated the oily sulphide. This was, after rectification over chloride of calcium, found to have a boiling point of 81° C., not 73° C., as given in the manuals. About six ounces of this sulphide was treated with an equal bulk of strong sulphuric acid, and the oil acquired a bright red colour and a decided fluorescence. A large quantity of water was added, and the whole neutralised with pure barium carbonate, and filtered from the insoluble sulphate of barium. In a few days beautiful colourless transparent crystals were separated, and which were very regular rectangular plates. On analysis, these crystals were found to have the formula—

$$(C_2\,H_5)_2\,Ba''S_4\,O_6\ +\ 2\,H_2\,O,$$

or barium ethyl-hyposulphite. The author also prepared the copper, silver, and sodium salts. He is now experimenting on methyl- and amyl-hyposulphites.

The same journal (*Journal of the Chemical Society* for August) contains a long and elaborate research "*On the Constitution and Reactions of Tyrosine,*" by Dr. Thudichum and Mr. Wanklin. It is too long to do justice to by any summary, but it treats of the oxidation of tyrosine by chromic acid, the action of mercuric and mercurous nitrites and nitrates on tyrosine, the action of nitric and nitrous acid, and also on the action of iodide of ethyls, and of reducing agents.

Also an engraving and description of an apparatus for determining the quantity of gases existing in solution in natural waters, by Herbert McLeod.

SOLUBILITY OF PEROXIDE OF IRON IN SUGAR.

In the July number of the *Pharmaceutical Journal* appeared a paper from the pen of Mr. Water G. Smith, entitled, "*Note on the so-called Soluble Peroxide of Iron.*" This compound occurs in small cubical, reddish-brown crystals. When a few grains were treated with water, the sugar, of course, is readily soluble, but the author said it was manifest at once that the peroxide of iron is simply adherent to the surface of the crystals of sugar. The filtered solution was tested with ferrocyanide of potassium, sulphocyanide of potassium, and sulphide of ammonium. No precipitation or colouration ensued, except the slightest possible tinge of blue with the ferrocyanide of potassium. "So far, then," says the author, "from its being perfectly soluble, or only a trace of the iron remaining insoluble, not a particle of the oxide is in solution." The amount of $Fe_2 O_3$ present in the article was ·47 per cent. The August number of the *Pharmaceutical Journal* contains in reply a note from Mr. Woods, in which he says:—"It would appear that iron sugar does not retain its solubility for an indefinite time, and I infer that the sample which Dr. Smith examined had passed into the insoluble stage before he received it." The same number contains processes by Siebert for making this preparation, and also another by Drs. Kœhler and Hornemann. We give the latter: Equal weights of ferrum sesquichloratum solution (15 per cent.) and simple syrup are mixed, hydrated soda is then added until the precipitate is entirely redissolved, and the filtrate is mixed with a large quantity of distilled water, and boiled for some time. The presence of the neutral salt, Na Cl, is sufficient to precipitate the hydrated oxide of iron in its soluble modification, the precipitate is collected on a filter, washed until the filtrate ceases to precipitate silver salts dissolved with powdered sugar, and the solution evaporated to dryness.

SALTS OF THE MAGNETIC OXIDE OF IRON.

M. Lefort forms these salts by precipitating a ferrous ferric salt by caustic potash, and then dissolving this oxide in the acid it is intended to form the salt of. This solution is left to crystallize while standing over sulphuric acid. The author has found the chloride as a crystalline mass, having the formula $Fe Cl + Fe_2 Cl + 18 HO$. The author had also formed the sulphate. The solutions must be evaporated at a low temperature, as all the salts of the magnetic oxide are decomposed by a heat far below the boiling point of water.

NEW SULPHUR ACID.

M. Schutzenberger describes a new acid. This is said to be made up of a double atom of sulphurous acid wherein one atom of oxygen is replaced by one atom of hydrogen. It is an anhydrous acid represented by $S_2 O_3 H$. Some of its salts have been prepared in a crystalline form.

CIENTA VIRORA.

M. Van Ankum says that the active principle of this plant is an essential oil belonging to the camphine series, and is composed according to the formula $C_{10} H_{18}$. The root does not contain any alkaloid at all (? Ed. S.).

ERUPTION OF THE SKIN CAUSED BY AN INSECT FOUND IN DAMAGED WHEAT.

In some parts of France, from the heavy rains of last year, the wheat was damaged. The persons employed to turn it over became affected with a very troublesome eruption, which, commencing with painful itching, ended in the course of a few hours in redness and a miliary eruption, which disappeared in the course of three or four days. M. Rouyer noticed a great many small black moving points, of the same nature as those observed on the damaged wheat. Examined under the microscope, he found them to be acari.

ELECTRICITY FOR LESSENING PAIN IN EXTRACTING TEETH.

Although dentists have long since discarded the use of electricity for lessening pain in extracting teeth, Dr. Pallas, of Bordeaux, has been attempting to bring it again into notice, believing that its failure has been caused by the irregular distribution of the electricity. He has invented an instrument which he considers will obviate this difficulty.

INDIAN MEDICAL SERVICE.

The Military Secretary, India Office, presents his compliments to the Editor of the Medical Press, and begs to enclose, for publication, a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea, on the 9th of August last.

Forty candidates competed for forty appointments. Thirty-nine were reported qualified.

		Total Number of Marks. (Maximum 3,400.)
1.	O. T. Duke	2,570
2.	F. Nicholson	2,225
3.	J. S. Gunn	2,150
4.	W. H. Gregg	2,055
5.	T. H. Hendley	2,005
6.	Fakeer Chunder Ghose	2,000
7.	D. Sinclair	1,955
8.	A. B. Seaman	1,925
9.	F. A. Smyth	1,905
10.	S. M. Salaman	1,885
11.	F. C. Barker	1,870
12.	H. Boyd	1,865
13.	A. B. Strahan	1,805
14.	J. Lloyd	1,800
15.	R. Caldecott	1,770
16.	W. M. Courtney	1,770
17.	F. Jones	1,755
18.	C. J. W. Meadows	1,725
19.	P. Murphy	1,705
20.	D. N. Martin	1,665
21.	W. N. Keefer	1,655
22.	J. S. Carswell	1,650
23.	W. A. C. Roe	1,640
24.	W. F. Murray	1,595
25.	A. H. Kelly	1,575
26.	T. Robinson	1,570
27.	A. H. Hughes	1,565
28.	E. B. Ruttledge	1,560
29.	A. Dean	1,510
30.	W. M'Conaghy	1,450
31.	G. Waters	1,425
32.	E. Fawcett	1,410
33.	F. R. Paterson	1,390
34.	W. Hastings	1,365
35.	F. C. H. Spencer	1,340
36.	R. M. Wall	1,290
37.	H. J. Jones	1,155
38.	J. North	1,130
39.	H. G. Hall	1,090

India Office,
August 23, 1869.

COPAIBA AND CUBEBS IN CROUP.

Mons. Trideau, some time back, published twenty-six cases of croup which he had treated successfully by these drugs. At the meeting of the Société de Therapeutique of Paris, Messrs. Burguon and Labrie found that by giving the oleo-resinous extract of cubebs in syrup, they had overcome the repugnance of children to this drug. In one case reported of its efficacy, the false membranes softened and disappeared in a very short time.

HYDATID CYST IN THE BRAIN.

The patient, a female, had suffered first from intense headache. At the end of ten months her mind became feeble; later, vomiting set in of a distressing character, then difficulty in swallowing, retention of urine, and paralysis of the sphincter ani; and for five months before death, complete paralysis of the left side, dyspnœa, and feebleness of sight—first of the right eye, then of the left. After death a large hydatid cyst was found, occupying the whole of the anterior lobe of the brain.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 1, 1869.

VACCINO-PHOBIA.

If our forefathers could rise from the dead—a supposition often spoken of in relation to the advances that have been made—one of the most astonishing sights they would witness, and the one that might in real interest eclipse the wonders of steam and electricity, would be the prevalent beauty of the population. Instead of a mass of faces pitted with small-pox, they might walk the length of street after street without encountering one visage marked by the great destroyer of the beauty of

> "The human face divine."

Seeing this they would naturally conclude that small-pox was no longer so fatal a disease as in their time; and our mortality records would prove that the supposition was correct. That this diminished mortality and banishment of disfigurement is the result of the general practice of vaccination scarcely any educated men will be disposed to question. Yet, in the presence of these great facts, there are some superstitious and prejudiced people who resist the innovation, and would set themselves up as martyrs. For them there is little hope, and need be little pity; but, unhappily, their folly endangers those over whom they have control, and through them the community at large. Moreover, they know no limit to their desire to proselytize, and they prey upon the prejudices of the most ignorant and most susceptible. It is sad that they cannot find vent for their efforts to denounce the evils of the age in spheres in which they could do only good. With drunkenness and hundreds of other vices holding revel around them, they shut their eyes to all, and devote their denunciations to the disinterested efforts of the Profession to hold in check disease and death. It is a sad perversion of their powers, and one which would almost make us pity their want of discrimination.

These enthusiasts have lately held high holiday. They have induced, here and there, a mother to resist a law made for the good of her offspring, and sung their pæans over ignorant maternal love, suffering condemnation by the magistrate rather than risk injuring innocent childhood. Surely, however, it would be more in harmony with their professions to endeavour to inform the maternal mind, instead of exciting its natural fears and stimulating its ignorant prejudices.

There is not the least doubt that the busybodies who encourage resistance to a beneficent law have much to answer for. Could they but see the danger of their teachings they would hesitate before they undertook the *rôle* they seem so anxious to play. Place before any mother a just estimate of the chances, and we venture to say that she would gladly see her babe fret for a week, while its arm was sore, to protect it from the awful risks that exposure to the contagion of small-pox curtails. But this is not the course adopted by the fanatics. The maternal fears are preyed upon by spectres that have no real existence, the maternal instinct is alarmed by tales as unreal as the goblin stories that terrify children; and because the consequences of neglect are not immediate, the superstition lives and thrives. We do not say it spreads, for there have always been firm believers in *post hoc ergo propter hoc;* and from the time of Jenner some of these have been ready to attribute all manner of evil to the little vesicle that has preserved so many from one of the direst diseases.

There is, however, hope even in the dark abyss of ignorance that reigns about us. Some of the high priests of the *post hoc* faith can prophesy quite as effectively against other things. When one says this is all because of vaccination, another is equally confident that it results from astrological influences; another, that it arises from the introduction of tea into England; another, from tobacco; another, from corn flour. Others assure us that it is the influence left in the air since cholera came; others are as certain that the potato disease brought it; and we shall not feel surprised if some patient next week lays all the blame on the innocent lady-birds. A patient of our own has traced all the evils that the vaccino-phobiacs attribute to the cow-pox to the disturbance of electrical conditions caused by laying so many miles of good conductors, in the form of railroads, all over the country. Another patient, despising the *propter hoc* as unworthy of his faith, finds the explanation of everything in the Book of Revelations; but we are hardly well enough versed in his views of prophecy to anticipate the work he will, perhaps, issue on this important subject, and which will, at least, serve one good end by demolishing the anti-vaccination fanatics.

The few cases of resistance to the compulsory vaccination law that have come before the magistrates are scarcely worth the attention that has been bestowed upon them. In the present day a press always present tells the tale far and wide, and to this we attribute the notion of some of our contemporaries that the objections made are at all new. From the first dawn of the discovery these objections have all been urged, and have been answered a thousand times. The great Jenner encountered obstacles of which those unfamiliar with his struggles little dream. He was assailed at once by ridicule and every weapon that prejudice and ignorance usually employ; but he met them all calmly with the strength of facts, the love of truth, and the appeal to experience which has convinced all but a few who set themselves up as superior to such arguments, that vaccination is a full and efficient protective against small-pox. Those who pretend that a population of pitted faces would be preferable to what we now live among—that blindness so often caused is a risk worth running, that the diminished number of deaths is not a triumph—must be left to dwell upon their own ideas until they are tired of them, but cannot be trusted with legislation for the public health.

There is, however, another class of persons for whom we have the highest respect, and to whom a word may be due. When scholars like Prof. F. W. Newman enter the arena, we may listen with respect. But what does his letter allege or imply? Nothing, but some alarm at the rash statements lately made by the fanatics, and too great a readiness to trust a single authority. He quotes the late article in the *Westminster Review* on "Prostitution" as giving support to the notion that a hateful disease almost universally pervades the English people. Now, this is not so. The writer in the *Review* is clearly one of our own Profession, and, if we rightly judge, one who would speak out his conclusions, however distasteful they might be. He evidently, too, set himself the task of showing the importance of the subject he treated by proving how widespread was the disease in question. But he would surely regret that Mr. Newman should understand him as he appears to have done. We are inclined to look upon this as the weak point in the *Westminster's* powerful article, and one which the writer might set right in a note to his concluding portion, which is to appear in the next number of the *Review*. If anyone would assert that syphilis has increased in consequence of vaccination, we should simply deny the assertion and ask for proofs. The only facts that could be brought forward to show that such a result had followed the operation occurred on the Continent, and have not been at all accurately recorded, still less understood; and they were but isolated accidents, due, if they occurred, to such a degree of carelessness as English medical men have never been guilty of. When whole generations have been safely vaccinated, and thereby effectually secured from one of the most awful and loathsome of plagues, it is folly to ransack the Continent in search of two or three instances in which some bad consequences may have occurred from carelessness in performing the operation.

SCIENTIFIC AND MEDICAL CONGRESSES.

The annals of every scientific association abundantly prove that no class is more interested in scientific progress than our own Profession. No other section of society contributes so largely to the advance of this kind of knowledge. It is but natural, therefore, for a strictly professional journal to devote considerable space to the Annual Scientific Congress. In our last issue we gave in full the masterly Address of the President, feeling that to divide such a well-knit discourse was, in fact, to spoil it, and that there were other subjects discussed that could more properly be postponed.

Congresses, although modern movements, have now attained an age that renders them to the rising generation established institutions. The Association before us took its rise in the troublous time that preceded the first Reform Bill—a clear proof that men of science were not to be turned from their chosen pursuit by the wider agitation that prevailed. The first meeting was held at York in 1831, since which time the annual gatherings have been regularly growing in size and importance.

Prior to that epoch there was no such association in these islands, although Germany had held such congresses for a whole decade, and, indeed, the German Congress may be looked upon as the parent of our own. Not that there was any lack of learned societies taking cognisance of science. The Royal Society dates from 1622, and received from Sir Isaac Newton the priceless present of the MS. of his *Principia* in 1686. The Society of Arts dates from 1753. The Manchester Literary and Philosophical Society from 1781, and the Edinburgh Royal Society from 1782. This brings us to a time when societies were more rapidly formed, as a want for them was felt. The Linnæan Society began in 1788; Royal Institution, 1800; London Institution, 1805; Geological Society, 1807; Royal Astronomical, 1820; Royal Geographical, 1830.

All these societies differ, however, vastly in their organization and mode of action from the British Association, and though each may accomplish in its sphere more than can be expected from the one peripatetic body, none can expect to rouse the public interest so fully, nor to measure general scientific progress so exactly. To compare with any other body, we can only refer to the German Congress, which was originated by Dr. Oken, a Professor in the University of Jena, and held its first meeting,—the first scientific congress the world had seen,—in 1822, at Leipsic. The object of this gathering was stated to be "to give an opportunity to the cultivators of natural science and medicine to become personally acquainted with each other." Observe how necessary it was to obtain the aid of our Profession,—an aid given then, and ever since, with the utmost freedom and even enthusiasm.

Every one who had written a paper on any branch was admitted a member. How very characteristic of Germany, and of the only mode of intercommunion with the scientific world at that date! After the first congress, which was quite successful, annual gatherings were held successively at Hallé, Wurzburg, Frankfort, Dresden, and Munich. This last congress secured the favourable notice of the King of Bavaria, and thus rose in the estimation of the public. The next year, 1828, Berlin was the place of assembly; the King of Prussia and heir-apparent attended the soirée of the President, Baron Humboldt, and thus did honour at once to the great philosopher, and the assembled devotees of science. Two years afterwards, the attendance of some of our countrymen at the German Congress led to the expression of a desire for such a gathering in this country, and Sir D. Brewster's often printed letter to Professor Phillips, which may be called the preliminary act of the first British Congress, held, as we have stated, at York, in 1831. At that meeting, some 350 learned men were present, of whom about ninety, with true British instinct, enrolled themselves as members at an annual subscription, so necessary for such a purpose. The first report was issued the next year, and, with the list of names, only extended to about 100 pages, a very small affair, indeed, compared with the huge volumes that now appear every year.

The originators of the Association could have little anticipated its brilliant career. They confined their first outlay to the cost of the gatherings, but they soon perceived that more might be accomplished than setting up a temporary altar to science in the towns they visited, and kindling a spark of enthusiasm for knowledge among the persons with whom they were brought into contact at their successive meetings. And they were right in attempting more, for they have been able to grant some £33,000 towards the carrying on of important scientific investigations. The medical profession has its own society in imitation of this, but the managers of it should blush to know that, out of a proportionate income, the shillings of the guineas subscribed have not been devoted to the investigation of medical subjects. Would that the example of the original might shame the rulers of the imitation Association into a more sensible application of its funds! Even in medicine proper, the great Association has done more than the little one, which has no other demand upon it. Look at Meteorology, the Kew Observatory owes its existence and continuance to the Great British Association for the Advancement of Science, and last year more was granted by it to physiological experiments, on the methyl series, on digestion, &c., than by the *little British Medical Association*, which has nothing else to do, and allows its money to be squandered by a noisy clique. The thirty-seven volumes of Transactions of the GREAT Association contain the material for a history of scientific progress during the thirty-seven years. The half-yearly volumes of the *little* Association contain the small talk, the gossip, and the jealous petty squabbles of the ruling clique of a section of the Profession, and a number of spiteful paragraphs about the conductors of rival journals. Is not the contrast a sad one?

Our readers may be glad to have the list of the annual Scientific Congresses, with the amounts voted for the advancement of science. It is a goodly one and worthy of the notice of the *little medical* society which in less important things loves to imitate it. Here it is.

ANNUAL MEETINGS OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

Year.	Place.	President.	Grants to Science. £	s.	d.
1831	York	Earl Fitzwilliam			
1832	Oxford	Dr. Buckland			
1833	Cambridge	Professor Sedgwick			
1834	Edinburgh	Sir Thomas M. Brisbane	20	0	0
1835	Dublin	Dr. Lloyd	167	0	0
1836	Bristol	Lord Lansdowne	434	14	0
1837	Liverpool	Lord Burlington	918	14	6
1838	Newcastle	Duke of Northumberland	956	12	2
1839	Birmingham	Rev. W. Vernon Harcourt	1595	11	0
1840	Glasgow	Marquis of Breadalbane	1546	16	4
1841	Plymouth	Dr. Whewell	1235	10	11
1842	Manchester	Lord Ellesmere	1449	17	8
1843	Cork	Lord Rosse	1565	10	2
1844	York	Dean Peacock	981	12	8
1845	Cambridge	Sir John Herschell	830	9	9
1846	Southampton	Sir Roderick Murchison	685	16	0
1847	Oxford	Sir R. Harry Inglis	208	5	4
1848	Swansea	Marquis of Northampton	275	1	8
1849	Birmingham	Dr. Robinson	159	19	6
1850	Edinburgh	Sir David Brewster	345	10	7
1851	Ipswich	Mr. Airy	391	9	7
1852	Belfast	General Sabine	304	6	7
1853	Hull	Mr. Hopkins	205	9	7
1854	Liverpool	Lord Harrowby	380	19	4
1855	Glasgow	Duke of Argyll	480	16	9
1856	Cheltenham	Dr. Daubeny	724	13	3
1857	Dublin	Dr. Lloyd	507	15	2
1858	Leeds	Professor Owen	618	18	1
1859	Aberdeen	The Prince Consort	684	11	0
1860	Oxford	Lord Wrottesley	1241	7	3
1861	Manchester	Mr. W. Fairbairn	1111	5	10
1862	Cambridge	Professor Willis	1293	16	6
1863	Newcastle	Sir William Armstrong	1608	4	0
1864	Bath	Sir Charles Lyell	1289	15	8
1865	Birmingham	Professor Phillips	1591	7	10
1866	Nottingham	Mr. Grove, Q.C.	1750	13	4
1867	Dundee	Duke of Buccleuch	1739	4	0
1868	Norwich	Dr. Joseph Hooker	1940	0	0
1869	Exeter	Professor G. G. Stokes	1696	0	0

Notes on Current Topics.

The Fall of the "Albert."

LIFE insurance has received a great shock. The catastrophe of the "Albert," which absorbed many other offices, and amongst them the "Medical and Invalid," in which, we fear, numbers of our brethren were insured, brings despair to thousands of the most prudent heads of families. It is one of the most disgraceful exposures that could be conceived. We cannot say, as some feel inclined to do about these policy-holders, "Serve them right." Such an expression is far more applicable to the shareholders, who, possessed of some power, let the directors scatter their property uncontrolled. They have lost all they invested, but when they have paid up to the uttermost their liabilities will not be met. Yet a scheme is put forward to reconstruct this Office in a way to give the shareholders a share of future profits. Nothing could be more monstrous. What is it but paying them for having brought about all the mischief? Rather a thousand times let Chancery swallow up what it may. It is no case for hushing up and trying to hang together. We would advise the policy-holders to beware of any specious offer, and all who can overcome the first loss will find it the least. Much discussion is taking place respecting Government control, but that question can hardly be settled by a single example—gigantic as this is. Surely proprietary offices, after this, will be forsaken for mutual ones.

Indian Medical Service.

IT has been ruled that a medical officer in charge of a regiment, appointed to officiate in a staff appointment during the absence on furlough of the permanent incumbent, will not be required to vacate his regimental charge.

Health of the Emperor of the French.

SEVERAL of our correspondents in Paris allude to the rumours respecting the health of the Emperor, but they differ widely in their opinions.

The Emperor has stone, says one, and will not let Nélaton crush it, as he was unsuccessful in the case of Niel, and His Majesty is very superstitious. Another says the Emperor suffers from gravel, causing him much pain in the loins, and once or twice hæmaturia. The Emperor is not very ill, declares a third; he has lumbago and other rheumatic pains, and has for years been subject to piles.

Our readers will readily understand these varying rumours as arising from such symptoms as could not be concealed, but are common to each proffered explanation. We may allude to a more probable conjecture by one who avers that none of the papers know anything about it, but believes that the official contradictions as to the Emperor's danger may be reconciled with what is known of the treatment pursued, by the supposition that an enlarged prostate is the cause of the trouble. This would not be unlikely, considering the advancing age of the Emperor, and would not imply danger. On the other hand, the Emperor suffered from gravel several years ago. Those in attendance give no information whatever, so that it is impossible for newspaper correspondents to give more than rumour and conjecture.

The Great Water Question.

WE gave last week the evidence of a leading engineer. Our readers are well aware that the chemical and medical evidence is divided, and that a rather bitter controversy has been waged. We have enquired whether the delay in issuing the Report of the Commission did not arise from the pressure brought to bear by those whose views were condemned in order to get that Report modified? No answer has been given, because, we believe, no denial could be put in even by those who had on a former occasion flatly contradicted published statements. A number of the newspapers have been deluded, by the official position of interested parties, to take up the question of water supply. Articles have appeared, which a literary novice would have no difficulty in fastening on the originators of the hypothesis that has been condemned. Such tactics need no notice. Idle and noisy men may stir up a temporary excitement, but anonymous contributions to non-scientific papers will not settle questions of science. Even so powerful a paper as the *Pall Mall Gazette* cannot expect to grapple successfully with scientific problems, and we are glad to find, in the article that appeared in that journal, a somewhat less confident tone than that which some other editors of dailies have permitted to appear. That paper freely admits that "testimony must be weighed as well as counted," an opinion we have always looked upon as an axiom. Now, take the names first mentioned by the *Pall Mall*,—Dr. Letheby, Dr. Odling, and Professor Allen Miller. As chemical authorities we venture to say they may be weighed against any other three names of living men. But there is something else to be said, each of the three is a Graduate in Medicine. The *Pall Mall* takes on the other side three names,—Brodie, of Oxford, Dr. Frankland, and Dr. Parkes, the last only of whom is a medical man. Dr. Angus Smith agrees with Drs. Letheby, Odling, and Miller, and may be weighed, if it be held that number is anything, against one of the non-medical chemists.

Then, Mr. Simon, though a surgeon, is no chemist, and, unfortunately, is so crotchety and so much dependant on the work of those under him, that we cannot regard his opinions with the deference that his position secures for them in some quarters. He is an adept at framing hypotheses; but this tendency is one that should be curbed in such investigations, and we think that mere suppositions and unsupported speculations ought scarcely to "weigh" much against the facts of science.

Rural Sanitary Measures in India.

The Chief Commissioner of Oudh recently brought to notice the want of legal authority to enforce sanitary measures in villages and smaller towns, and proposed recourse to legislation in order to give the necessary power to local officers, summary powers being in some cases given in outlying tracts to the police. He was told in reply that Government quite recognized the importance of extending all over the country, as early as possible, some machinery for carrying out at least the simplest and most obvious sanitary measures, but that such reforms must be introduced with the cordial co-operation of the people themselves, and that this would probably be obtained only by degrees. Stringent measures cannot be enforced until the people have been to some degree reclaimed from their old habits by the persevering efforts of the divisional and district officers, by which many of the prejudices and the apathetic indifference of the inhabitants may be overcome. Government relies upon local officers using their best exertions towards this end, and at some future time it may be necessary to give to heads of villages or other local authorities some legal powers to enforce ordinary sanitary measures. Even then, however, the Government is of opinion that punitive measures should be but sparingly used. They will lose a great part of their effect until the people have been fully taught to recognize their use and justice. And, except to enforce the order of a magistrate on the spot, summary powers cannot be entrusted to the police in such matters. To give such a power of interference, or even the power of summoning an offender before a distant tribunal, would infallibly open a door to great abuse, and would possibly set the popular feeling altogether against useful reforms, which it is impossible effectively even to initiate without the general co-operation of the people themselves.

The New York Drug Bill.

The following Bill was passed by the last Legislature of New York:—

"Sec. 1. No person employed or in attendance at any drug store or apothecary shop shall prepare a medical prescription unless he has served two years' apprenticeship in a drug store, or is a graduate of a medical college or a college of pharmacy, except under the direct supervision of some person possessing some one of the before-mentioned qualifications; nor shall anyone having permanent charge as a proprietor or otherwise, in any store in which drugs are sold by retail, or at which medical prescriptions are put up for sale or use, permit the putting up or preparation thereof therein, by any person, unless such person has served two years as apprentice in a retail drug store or is a graduate of a medical college or a college of pharmacy.

"Sec. 2. Any person violating the provisions of this Act shall be deemed guilty of a misdemeanour, and shall be punished by a fine not exceeding 100 dols., or by imprisonment not to exceed six months in the county jail; and in case of death ensuing from such violations, the person offending shall be deemed guilty of a felony, and be punished by a fine not less than 1,000 dols., nor more than 5,000 dols., or by imprisonment in the State Prison for a term of not less than two years, nor more than four years, or by both fine and imprisonment in the discretion of the Court."

Deaths by Violence.

Some statistics respecting the number of deaths from violence in Italy have just been issued by the Italian Government. In 1867, 2,626 homicides were committed, or 10·84 per every 100,000 inhabitants. In Spain, the proportion was 8·24 for the same number of inhabitants; Sweden, 2·02; Great Britain, 1·95; and Belgium, 0·16. The greatest number of homicides occurred in Southern Italy, there being 19·84 for every 100,000 inhabitants; while in Northern Italy the average was 3·70 for every 100,000 inhabitants. Compared with 1866, there was a decrease in 1867 in the total number of violent deaths to the extent of 481. Of the 2,626 homicides committed during 1867, 264 are described as involuntary, 2,259 as voluntary, and 103 as infanticides. Of the last-named there was a diminution of 34 in 1867 compared with 1866.

Jonathan Hutchinson, Esq., Ed. B. M. J.

The queer mode of procedure adopted by the magnates of the British Medical Association to fill the post of Editor of their Journal, has, for once, ended in a promising manner. The Committee of Council have elected Mr. Jonathan Hutchinson. We congratulate them on having secured this eminent surgeon's services, though, with his rapidly increasing practice and his important public appointments, we should scarcely have supposed even his indomitable energy would have been ready to cope with the additional work such a post must entail. Without knowing who may have been the other candidates, we may say that none of them will be likely to feel aggrieved at seeing Mr. Hutchinson preferred to them. Under his guidance the Association may hope to see the tone of their Journal greatly raised, and its respectability vastly increased. He is not likely to fill its columns with ungenerous assaults upon individuals, nor with desperate attacks upon classes in the Profession. He will not set class against class, nor college against college, nor, we hope, submit his own unbiassed judgment to the control of a clique. The Journal may thus become a more ready means for intercommunication between members. These will, perhaps, no longer be obliged to send their papers elsewhere for publication, while money is lavished upon getting up sensation reports. One of our contemporaries will lose a valued contributor in Mr. Hutchinson, but all will freely welcome him among the editorial fraternity. We tender him the right hand of fellowship with hearty goodwill, and hope he may be able to devote a full share of his attention to the new work he undertakes.

Professor Halford's Treatment of Snake-Bites.

The Inspector General Indian Medical Department has, under the authority given in Government Resolution dated the 7th June, had 300 copies of Dr. Halford's memorandum on treatment of snake-bites printed; and a proposal to distribute them among the medical officers of the British and Indian Medical Services, and to the private medical practitioners of the presidency, has been approved by the Government.

We append the paper so printed:—

"The accompanying papers on the treatment of 'snake-bites' are circulated at the instance of Government.

"Should any medical officer, or private medical practitioner, in the presidency of Bombay, feel inclined to treat snake-bites after the manner laid down by Professor Halford, the Inspector General Indian Medical Department will feel much obliged by the cases being made known to him, with notes of each as suggested under the five heads mentioned in the memorandum. Such cases as the Inspector General may receive will be submitted to Government for the information of Dr. Halford, through the authorities at Melbourne.

"By order of the Inspector General Indian Medical Department,

"T. B. Johnstone, M.D.,
"Surgeon Major, Secretary.

"Bombay: 6th July, 1869.

"It is desirable, in the interests of humanity and science, that information concerning Professor Halford's mode of treating snake-bites should be diffused as extensively as possible, and it is necessary that medical gentlemen, who may be inclined to apply the remedy in India, should take careful notes in each case—

"(1) Of the kind of snake by which the bite was inflicted.

"(2) The circumstances under which the patient was bitten.

"(3) The lapse of time between bite and application of remedy.

"(4) If any other, what remedies were applied.

"(5) Result."

The Sanitary Commission have adjourned their inquiry to next year.

Alarming Symptoms in consequence of Wasp Stings.

A correspondent in Huntingdonshire forwards us the following particulars of a case which happened to his brother, the vicar of a parish in the county, which will be read with interest by our readers:—

"Having struck my spade, I suppose, into the very heart of a nest, the wasps came out in great numbers, and in a furious rage, which I suppose intensified their virus. I was at once stung on the left wrist and left eyebrow, and immediately experienced such sensations as I never felt before. As quickly as possible I applied oil, but with little effect. A violent heat came over me and I felt sick; then I turned giddy and spun round and round like a top, till I fell headlong into a currant bush. However, I managed to get up and staggered like a drunken man to the house, and got into a chair, but in a moment fell out of it on my knees, all but fainting. They dashed water in my face, and at length I was able to lie down on my bed; presently I vomited freely, my hands, feet, and chest becoming as red as if I had scarlet fever. I itched all over to a dreadful degree; then I quaked and trembled, and my teeth chattered as if I had a paroxysm of ague—no sleep all night. I felt once or twice as if I were actually dying. Next day convalescent, though feeble. I have been stung by wasps before, but never felt any symptoms like these. Whence the peculiar effect in my system this time? Was I predisposed for the more violent action of the poison? Had these wasps been feeding on carrion, as, I believe, they sometimes do? Or, rather, was I poisoned? What can the toxologists tell me about it? I should like to know. At all events, I shall be careful how I put my head into a hornet's nest for the future."

The Female Physicians at the Philadelphia Hospital.

An occurrence of some historical import took place last month. Early in the month the Professors in the Woman's Medical College in Philadelphia told their pupils that as the lectures at Blockley were free to all students of medicine in the city, they had a right to participate if they chose to go. Fifteen, headed by Miss Preston, went in and took their seats. The male students commenced a general clapping of hands and stamping of feet, and were really somewhat uproarious, but the ladies quailed not. All were as silent, unmoved, and dignified as possible. After a few moments, Professor Stillé, of the University, entered, and after the usual applause had subsided, turned to the ladies, and, in a neat speech, bade them welcome, and then commenced his lecture by "*Ladies and Gentlemen.*" After him came Dr. R. Levis, who did not notice them at all, but proceeded with his lecture as if nothing unusual had been presented.

On the following Saturday, thirty-five ladies walked in, and all passed off as before. The next clinic day thirty-three were present. After the lectures were concluded, Dr. Levis invited the ladies through the wards. After the second visit to the clinics, the ladies had Dr. Stillé elected consulting physician to the Female Hospital, and Dr. Levis consulting surgeon to the same, and both accepted.

Chinese Consumption of Opium.

Mr. D. B. Robertson, C.B., our Consul at Canton, has sent a somewhat alarming report to the Government of

India on the growth and consumption of native opium in China. The indigenous drug has been steadily improving in quality and quantity, till now it is equal to Malwa, though weaker in flavour. In Canton the opium-smoking shops mix 3-10ths of the native drug with 7-10ths of the Indian. In the interior the native is chiefly used from its cheapness. Mr. Robertson states that the price of the Indian drug must be reduced to hold its own; and even then, if Indian seed were imported into China, the native drug would equal the best Indian. This is probable, for the Chinese would soon learn to manufacture it as well as Bengal civilians and doctors. Meanwhile the value of the import into China has ranged from six millions sterling in 1863 to eleven and a quarter in 1866 and nine in 1868. Everything points to the necessity of abolishing the Bengal monopoly in favour of the Bombay excise system, on commercial and financial even more than on moral grounds.

Poisonous Odours.

L'Union Médicale is very positive on the subject of the deleterious action exercised by the perfume of flowers, especially such as the lilac, jessamine, hyacinth, tuberose, on persons who have the imprudence to leave them at night in the bed-chamber. The more or less fictitious cases of suicide and assassination, which have been related under this head, should not induce us to doubt the reality of the asphyxiating power possessed by strongly smelling flowers. Certain odoriferous fruits share the same deleterious property.

We read in the *Union Bourguignon*, of Dyon, that a grocer who had slept in a small room, in which the contents of three chests of oranges had been piled up, was found asphyxiated in the morning, and was only resuscitated by the most energetic treatment.

Our readers will also recollect a case not long since reported, of death resulting from the odour of quinces, which occurred from sleeping in a room where a large quantity of them were kept.

A CONGRESS of Dentists has just been held at Frankfort.

THE Illinois Legislature has passed a law classifying drunkards with idiots and insane people, and giving their property and persons to the charge of guardians.

THE late Dean of Durham bequeathed £5,000 to the Northern Counties' Idiot Asylum. Mr. Titus Salt, of Saltaire, has just forwarded a donation of the same amount to the same charity.

AT the conclusion of the inquiry into the St. Pancras affair, the Commissioner, Mr. Bere, Q.C., gave no opinion on the case. His report will be presented immediately.

DR. LUSH, M.P., has contradicted a report that he had accepted a Lunacy Commissionership. The honourable member has no intention of resigning his seat in the House of Commons.

DR. FRANCIS HAWKINS and Dr. A. P. Stewart have been elected Consulting Physicians to the Middlesex Hospital. Mr. A. Shaw has been elected Consulting Surgeon. All these have earned the honour by many years of active service.

THREE deaths from sunstroke are reported from the midland counties from the excessive heat of Friday last. In one case the poor fellow became raving mad, but died within two hours of the attack. Death was instantaneous with the other two, all three of whom were field labourers.

THE increase of fever in Glasgow, during so fine a season and so early in the year, is a very discouraging symptom. The accounts from official sources, supplied to the Police Board at their meeting last week, relating to this painful circumstance, are, in fact, rather alarming. The Sanitary Committee were informed by Dr. McGill that there had been 199 cases of typhus fever since their last meeting, as against 159 during the previous fortnight An increase of close on 25 per cent. in the number of cases within so short a time appears to show an aggressive vigour in this destructive epidemic; and when we consider that it is likely to be reinforced by the fall of the year, now at hand, timely provision should, as far as possible, be made to check its progress. In endeavouring to solve the problem of what is the cause of typhus, specimens of water taken from ten different cisterns have been handed over for examination by Dr. Anderson, whose report on the same is expected against next meeting of the Board.

THE Medico-Chirurgical Academy at St. Petersburgh conferred, at its recent annual conference, the degree of M.D. upon Madame Kaschewarow, the first female candidate for this honour who had presented herself before them. When her name was mentioned by the Dean, it was received with an immense storm of applause, which lasted for several minutes. The ceremony of investing her with the insignia of her dignity being over, her fellow students and new colleagues lifted her upon a chair, and carried her with triumphant shouts through the hall. At this moment Madame Lucca, the prima donna, was espied among the audience, and such was the students' fickleness, that the lady doctor had to yield her elevated seat to the popular singer. The latter not only remained in undisputed possession of the extemporised throne, but was carried upon it to her carriage, while the new doctor had to find what comfort she could in her diploma!

SCOTLAND.

THE UNIVERSITIES.

DR. NEIL ARNOTT has given £1,000 to each of the Universities of Glasgow and St. Andrew's, for the endowment of scholarships in connection with experimental physics or natural philosophy. Dr. Arnott had previously given a similar donation to the Universities of Aberdeen and Edinburgh. He also lately placed at the disposal of the Senate of the University of London the sum of £2,000 to found a scientific scholarship in that University.

Munificent endowments like these are greatly needed, and the Universities will ever be grateful to Dr. Arnott for his liberality.

THE LATE DR. JAMES BEGBIE.

Our obituary of to-day records a death that will be widely felt and deeply mourned. For nearly half-a-century Dr. James Begbie has practised as a physician in Edinburgh. Born in our city at the close of the last century, educated at the High School and University, he graduated in Medicine in the year 1821. He was early associated, first as apprentice, and subsequently as assistant, with Dr. Abercrombie. Thus favourably introduced, he soon, by his own merit, and without any of the *prestige* of university connections, acquired an extensive practice. A thorough master of the science of his profession, careful and painstaking in his diagnosis, singularly excelling in his treatment of disease, fertile in resource, prompt and discriminating in his application of all known and available remedies, there was something in Dr. Begbie's presence and manner peculiarly attractive. His very entrance into the sick chamber, the manner of his approach to the bed-side, the gentleness and tenderness of his inquiries, inspired the patient with confidence. It was soon felt that there was more in him than the man of skill engaged in a professional pursuit—there was a brother of kindliest human sympathy. The hand that so promptly, decidedly, and judiciously dealt with the bodily disease was seen and felt to be guided by a heart of exquisite sensibility. He entered many a family a stranger—he soon became the friend. We never knew or heard of any one in his profession who won so much personal attachment and regard.—*Scotsman.*

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By EVORY KENNEDY, M.D., F.K.Q.C.P.

(Continued from page 163.)

Dr. M'CLINTOCK, by a process of reasoning of his own, based upon selected statistics, arrives at the conclusion, which I cannot at all agree with as what he terms "above suspicion," that 1 death in 134 is the right number to occur in parturition. And by another process, he increases the Registrar-General's rate, arrived at from data and sources at least equally "above suspicion" as his own. This he does by deducting one-fourth by his own arbitrary dictum from the Registrar-General's number, 171, for England and Wales, which reduces his ideal death-rate to 1 in 129. Dr. M'Clintock will excuse me, therefore, when I tell him that neither he nor the Registrar-General, were he innocent enough to adopt Dr. M'Clintock's calculation, would be justified, if their object be to give an accurate return of the deaths in childbirth, in deducting upon his abstruse *quaterinian calculation*, which throws Professor Hamilton's into the shade, one-fourth or other proportion for diseases proving fatal in parturition. Without entering into the subject as to whether these diseases may have been caused or called by parturition, there is one broad fact patent, that the fatality was determined by the complication of the disease with parturition, and non-sequitur, that any one of the cases would have proved fatal at all, and certainly not at that particular time, had not parturition been complicated with the disease, or it may be, produced the disease, and caused or accelerated the death. Therefore the Registrar-General's calculation of 197 mortality is strictly correct, and Dr. M'Clintock's deduction of a fourth is entirely untenable.

Dr. M'Clintock attacks my tenth proposition in his own ingenious manner.

He takes my general proposition and applies to it his own *literal*, not my *general* interpretation, when I state that puerperal fever "is not a disease observed to occur in small lying-in hospitals," and this, although I give the small hospital in which it occurs, with the date of its occurrence, twice over, once in page 302 and again in page 304. He then devotes a whole page of statistics and argument to prove that I denied that puerperal fever *ever* occurs in small hospitals, and eventually winds up by admitting that my true meaning in the tenth proposition, which was as manifest as the sun in daylight to every eye but Dr. M'Clintock's, "*might* logically be inferred from the admission of the author that the poison of zymotic metria might be generated by any parturient female," and that this disease "is to be met with in the hovels of the poor and the chambers of the wealthier classes." Sir, I shall not designate such a line of discussion as I think it deserves. I ought, perhaps, to apologize for occupying so much of your time in refuting it.

But Dr. M'Clintock, descanting on the Waterford Lying-in Hospital, gives "five deaths as occurring in it from puerperal fever, with an average of only 115 annual deliveries." It would have only been justice to Dr. Elliott and the cause of truth, which we are at least ostensibly investigating, to have added that these five deaths from puerperal fever occurred in the Waterford Lying-in Hospital out of 3,469 deliveries, and extended over a period of thirty years, being a mortality of 1 in 681. A mortality that would quite satisfy me if I could bring it about at the Dublin Lying-in Hospital; aye, or one-half of it!

But, Sir, I regret I am not done with Dr. M'Clintock and the Waterford Hospital yet. In adducing these statistics from it, he falls into the very same blunder that, you will presently see, he attacked me for, and out of which he succeeded, by my enforced silence, in making such temporary capital. He fails, unintentionally of course, to distinguish accurately the two periods of the hospital, and, in place of giving the mortality by puerperal fever upon the long, or twenty-three year pariod, with its improved ratio upon the diminished number of beds, which he ought to have done in common justice to Dr. Elliott and the objects of his argument, *like* me he takes the whole period, but *unlike* me he does not give the results upon the improved period; of course his doing this was, as in my case, a mere slip of the pen in transcription. Let us see what the difference amounts to in the correct way of giving these results. We have seen that in Dr. M'Clintock's manner of proving the rate of mortality, the death-rate of the more crowded Waterford Hospital was 1 in 681; but in the correct and fair way of calculating it amounted only to 1 in 1,328. It will be perceived to prevent mistakes, as Dr. Elliott requires, we have put his calculation, not mine, in letters.

So much, Sir, for Dr. M'Clintock's purism in his own calculations, and his vaunted refutation of my tenth proposition, to refute which, he says, it were enough to cite the instance of the Waterford Lying-in Hospital. The Liverpool Lying-in Hospital is the next cited, but as he gives it a mortality of 1 per cent. it tells in favour of my position, although, as I have already said, I do not admit it as to be classed with the cottage hospitals. I only wish we could reduce the mortality of the Dublin Lying-in Hospital to 1 per cent.

The next instance adduced against the establishment of cottage hospitals is the South-Eastern, or Dr. Beatty's Lying-in Hospital. Dr. M'Clintock introduces his notice of it in these words—"I feel great satisfaction in appealing to the statistics of this little hospital, knowing they are worthy of implicit confidence." I confess honestly I cannot join in the great satisfaction he expresses upon this subject, and feel assured, as was the case in the great lying-in hospital, Dr. Beatty must have laboured under difficulties from the construction of his hospital that rendered it impossible to keep his mortality at a lower standard than 1 in 69. At all events, as I elsewhere stated, I admit no comparison between Dr. Beatty's hospital, with nearly 400 deliveries annually under one roof, and the cottage hospitals already alluded to, and to which we may now add the Killarney and South Dublin Union Hospitals; and be it remembered that these only afford an approximate test of the principle of isolation, as in none of them has the principle been carried out to the full extent required.

The last case adduced by Dr. M'Clintock against my tenth proposition is the small Kingstown Lying-in Hospital. Dr. M'Clintock says that "the annual deliveries, not exceeding 90, *it is in every point* of view an *unexceptionable* specimen of a cottage hospital." Judging from its statistics, I should arrive at a very different conclusion, and as these are my only data for forming an opinion, I must say that I pronounce it in every point of view an *exceptional* specimen of a cottage hospital. When Dr. M'Clintock analyses on the strict philosophical principles laid down by Mill, as applicable to exceptions to general rules, the true explanations of the causes that render it exceptional, then I shall attach value to the exceptional case of the Kingstown Hospital, with its total mortality of 1 in 68, or of 1 in 114 from puerperal fever. In the meantime we must class it with the exceptional case of Ballarat to be afterwards alluded to, as adduced by Dr. Stokes, as a mystery, which, although unsolved, may not be insoluble.

Dr. M'Clintock, as well as several other of my critics, has called in question the statistics supplied by the General Registration Offices throughout these kingdoms. I am not here as the apologist of this department. Those indefatigable and distinguished men who direct and control this great department, one of the few scientific branches of the Executive in this country, stand too high by their labours and results to require me as their apologist. But, Sir, I must be permitted to express my dissent from and regret at the flippant and offensive manner in which this great organization of the State has been treated. Sir, I deplore it the more because I am old enough to recollect the difficulties we had in getting this great desideratum—the Census Office—established upon a fixed and permanent basis; the jealousies it excited, and the difficulties there were to bring our legislators to adopt it. It behoves thinking men to consider how far they are justified in breaking the faith of the public in so wise and so valuable a department.

For my own part, I totally disagree with all the slighting remarks that have been thrown out upon the statistical labours of, and results supplied by, the Registrar-General's Office. I rely upon the latter as the best information procurable upon the subject of statistics generally, and I have no doubt that, even admitting it to the fullest extent, that certain inaccuracies must creep into their calculations from accident, different views of seeing facts, or even from design, yet that these are counterpoised by their opposites and corrected by their analogues in such a manner as to render the total results as nearly correct as any human machinery, which necessarily employs an immense and varying agency, can accomplish it. I therefore accept the Registrar-General's statistics as, if not the best possible, at least the best possible with our present facilities, and feel myself quite justified in assuming them as the soundest attainable basis in the present discussion. Their very extent should render them unexceptionable to my critics, as they insist so much upon this element of proving statistical truths. I shall therefore say, that with the greatest deference to those of my commentators who have collected statistics of their own, bearing out their views of what should be the mortality of lying-in women, I shall prefer accepting the statistics of the Registrar-General, and his statement of what it actually is, to their selected figures, collected and marshalled to prove what it ought to be. This general statement will dispose of a host of those gentlemen's calculations who have favoured us with statistics of their own selection and procurement, but which are entirely at variance with those of the Registrar-General.

It will now be convenient to allude to another law that demands our attention and consideration. It is conveyed in the word habitat, which you will recollect is the subject of my fourth proposition—one which has been the object of nearly as many attacks as my third; so many, indeed, that my belligerent critics must have looked upon it as the Malakoff of my position. They are right in so doing. So do I.

(To be continued.)

OUR CLUB.

The last dinner of this season was looked forward to by the members of the Medical Club with more than usual interest. It was to be an epoch in the history of the Club, and the much-respected founder, Dr. Lory Marsh, was to occupy the chair. Most of the leaders of the Profession who were in town were there to welcome him and support him on the occasion, and Dr. Marsh also received the sympathy and good will of many who could not be in London that evening. In reply to the toast of "Success to the Medical Club," Dr. Lory Marsh made a full statement of its rise and progress. As the 700 members who owe to him the existence of the Club will feel deeply interested in his speech, we report it—contrary to our usual custom—in full. This we do the more willingly inasmuch as there must be many hundreds, perhaps thousands of the Profession who would like to join, but have not yet decided to do so. Dr. Lory Marsh's speech may be the means of deciding many such. He said:—

I may be permitted, and perhaps expected, to enlarge a little upon the subject of the toast of "Success to the Medical Club." The present may be looked upon as a sort of last dying speech and confession. It is the last occasion of our dining together during the present season, and it is also one in which I am especially called upon to confess to many shortcomings.

Whilst contemplating our future, it is desirable on such an occasion as the present, to take a backward glance at some of the objects sought to be accomplished by the establishment of this Club, and the means by which these objects are proposed to be carried out.

This Club was established to promote in every possible way harmony, union, and good fellowship between all branches of the Profession. It was designed, as far as such an institution could, to raise the social status of the Profession. Another, and perhaps more important object sought to be attained by the establishment of the Club, was to afford a ready channel through which the voice of the Profession might make itself heard in the corners of the State, upon all questions of a political character affecting its interests. Just as the Carlton and Reform Clubs represent the political opinions of the parties they are supported by, so the Medical Club was intended to represent the political interests of the Profession, as well as of science and art generally.

In the case of the Medical Club, politics would of course be regarded in the broadest sense, and not in any degree in the light of party politics. No matter what party may be ruling the destinies of the nation, there are always questions before the House, or want bringing before it, in which the voice of the Profession has a right to be heard in furtherance of its own and the public welfare.

There are not many medical members in the House of Commons, and a Club such as this is capable of rendering them great assistance. It may be regarded as the only truly representative body in the Profession, enrolling among its members, London, Country, British and Foreign, Army and Navy medical officers, all branches of the Profession, and in all quarters of the globe.

At present it is the nucleus of a vast organization, which must in time exercise a powerful influence on the future advancement of the Profession. Any ten members can call a general meeting, and take the sense of the Club upon any question which they may deem of sufficient importance to bring under the notice of the members. This rule has not yet been taken advantage of, but as our numbers increase it is hoped they will frequently be called together to discuss questions of a political and official character.

One man is comparatively powerless to make his opinions heard and felt in the House of Commons, but if he can get 700 others (and in time we would hope half as many thousands) to back up his opinions, no Government could altogether turn a deaf ear to his petition. In fact, as Sir William Fergusson remarked at the anniversary meeting, "it is impossible for such a number of men to combine together, without their acquiring more or less of a political existence." I have no doubt we should have had wiser legislation for the Profession in years gone by, if the Club had been in existence. Should the Government next year propose to bring in an amended Medical Reform Bill, I hope it will receive such an amount of attention by the Club, as to carry its impress upon it, as a measure truly representing the opinions of the whole Profession. I think we shall be able to render the Legislature very material assistance in attaining this most desirable object.

The Club is based upon such a broad and liberal foundation, that no gentleman need be excluded from it, and, once admitted a member, he is privileged to meet on a common platform with the leading men in the Profession. This is an advantage impossible of attainment in any other society. It was one thing to sketch out such a commonwealth as our Club proposes to be, and another thing to carry it into effect. I am sure every member felt in adopting the name "Medical" we were to a certain extent responsible that the honour and reputation of the Profession should be in no degree tarnished by any act of ours. We had, moreover, to deal with a class of men whose means could bear no comparison with the wealthy merchant or the large landed proprietor; we had also to provide for a class of busy, active, hard-working men, amongst whom the class of what may be called "Club lounger" could not be found. Time means money, and money means hard work. Our members also were very widely scattered, and few could be found to take an active part in the management of the affairs of the Club. Many had been the victims of bubble schemes got up to enrich the pockets of the few at the sacrifice of the funds of the subscribers. All stipulated before joining the Club that they should be held legally free from any pecuniary liability (beyond their subscription) in carrying on the Club. It was with these limitations and restrictions the Committee undertook the responsibilities of office. Acting under the advice of counsel, they found there was no possible way of carrying out the principle of non-liability on the part of the members but by handing over the funds of the Club to some individual to conduct it for them. By so doing, the individual selected became solely responsible for all liabilities incurred in the conduct of the Club. They did me the great honour to appoint me to that important post—and here I would offer my humble apologies for the very imperfect manner in which I have discharged the duties of the trust reposed in me. It would be simple affectation to deny that I have tried to do my best; but the task of organizing the Club was much more difficult than I expected; the correspondence so very voluminous, and extending over such a wide range, that I often found myself in a perfect maze of difficulties, from which, I fear, in too many instances, I have not been able to escape without committing many blunders. The members have shown great leniency towards me, and have ever been ready, in the most generous manner, to make allowance for all my mistakes, for which I owe to one and all a lasting debt of gratitude. The funds at my disposal have been too limited to enable me to do all I could have wished in the development of the Club. As we become more prosperous, and our numbers increase, we shall, of course, be enabled to enlarge our sphere of operation. I hope in time the Medical Club will take a position equal to any Club in London. I shall not be satisfied until we have secured a building that shall be worthy of the Profession, and then I will gladly resign my trust into the hands of those from whom I received it. Through many difficulties, and often much labour, I am happy to say we can now begin to see in the distance that success for which we have all so anxiously and so incessantly striven. In a few years we hope the reputation of the Club will be established, and that it will become an object of ambition on the part of candidates to be enrolled amongst its members. For the present our motto must be, "Work and wait; there's a good time coming." Some may be inclined to question whether the principle upon which the Medical Club is established is capable of being successfully carried out. To this question there is no difficulty in finding an answer in the experience of some of the oldest and best Clubs in London, such as White's, Brooke's, Boodle's, &c. I am inclined to think the modern Club has lost much of the charm, and many of the advantages of the older Clubs. Formerly men did not combine to erect stately edifices, in which each member was an unit of a large society, using it simply for the purposes of selfish enjoyment. They combined, as we have done, to cultivate and enjoy each other's society at the least possible expense, and to unite for the furtherance of certain principles in which all are alike interested; with the exception of the political Clubs, the magnificent buildings we see around us, with their princely incomes, appear to exist simply for the supply of the personal wants and gratifications of individual members. Our personal wants are few, and limited in extent; but, like the political Clubs to which I have alluded, we have combined together to cultivate social intercourse between the members of the Profession, at home and abroad, and to advance, by every possible means in our power, the interests and prosperity of the Profession we represent.

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Correspondence.

THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the constitution of the Medical Council is engaging the attention of medical reformers, and as every member of the Profession is bound to assist in any movement calculated to improve the position of medical men, it may not be out of place for me to offer a few remarks in support of the views which I entertain respecting the constitution of the Council, and which have been adopted by the Cork Medical Protective Association, at two of its annual meetings.

In the first place let us inquire what are the objects for which a Medical Council was established? They are, to secure uniformity of education and qualification, to secure to the Profession its rights and privileges, and to protect the interests of the Profession and the public.

If this be a legitimate programme for the General Council of Medical Education and Registration of the United Kingdom, I think every impartial observer will admit that the present Council has been a lamentable failure; that it has given no adequate return to the Profession or the public for the money paid by the former, and that, if we are to judge of the future by the past, there is no likelihood that any good will result from a Council consisting of gentlemen who hold the most opposite opinions on every subject that can come before them, who represent rival Universities and Colleges, and who meet only once a year to discuss the multifarious topics that should engage their attention. To me it appears quite clear that a Council composed of such heterogeneous elements will never have unanimity in its proceedings, and I believe it is impossible that twenty-four gentlemen selected from different parts of the United Kingdom, and meeting once a year in London, can have sufficient time to consider the many important questions connected with medical reform. During the eleven years that the Council has been in existence it has done nothing worth mentioning, except to publish a Pharmacopœia, and no stronger proof of the cumbrous nature of the machinery at its disposal could be given than the fact that it took nine years to produce this work.

No doubt the Medical Act is defective, and requires amendment, and the Council's inability to do anything useful may be partly attributed to this, but no alteration in the wording of the Act of Parliament will make it thoroughly efficient unless there be a radical change in its constitution.

The Medical Council is an administrative body, and I believe its representative character interferes with its administrative powers, for while it remains a representative body it never will be an independent body, as each member is expected to consult the interests of his constituents, irrespective of the general good; and as the experience of the last ten years shows the utter impossibility of reconciling the conflicting interests represented in the Council, there must be a total want of such unanimity as is essential to the due execution of its administrative functions.

It appears to me, then, that there are three objections to the Council as at present constituted:—1. It consists of too many members. 2. It only meets once a year. 3. It is a representative body.

The Council consists of twenty-four members—six nominated by the Crown, and the rest returned by the different corporations, and the mode of transacting business is to divide those twenty-four members into committees and sub-committees, the report of each committee then becomes the subject of debate at a general meeting, and thus each Session is wasted in rhetorical display; whereas a Council of one-fourth the number sitting permanently and independent of the licensing bodies could devote its undivided attention to the consideration of practical details, and would be always accessible to the Profession and the public.

To remedy this unsatisfactory state of things, it has been proposed that the registered practitioners should be allowed to elect representatives on the Council. Now, it seems to me that this arrangement would make matters much worse, it would add another to the many discordant elements that already exist in the Council, it would increase the amount of talk, protract the debates, and enhance that acerbity of feeling which has so often disturbed its proceedings.

Dr. Prosser James proposes that the representatives of the corporations should be elected by the members or graduates, instead of by the governing body, it is contended that by thus extending the franchise the Council would become more popular; but what we want is not to popularise the Council, but to make it more efficient, and I doubt very much if this plan would have the effect of increasing its efficiency, as each member would still look upon himself as the representative of some particular corporation, whose interests he would consider paramount to all others, while the objection still remains that no body of men, however eminent, sitting for so short a time annually, can promote any useful measure of reform.

The proposal which I advocate, and which has been approved by the Cork Medical Protective Association, is to abolish the Council and appoint a Medical Board, similar to the Poor Law Board; this Board should consist of not less than three, and not more than six members. They should sit permanently, and be ready to receive suggestions from the corporate bodies, the various Medical Associations, and even from individual members of the Profession. They should be empowered to enforce their own regulations, and institute public prosecutions, and one of their principal objects should be to assimilate the courses of study for degrees and diplomas in the different Universities and Colleges.

An objection may be raised to this plan, on the ground that there should be no taxation without representation, and that, if adopted, those who pay for registration would have no voice in the election of members; but my answer is the representative system has been tried and found wanting, after ten years it has been pronounced a complete failure, and the proposals of Dr. James and others only refer to an alteration in the mode of election to the Council, instead of some radical change in its constitution.

Enlarging the constituency while the Council retains its representative character will not secure unanimity in its proceedings, and with a Council constituted like the present, it is out of the question that we can ever get a uniform standard of education; it is useless to expect the suppression of quackery or the reform of the many abuses that medical men have to complain of.

The lunacy laws, skilled evidence in courts of justice, the laws of hygiene, &c., would form fair subjects for discussion in a Medical Council, if its object be to protect the interests of the Profession and the public.

How is a Council sitting ten days once a year to consider all those topics. Does any member of the Profession feel his position improved since he became a registered practitioner?

It is true that some medical grievances have been redressed, but their redress was owing to the action of the Medical Protective Associations, and not to the Medical Council.

An efficient Medical Council should possess the characteristics of *unanimity*, *permanence*, and *independence*. Its deliberations must be marked by harmony to inspire respect and confidence, it should sit permanently to become acquainted with medical grievances, and to master the details of the various questions that may arise from time to time, and it should be independent of all the licensing bodies, so as to secure freedom of action and give weight to its decisions.

Every member of an Administrative Board should be free and unshackled, *nullius addictus jurare in verba magistri*, and it is only by divesting the Council of its representative character, by reducing its numbers, and making it independent of all the licensing bodies, that we can secure an impartial administration of the law and hope for a proper supervision of medical interests.

I am, Sir,

Your obedient servant,

D. B. O'Flynn, A.M., M.D.

Carrignavar: August 17, 1869.

ON THE CAUSATIVE AGENCY OF THE SKIN AND LIVER IN THE INDUCTION OF PHTHISIS AND OTHER SCROFULOUS MALADIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Are we really, in regard to the treatment of phthisis, like the blind Cyclops in the Cave of Ulysses?

Is the Profession still, as Dr. Luther's article of the 11th inst. would lead one to believe, groping for a specific? Dr. L. wonders that the exhibition of lemon juice has never been tried in phthisis, and proposes to experiment on the first unfortunate patient he meets with well-marked phthisis. Before doing so I trust he will look at Thomson's "London Dispensatory" page 353, where he will find that its continued use *hastens* the progress of phthisis. He might also read Liebig's "Letters on Chemistry," page 428. Before building up a theory on the glocogenic function of the liver, it would have been well for him to have in his recollection that the experiments of Pavy have shown the glycogenic function to be a myth. Dr. L. speaks of scrofula as if identical with tubercle, which I think he would hardly have done had he heard the lectures of Dr. Reginald Southey, delivered at the College of Physicians, and reported in the *Medical Press and Circular*, May, 1867.

A true appreciation of the pathology of the disease will be the best guide towards its treatment; by comprehending the mode in which excessive acidity is produced in phthisis, he will seek his specific by the light of science rather than wait for empiricism to aid him with a wandering gleam. In the "Rational Treatment of Consumption," by Dr. Mulvany, *vide* Medical Press and Circular, April, 1868, &c., he will find potassæ permanganas recommended as a curative agent in incipient phthisis, on physiological, philosophical and chemical grounds. In Dr. McCormac's book on Consumption, he will find the *causa causans* so lucidly described that it is a matter for wonder and regret that the disease should ever be treated empirically.

I am, Sir,

Your obedient servant,

A Constant Reader of the Med. Press & Cir.

Portsmouth, August 18, 1869.

A NEW METHOD OF EXTENSION IN FRACTURES OF THE FEMUR AND IN COXALGIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having read several communications in your paper upon extension in fractures of the femur by means of the weight and pulley, I am induced to bring before the notice of the Profession the splint described below, which is at once simple in construction and easy of application.

Extension by means of the weight and pulley, though undoubtedly possessing many advantages, is, I think, open to the following objections:—

Firstly, the difficulty of its application;

Secondly, the unavoidable inconvenience and uneasiness it causes to the patient;

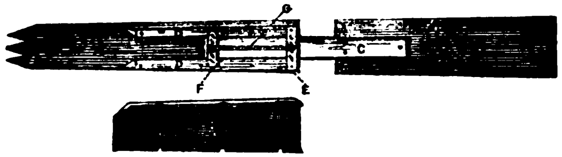
Thirdly, the extension not being made approximately from either end of the injured parts.

The great desideratum, then, is to get a splint easy of application, causing as little inconvenience and pain to the patient as possible, and to make extension and counter-extension as close to the injured parts as we possibly can, at the same time keeping up a constant equable and easily adjusted pressure.

Some six weeks since I made the splint, which I think possesses the above advantages. I have had no opportunity as yet of seeing it applied to fracture of the femur; but in a case of coxalgia, under the care of Mr. Croly, who kindly allowed me to apply it, the results have been such that its application to fractures of the lower extremity, where permanent extension may be required, will, I have no doubt, be successful.

It is made in the following way:—

An ordinary Liston's splint of the size and length required is taken and cut across opposite to the injured part, (A and B.) A piece of wood, C, about two feet long, and from two to three inches wide, and half an inch in thickness, is screwed in the middle of B, so that it may project about eighteen inches from its lower end.



To the lower part, A, are screwed two slips, D, D, about eighteen inches long, with one edge of each planed off so that the slip C may slide between them in a dovetail groove. A small brass or iron plate, E, with three or more stubs projecting from it, is screwed to the upper end of the two slips D D, so that the slip C may slide freely under it. To the lower end of C is screwed a similar plate, F. An India-rubber doorspring or some rope India-rubber is taken and cut into six or eight inch lengths, and to either end of each a wire loop is attached. One (G) or more of these are stretched from the upper to the lower plate. On contraction the two portions of the splint are forced asunder with a tension proportionate to the number of springs applied. A light tin case, H, covers the working part so as to allow a bandage to be applied. The splint is adjusted like an ordinary Liston, extension being made from the injured part downwards by means of adhesive plaister on the American principle, counter-extension being made by means of the perineal band, assisted by adhesive plaister from the injured part upwards. If the fracture be high up, the perineal band must be dispensed with, as it would probably throw the lower end of the upper fragment outwards, the counter extension in that case may be made from the opposite thigh by means of a good fitting collar. The splint being thus applied the India-rubber springs are put on, the tin case is placed over them, and a bandage applied from the foot to the upper end of A, securing it to the lower portion of the limb, another bandage is applied round B, securing it to the upper portion of the limb and body.

Scored splints, &c., may be applied as usual.

I am Sir, yours faithfully,
F. W. FURNELL,
Resident City of Dublin Hospital.

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Medical News.

UNIVERSITY OF LONDON.—The following are Lists of the Candidates who have passed the recent Honours Examinations :—

FIRST M.B. EXAMINATION, EXAMINATION FOR HONOURS.
ANATOMY.

FIRST CLASS.—Ernest Alfred Elkington (Exhibition and Gold Medal), Queen's College, Birmingham; Henry Edward Southee (Gold Medal), Guy's Hospital; Ebenezer Rust Edger, B.A., University College; Thomas Crawford Hayes, B.A., Dublin, King's College (equals).

SECOND CLASS.—James Barry Ball, University College; Thomas Jones, Guy's Hospital.

PHYSIOLOGY, HISTOLOGY, AND COMPARATIVE ANATOMY.

FIRST CLASS.—Alfred Henry Carter, University College.

ORGANIC CHEMISTRY, AND MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

FIRST CLASS.—Henry Edward Southee (Exhibition and Gold Medal), Guy's Hospital; Thomas Jones (Gold Medal), Guy's Hospital; Francis Warner (worthy of a Gold medal), King's College; Joseph Theodore Ingoldby, Guy's Hospital; Ernest Alfred Elkington, Queen's College, Birmingham.

SECOND CLASS.—Thomas Crawford Hayes, King's College; William Barnett Burn, St. Bartholomew's Hospital; William Ward Carr, University College (equals).

MANCHESTER ROYAL SCHOOL OF MEDICINE.—Award of Scholarships and Prizes, Session 1868-69 :—Third year scholarship, value £20, W. A. Patchett; second year scholarship, value £15, C. Holmes. First prize, value £5 5s., H. W. Webster; second prize, with extra value, £5 5s., H. Reston. First year, value £10, E. Bishop. First prize, value £5 5s., C. L. Smithard; second prize, value £3 3s., H. J. Price; third prize, value £2 2s., A. M. Edge.

APOTHECARIES' HALL.—At a court of examiners, held on Thursday, the 26th ult., the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz. :—Messrs. M. D. Murphy, Cork (Dublin School of Medicine); T. J. Preston (St. Mary's Hospital); A. E. Schmidt (Guy's Hospital); H. J. Sharpe (St. Bartholomew's Hospital); and H. J. H. Vines, Reading (St. Mary's Hospital). And at the same court the following passed the primary professional examination, viz. :—Messrs. E. C. Ling, (Middlesex Hospital); T. P. Stephens (Guy's Hospital); and H. G. Turner (Guy's Hospital).

INCREASE OF PAUPERISM.—The official return issued on Friday last, shows that the number of paupers (except lunatics in asylums and vagrants) in receipt of relief in England and Wales on the last day of the fourth week of June, 1869, was 932,218. The corresponding numbers in the previous year was 922,563, showing an increase against the present year of 9,665 or 1·0 per cent.

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NOTICES TO CORRESPONDENTS.

IN all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

CORRESPONDENTS not answered should look to the answers the following week.

TO SUBSCRIBERS.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

Dr. BALTHAZAR FOSTER, Birmingham, will please receive our best thanks.

Dr. ALEXANDER LEADMAN, Leeds.—It has not yet come to hand.

Mr. STEWART.—The twelve copies of August 25 have been sent to the address given.

ERRATUM.—By a printer's error Helminthology, communicated by G. Gaskoin, Esq., was spelled with an *r*, thus Herminthology.

Dr. EDWARDS CRISP, Chelsea.—We have, on several occasions, given space to your letters, and we have *now* no desire to depart from our rule of strict impartiality. We can but repeat what we have before said on this question—which was considered closed more than twelvemonths since,—that if Dr Crisp or any other gentleman can give any tangible proof of a mal-adjudication of the Carmichael Prize Essays, the same shall have due publicity in our columns, otherwise, we can take no notice of any further communication upon the subject.

L.R.C.P.E.—The papers appeared in the MEDICAL CIRCULAR before its incorporation with the MEDICAL PRESS. The facts which they set forth are, we believe, accurate, and they are certainly instructive, and we have no reason to discredit the source from which they come.

COMMUNICATIONS, Enclosures, &c., received from Mr. Holthouse, Westminster; Mr. F. Geere, Brighton; Mr; Tichborne, Dublin; Dr. Liveing; Mr. Street; Dr. Carpenter, London; Mr. Powell, Manchester; Dr. Luce, Glastonbury; Dr. George Lade, Kings' Lynn; Mr. J. T. Jones, Weedon; Mr. J. Lafarelle, Coleshill; Dr. Edwards Crisp, Chelsea; Mr. Bingham, Greenborough; A Governor of Queen's College, Birmingham; Dr. McCall Anderson, Glasgow; Dr. Dunbar, Glasgow; Dr. Jackson, Beeford; Dr. Embleton, Newcastle; Dr. Foster, Birmingham; Dr. Leadman, Leeds; Dr. Crafter; Mr. Squire, Dr. Sabben, Stoke Newington; Dr. Drysdale, London; Dr. Waring-Curran, Sutton; Mr. Ross, Glasgow; Mr. Stewart, Edinburgh; Dr. Bennett, Beechgrove; Mr. Langley; Mr. Harben; Dr. More Madden, Dublin; Mr. W. Legge, Alfreton; Mr. J. Lewellyn, Cardiff; Dr. Finucane, Kingstown; Dr. Foott, Gortmore; Dr. Johnston, Kilkenny; Dr. Bewley, Clara; Dr. West, Dublin; Dr. Lynn, Sligo; Dr. McManus, Ballymahon; Royal Dublin Society; Dr. Benson, Dublin; Dr. Fitzpatrick, Maryborough; Dr. Torney, Dublin; Dr. Atkin, Virginia; Dr. Pollock, Blackrock; Dr. Knight, Clowes; Dr. Carte, Kilmainham; Dr. Richardson, Dublin; Dr. Hunt, Dungarvan; Dr. Flanagan, Tuam; Dr. Sandman, Cork; Dr. Walsh, Dublin; Dr. Sale, Kilmeague; Dr. Anthony, Dungarvan: Dr. Ross, Ballymena; Dr. Deverell, Ardglass; Dr. Morris, Deddington; Dr. Lory Marsh, Nottingham; Dr. Sanders, Edinburgh; Mr. Kirkby, Sheffield; Dr. Nicholas, Wandsworth.

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APPOINTMENTS.

HALL, Dr. Egerton F. M.D., St. Andrew's, Medical Officer of the Prescot Union, Lancashire.

HARRIS, Dr. James Smith, L.K.Q.C.P. Irel., and L.M., M.R.C.S.Eng., Medical Officer of the Isle of Thanet Union, and Medical Officer for the workhouse.

SCOTT, Dr. Henry Thomas, Medical Officer for District No. 3 of the Croydon Union.

ADAMS, Dr. Thomas Rutherford, M.D. Brussels, L.R.C.P. Lond., Public Vaccinator for Croydon, Addington, and Sanderstead.

NUNN, Dr. George R., L.R.C.P. Edin., M.R.C.S. Eng., L.S.A. Lond., Medical Officer for the Lyndhurst and Minestead District of the New Forest Union.

PRESTON, Dr. Eyre Frederick, Medical Officer of the Kilkeel No. 1 Dispensary District of the Kilkeel Union, County Down.

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BOOKS, PAMPHLETS, &c., RECEIVED.

On External Perineal Urethrotomy. By T. W. S. Gouley, M.D., New York.

On Fresh meat Preservation. By Prof. Gamgee. London: Robert Hardwicke.

The Principle and Practice of Modern Dentistry. By A. Eskell, London.

The Army Medical Report, vol. ix.

Metropolitan Board of Works, Report for 18'8-9.

Dr. Kennion on the Harrogate Waters, 7th edition. London: John Churchill and Sons.

Boston Medical Journal; New York Medical Journal; Pacific Medical Journal.

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Deaths.

ARCHER.—On the 12th inst., at Hilldrop crescent, E. Archer, M.D., of King's Lynn.

BRADFORD.—On the 14th inst., at Killowen Point, Co. Down, Wm. J. Bradford, M.B., of Tyndale place, Islington.

ELLIS.—On the 16th inst., at Scollinstown, Dr. Geo. Ellis, aged 59.

TIDMARSH.—On the 16th inst., R. Tidmarsh, M.D., of Greenwich, formerly of Adelaide, South Australia, aged 64.

WIGLESWORTH.—On the 11th inst., two days after landing in America, T. Wiglesworth, M.D., of Cinderford, Gloucestershire.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 8, 1869.

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Lecture.

ON THE USE OF THE FORCEPS IN MIDWIFERY PRACTICE.

DELIVERED IN THE

ROTUNDO DUBLIN LYING-IN HOSPITAL.

By THOMAS MORE MADDEN, M.R.I.A.,
Assistant Physician to the Hospital.

(Continued from page 182.)

THE cases in which we resort to the application of the short forceps are daily becoming more numerous; and I know of hardly a greater improvement in the practice of any branch of our Profession than has resulted from the more frequent and timely employment of the midwifery forceps in those cases which require its use. The long forceps being less commonly required, and more difficult in its application than the short instrument, I shall, before speaking of the former, in the first instance point out the cases suitable for the forceps more generally employed, and describe the manner in which it should be used.

The most frequent cause of difficult labour requiring the use of the short forceps is inertia of the uterus. Thus, out of thirty-eight cases in which I have been obliged to apply the forceps, this measure was necessitated by inefficient uterine action in twenty-two cases, in all of which the labour was delayed in the second stage by this cause alone, the pelvis being sufficiently roomy, and the soft parts dilatable.

Before the forceps are applied the os uteri must be fully dilated, or at least dilatable. Denman's rule was that "the head of the child should have rested for six hours as low as the perinæum before the forceps are applied."(a) This rule is quoted with a qualified approval by the author of the "Dublin Practice of Midwifery," which is still the favourite text book in this country. Dr. Murphy is a great advocate for non-interference, be the second stage however long, and however slowly the head may advance.(a) Dr. Gooch says that the forceps should not be applied until the head has been for twelve hours stationary on the perinæum. Dr. Ramsbotham, who is copied by other recent writers, fixes the time which should elapse after the dilatation of the os before the application of the forceps as four hours in ordinary cases.(b) No rule, however, as to the time which should elapse after the os uteri is dilated before the forceps should be applied, is of any practical value. One patient will suffer as much in one hour as another will in twelve, and therefore the only point to be considered is the actual condition of the mother and that of the child, and the particular circumstances which in each case render artificial delivery necessary.

The dangers of undue delay in affording instrumental assistance to the efforts of nature to effect delivery in cases of difficult labour once the os uteri is fully expanded, and the soft parts sufficiently dilated, are, in my opinion, as serious as those which are produced by needless hasty and meddlesome recourse to the forceps, a practice which no one can reprobate more than I do. The lives of both mother and child are endangered by undue protraction of the second stage of labour; and the fact is unquestionable that after long protracted labours the proportion of deaths from metritis, puerperal peritonitis, and other diseases to which women are subject during convalescence after delivery, is much greater than it is in cases in which labour has terminated within the natural period. This fact has been conclusively established by Drs. Johnston and Sinclair's "Report of the Practice of the Rotunda Hospital,"(c) as well as by Dr. Churchill's statistics,(d) and the opinions of Sir James Simpson,(*a*) Dr. Tyler Smith,(*b*) Dr. T. Beatty,(*c*) Mr. Steele,(*d*) and other recent writers.

(a) Denman's "Midwifery." P. 275.

(a) Maunsell's "Dublin Practice of Midwifery." P. 424.

(b) Ramsbotham, "Obstetric Medicine and Surgery." P. 245.

(c) Drs. Johnston's and Sinclair's "Practical Midwifery." P. 85.

(d) Sir James Simpson's "Obstetric Memoirs," Vol. i. P. 533.

In cases of difficult labour, if the violent, painful, and, at the same time, powerless expulsive uterine efforts of the second stage be permitted to continue too long unassisted, a state of inertia will probably intervene, the pains gradually becoming weaker, it may then become impossible to re-arouse the worn-out contractile power of the uterus; and this inertia may prove fatal when too late the necessary assistance has been given, by resulting in uncontrollable flooding.

Rupture of the uterus is another occasional consequence of delay in the second stage of labour. The uterine walls being torn through by the forcible and spasmodic action which a little assistance afforded at the proper moment might have directed and aided in effecting a safe delivery. Nor are these the only evil consequences of that morbid dread of instrumental assistance in midwifery cases under any circumstances which still lingers in the minds of some practitioners. Lacerations, contusions, inflammation, and sloughing of the recto-vaginal or vesico-vaginal septa, or of both, are too often the result of the long-continued pressure of the child's head on the soft parts in cases of protracted labour; and I have seen deplorable cases of this kind resulting from the neglect of applying the forceps.

The child, too, is as much endangered as the mother by undue delay in the second stage of labour. The fœtal head suffers from the protracted compression to which it is thus subjected, and there is a strong probability that the uterine contraction acting directly on the child after the rupture of the membranes may exercise a great degree of pressure on the child's body, and by compressing the funis cause its death. This danger to the child would, in my opinion, not only justify, but demand our immediate recourse to the forceps as soon as we have any reason to apprehend danger to the child from the further protraction of the labour. It surely can need no argument to demonstrate the fact that it becomes our unquestionable duty, when we believe that the child's life is in danger, to interfere the moment it becomes possible to do so, and to rescue the child from perishing in the womb, as well as to save the mother's life. The practitioner who, under such circumstances, would hesitate to deliver at once with the forceps would incur, as I believe, the same moral guilt that would rest on a man so void of humanity as to pass by a drowning fellow-creature whom he might have rescued from death by stretching forth his hand.

A very slight degree of disproportion between the head of the child and the passage through which it has to pass during labour is sufficient to render parturition difficult. But in the majority of these cases the natural powers are able to overcome the difficulty thus created, the child's head being compressed and altered in form, often to a very remarkable extent, so as to accommodate itself to the size of the passage through which it is forced during labour.

Every student of midwifery who has any practical experience at the bed-side of lying-in women must be fully aware of the extraordinary degree of pressure the fœtal head will bear so as to alter its form completely during a protracted labour without the least injury, and how rapidly it will recover its natural shape often after a couple of days from being elongated to an almost inconceivable degree becoming round again.

Slight disproportion in size between the mother's pelvis and the child's head was the cause which led to the use of the forceps in five of my cases; and even a more considerable degree of disproportion may be successfully treated by this operation. It should not be rashly concluded that because a woman has some pelvic deformity, and because her medical attendants in her previous labours resorted to the perforator and crochet, that you must abandon all hope of saving the child's life. On the contrary, a very short time ago I attended a woman who had been delivered by the perforator and crochet on her two previous labours, there being some flattening of the curve of the sacrum, but who now gave birth to a well-formed living child at the full period by the natural efforts. Cases have been recorded in which living children have passed through a pelvis scarcely measuring three inches;(*a*) so that even a considerable degree of pelvic deformity may admit of the successful application of the forceps.

In such cases it may be a matter of extreme difficulty to move the fœtal head with the forceps, notwithstanding that it is accurately adjusted, and all the powers of the instrument, so far as compatible with safety, have been fully applied. It may happen that the accoucheur's efforts have been thwarted by rigidity of the soft parts, or that the child's head is not yet sufficiently moulded and compressed by the natural efforts—in other words, that the forceps were applied too soon; and if the instrument be withdrawn for a time we may again introduce it with perfect and facile success. If, even then, when the practitioner knows that no impediment is offered by the soft parts, and that the head has had due time to accommodate itself to the pelvic cavity, he finds it impossible to effect delivery; still let him not be disheartened, and, by abandoning the forceps, take away the only chance that remains for the child's life. On the contrary, let the forceps be again withdrawn and again reapplied, but in another position, and again in another, as long as is compatible with the safety of the mother; and, in the great majority of cases, he will thus succeed where a less patient practitioner would have fail.

The application of the forceps in certain diseases of the heart and lungs, where danger may be apprehended from the protraction of the violent expulsive efforts of the second stage, is sanctioned by the high authority of Dr. Churchill. The forceps may also at once be resorted to if, from any cause during the second stage of labour, the pulse rises above 100; if the abdomen becomes tender on pressure; if super-pubic pain, premonitory of rupture of the uterus, occurs; or if symptoms of exhaustion or prostration, with excitement, manifest themselves, no matter how short a time the labour has continued, or if the sounds of the fœtal heart become weak, and if the cranial bones overlap much. The employment of the forceps in cases of complex labour is a subject I shall reserve until we come to speak of the long forceps.

It is laid down as an axiom by most writers on midwifery, that the forceps is intended only for cases in which the child is alive, and should never be employed to deliver dead children with. I cannot agree with this rule, however. We can have no certain knowledge as to the child's condition until it is born, as all the means of diagnosis at our command, including the stethoscope, are very fallacious; and we would not, I think, be justified in relying so far on them as to do anything that prevents the chance of saving the child's life. I have, more than once, seen a living child delivered by the forceps in cases where no sound of the fœtal heart could be detected, even by most experienced auscultators, and where the cranial bones were loose and overlapping, and the discharges fœtid and discoloured.

(To be continued.)

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THE *Madras Mail* announces the death, at forty-three years of age, of Dr. Howard B. Montgomery, Secretary to the Madras Sanitary Commission, *ex-officio* Professor of Hygiene in the Madras Medical Colleg, and editor of the *Madras Quartely Medical Journal.*

(*a*) Dr. Churchill's "Theory and Practice of Midwifery." P.

(*b*) Dr. Tyler Smith on "Parturition." P. 172.

(*c*) Dr. T. Beatty's "Contributions to Medicine and Midwifery."

(*d*) Dr. Steel "On the Forceps." *British Medical Journal*, 1867. P. 479

(*a*) The late Dr. John Beatty, op. cit., p. 24; Burns' "Midwifery," p. 462; and Hamilton's "Pract. Obs. on Midwifery," part ii., p. 129.

THE CONSIDERATION OF RITUALISM, WITH REFERENCE TO ITS INFLUENCE ON INSANITY.*

By J. T. Sabben, M.D.

Mr. President and Gentlemen,—

It is my intention in this paper to bring under your consideration a subject which I believe to be of the utmost importance to us in our special branch of medicine.

The daily spreading influence of Ritualism, and its injurious effects on society, call forth some observations which, I feel sure, you will not consider out of place in this meeting.

Ritualism, at the present time, is evidently one of the most prominent causes of insanity in the middle ranks of life; within the last two years I have had under my care several cases of mental derangement caused by it, and have selected those of the most importance, which I intend bringing under your notice.

From my own observation, and so far as I have been able to ascertain, it appears that the young are more attracted by it than those of mature age. In a church I attended a few Sundays ago, among a congregation of about 500, consisting chiefly of boys and girls, only one grey head was to be seen. The places of worship have also so largely increased in number, that in some parts of London they are to be found within a stone's throw of each other, rendering both choice and position agreeable to its followers.

It is not my intention to enter upon what would approach a philosophical discussion on the religious bearings of Ritualism, but simply to confine myself to its morbid influence, as shown in the following cases :—

The first case is that of a clergyman of the Church of England, aged 34, who came under my notice last April twelvemonth. He had been in holy orders seven years; when I first saw him he was suffering from acute melancholia with strong suicidal tendencies. He was in a weak state of bodily health, and refused food. His chief delusions were that his brother priests and different members of the congregation had control over his mind that they knew his thoughts long before he was conscious of them himself.

The previous history of this case is as follows :—He was educated at a grammar school, and graduated at Cambridge. When ordained, he was licensed to a small church in the country, where he remained two years. He afterwards took a curacy in a Ritualistic church in London, living alone in apartments.

For the first three years he was most regular in his correspondence with his friends, who lived some distance in the country, when it was noticed his letters became less frequent, until at last he ceased to write at all. His friends receiving no tidings became alarmed, and proceeded to London, where they found him in the most wretched condition, sitting writing a sermon. On his father and sister entering the room, he simply bowed, not showing the slightest sign of affection ; after they had been with him some minutes, he jumped up, rushed towards the window, exclaiming aloud and in great anger "that he knew that several clergymen (mentioning their names) were aware of his existing thoughts," then, turning to his friends, told them that their presence defiled him, and opened the door for their departure. The person with whom he resided informed the father that he had been in this state for some months, seldom taking his meals, and very often not going to bed more than twice a week, his nights being chiefly spent in prayer. The first service in which he took part commenced at 8 in the morning, the whole of the day being occupied in visiting different institutions connected with some Brotherhood to which he belonged. In the evening, when not engaged at his own church, he would go long distances to attend others. This gentleman remained in the condition above mentioned for ten months, when he quite recovered, and after a short sojourn at the sea-side, returned, I am sorry to say, to his previous Ritualistic persuasion.

The second case is also that of a gentleman (J. W.), who came under my notice on December 9th, 1868. It was about 2 o'clock A.M. when I first saw him. He was then suffering from an attack of acute mania, and required five attendants to hold him, although, on examining him, he was found to be in a very emaciated state. He continued in this excited condition up to December 22nd, when he became quieter, even so much so that he walked about the grounds with one attendant ; while in this quiet state he was more coherent in his conversation, but constantly referring to the religious ceremonies with which he had previously been connected, and would spend the greater part of the day in offering extempore prayers.

January 8th.—Acute symptoms having come on again, he remained in a raving state until the 14th, when he became calm and collected ; having quite recovered from this attack, he continued comparatively well for a period of six weeks, after which time he suffered from relapses about every fortnight, each attack lasting two or three days ; this went on until June 6th, when he became gradually better, and has remained well up to the present time, August 2nd, 1869.

The previous history of this case is as follows :—He was educated at Brighton College, and left there at the age of seventeen. He then returned to London, and entered a merchant's office in the city ; for the first three months after leaving Brighton, he attended a Sunday-school in the parish where his friends resided, for the purpose of teaching the children. About this time his friends discovered that he was in the habit of going to "Ritualistic churches," and that his visits to the Sunday-school had become very irregular. His manners were considerably altered, he was very sullen, and would not join in any family amusements, or enter into secular conversation. His office hours were from 9 A.M. to 4 P.M., during which time he would make various excuses to get away, so that he might attend service at some Ritualistic church in the neighbourhood. He always rose at 5 in the morning, spending the interval until 8 A.M. in prayer, attending service before going into the city, and again in the evening on his return. He would pray for two hours before going to bed, and on several occasions was heard by his friends praying in the night, often falling asleep from sheer exhaustion.

Some of his evenings were spent with what are termed "Brothers," in going about to the different "Homes." He kept all the fast days with great rigour, and has been known to go for five days with nothing but bread and water for his diet.

The third case is that of a lady, aged twenty nine (M.K.), who came under my notice May 29th, 1868. She was in a very feeble state of bodily health, and suffering from acute melancholia ; refused food, and was obliged to be fed artificially. Her chief delusion was that the souls of several persons had been given into her care, and that she must pray day and night to save them from destruction, stating, in her calmer moments, that the charge had been allotted to her when attending the Communion by one of the priests of her own church. She would spend the whole day in prayer, and when alone would hold imaginary conversation with spirits ; she remained in this state for several weeks, and since then has been gradually improving.

The history of this case is, so far as I have been able to ascertain, as follows :—The patient was brought up in the Protestant religion, and educated in a boarding-school, where she remained until her eighteenth year. She lived with her friends until she was twenty-one, when she married a young officer in the Indian Army, went with him to India, residing there seven years, where she had four children, her husband died very suddenly, after his death she and her children came to England and lived with her friends. For several weeks she kept quite in seclusion, feeling deeply the loss she had sustained. At this time she was persuaded by a friend to attend a Ritualistic church in the neighbourhood, which she did for three or four months, when it was noticed by those about her that she began to neglect her children, and would not allow them to be with her for more than five minutes a day. During this period she attended services from morning till night, starving herself on certain days in the week. This continued for some little while, when a further change for the worse took place, she became extremely slovenly in her dress, and would not allow herself time for even washing her hands, leaving her home for two or three days and wandering miles away, walking the whole distance to convert, as she said, the souls in her charge.

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* Read at the Annual Meeting of the Psychological Association at York.

On several occasions she was found in the middle of the night, kneeling on the steps of the Ritualistic church she attended, in the attitude of prayer; soon after this she was found footsore in a wretched hovel on one of the commons, and her friends having naturally become very anxious, took immediate steps to place her under proper care.

The last case that I shall read is that of a young gentleman, aged nineteen, who came under my notice so recently as within the last month. He was suffering from acute melancholia, his delusions being that his father was to be murdered for his (the patient's) sins. He was in a very exhausted state of bodily health, not having taken food for four days.

Previous history.—He lived with his parents in a small provincial town, until he was sixteen, when they went to reside in London, he entering the University, where he studied up to the time of his attack of insanity. Soon after his arrival in London, he took great interest in the Ritualistic churches, attending all the services on Sunday, and, when time permitted, during the week. His friends noticed, about three months before he became actually insane, that he was very dignified and pompous in his manner, he would not take the least notice of his old companions, and for a week at a time had not spoken to one of his own family, with whom he resided. Before meals he would offer up a long prayer, and sign himself with the sign of the cross.

From these cases I venture to make the following remarks:—

1st. That Ritualism appears so entirely to engross the attention of the individual, that there is little or no desire to dwell upon matters beyond the bounds of its own bearing. The train of thought is naturally unaltered, laying the first stone towards disease.

2nd. The length and manner of conducting the services, and the time spent in public and private prayer (occupying in some cases nearly the whole day), combined with the most rigid rules for fasting, can scarcely fail to destroy the strongest constitution, both physically and mentally.

3rd. That it is the younger members of society, their intellects being the most sensitive to impressions, who become its victims.

4th. Where there is an hereditary tendency to insanity, or where mental deficiency exists, the individual is likely to fall a prey.

And, in conclusion, let me ask you whether it is not possible for some steps to be taken to prevent the increasing evil of Ritualism, and to save others from its sad consequences? For in this country, when any contagious disease which is likely to destroy life makes its appearance, hundreds of different opinions are given by an excited multitude, as to the best course to be pursued to prevent its raging further. Now, if such care and caution be taken to keep away the causes of bodily disease, how much more strongly does it devolve upon us to exert every power to check a malady which is more destructive, spreading itself far and wide over our country, taking possession of our houses of religion, ravaging our position in the State, and bringing misery and desolation into our *homes*? It is tearing away with it those who should be "as the polished corners of the temple," through its allurements and ceremonial pomp, holding out to its victims a charm as false as it is fatal.

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Original Communications.

POISONING BY CYANIDE OF POTASSIUM.

At a meeting of the Swedish Society of Physicians, held April 13th, 1869, Hr. Hallin detailed the following case of poisoning by this salt.

On the 15th March, 1869, in the dissecting-room of the Anatomical Institute of Lund, a medico-legal examination of the body of Ola Ohlsson, a photographer of Tullesbo, was made by Nylander, medical candidate, under the direction and supervision of Dr. M. V. Odenius, one of the staff of the Academy. The document accompanying the body represented that O. O., conformably to report, died on the 8th of March after swallowing some cyanide of potassium in solution. From the report of the *post-mortem*, we gather that on external examination of the body nothing worthy of note was to be seen. Internal examination revealed a considerable stagnation of blood in the membranes and substance of the brain. Regarding the cavity of the chest it is remarked: "Upon opening the thorax, the lungs did not collapse; they were partly bound to the chest walls by old bands of adhesive matter; in each pleura there was about half a pint of thin, dark red, transparent fluid. The lungs were everywhere pervious to air, crepitating before the knife; in the upper portions, light red, of ordinary consistence; in the lower parts, darker, reddish grey, somewhat soft; when squeezed, pouring out from the cut surface in the lower portions a dark, viscid, frothy blood, about which, however, it is remarked that its (*i.e.*, the blood's) surface is not clear and bright, but is covered with a lustreless film; in the upper portions of the lung, the fluid, which is pressed out from the cut surface in a tolerably viscid state, is frothy, reddish grey, almost like an emulsion. In this fluid, as well as in the lung-substance generally, appear numerous small, yellowish white, here and there branchy, soft, cylindrical bodies, which on further examination are seen to consist principally of finely divided fat, and they lie in the finest ramifications of the wind-pipes (bronchioli); a like substance is also met with in the lung vesicles; in the somewhat larger bronchia such cylinders are not found, but scattered lumps of a similar nature. The mucous membrane of the trachea and of the bronchi is light red, and covered with mucus; in the trachea a number of dirty, whitish grey, lumpy, pap-like masses, resembling curdled milk; in the throat, which is otherwise free, a similar mass is found. The pericardium contains a small quantity of clear fluid, the right side of the heart being full of a dark liquid blood, without coagula. The heart itself tolerably large and covered with fat; the left side of the organ empty, firmly contracted; muscular and valvular structures and openings healthy."

The liver, spleen, and kidneys were much congested. The stomach, which had previously been taken out tied below, of ordinary size, contained about half a pint of whitish grey fluid, of the consistence of pap, in which might be distinguished grains and rather small pea-like lumps; its mucous membrane everywhere uniformly and vividly injected, only in the pylorus tract green, discoloured and softened (gastromalakia). From neither stomach, lungs, heart, nor other organ could any smell of bitter almonds be detected.

Chemical analysis of the blood and of the contents of stomach was carried out in the following way:—"The blood, alkaline in reaction, was acidulated with acetic acid, and distilled in a water bath. A portion of the distilled liquid, which was perfectly colourless, was mixed with pure liquor potassæ, then with a protosalt of iron, on which a dark precipitate formed, which was dissolved by pure hydrochloric acid, without any deposition of prussian blue, even after a lapse of five days. Another portion of the same distillate was mixed with a few drops of yellow bisulphide of ammonia, warmed until smell and colour had disappeared from it, filtered into a clean porcelain capsule, the precipitated sulphur being thus removed; acidulated with a drop of pure hydrochloric acid, and mixed with a small quantity (less than a minim) of dissolved perchloride of iron; whereupon the liquid immediately assumed a faint, but evident light blood-red tint, which appeared most pronounced just when the perchloride of iron came into contact with the previously clear and colourless fluid, and became after a short time somewhat lighter, until at length the colour was discharged after several days (trace of hydrocyanic acid). With one and the same result also were the contents of the stomach examined."

Further careful analyses for *vegetable poisons* (colchicine, digitaline, picrotoxine, veratria, strychnia, atropia, nicotine, &c.) were instituted, as also for *metallic poisons* (lead, copper, arsenic, mercury, &c.).

The opinion given on oath was to the following effect:—"Of the alterations found on a *post-mortem* examination the appended particularly demand attention, namely, hyperæmia in the brain, heart, and several of the abdominal viscera, the nature of the blood, and also various conditions in the air-passages and lungs. The fact that in the last-named organs, foreign materials were met with of the same nature as those which were found in the throat and stomach, can indeed be explained only on the supposition that they were inspired during life, when they penetrated even into the bronchia and air vesicles. The intrusion of a number of such foreign masses into the lungs can scarcely take place so long as consciousness be maintained, and the sensibility of the larynx be not seriously diminished. It may be assumed that a considerable difficulty of breathing occurring during a more or less unconscious state, caused the strong inspiration, as a consequence of which these were found here and there in the throat, and what are probably vomited matters were drawn into the lungs. As all traces of external violence were wanting, and as no other cause of death was discoverable, also since as well the trade of the deceased, as the traces of poisoning by hydrocyanic acid found on chemical analysis, support the presumption that cyanide of potassium, or some other poisonous preparations containing cyanogen was taken—there is the highest probability that this poison, which is well known to occasion loss of consciousness and dyspnœa, in the present case also produced the same effects. The appearance of hyperæmia in most of the internal organs agrees also with the idea of a dyspnœa arising from the complete stoppage of the air-passages, and of the immediate operation of the poison. Why from the chemical analysis so small a quantity only of hydrocyanic acid could be demonstrated as present, the long time which elapsed between the occurrence of the death and the examination very easily explains.

"On the ground of what thus appeared, partly on *post-mortem* examination, partly from chemical investigations, with the highest degree of probability I consider it to be proved that Ola Ohlsson, photographer, of Tullesbo, died in consequence of swallowing poison (cyanide of potassium)."

The case under review possesses interest on the ground of the unusual *post-mortem* phenomena observed, which has shown that the contents of the stomach may, during respiration, penetrate far down into the bronchioli and lung vesicles; a fact which, as the maker of the autopsy states, may be considered as a consequence of the dyspnœa attended by deep inspirations that are such prominent symptoms in poisoning by cyanide of potassium or other preparations of cyanogen.—*Hygiea*, June, 1869.

CASES IN COUNTRY PRACTICE.

By James Hayes, M.D., L.R.C.S.I.

CASE OF STRANGULATED FEMORAL HERNIA.

Michael Connor, æt. fifty-six, was admitted into the Glin Union Infirmary about nine o'clock on the evening of the 4th July, 1868, under my care, with a strangulated femoral hernia in the left inguinal region. The strangulation took place the previous day; never before complained of rupture. I saw the patient soon after his admission, and found a very tense and painful tumour, the size of a small walnut, in the left inguinal region, with stercoraceous vomiting and abdominal pains. The taxis being tried before his admission, without any effect, by the medical officer of the district, I did not consider it advisable to repeat it. At half-past five o'clock on the morning of the 5th, I proceeded to operate, having put the patient under the influence of chloroform. The division of Gimbernat's ligament external to the sac had no effect. I therefore laid open the sac; it contained a small knuckle of intestine, not much congested; the stricture was divided, and the intestine returned. The edges of the wound were brought together by three sutures, and a towel, folded into a pad, and bandage applied. I had the patient removed to bed, and ordered gr. ii. of opium in pill, to be taken immediately.

I visited him two hours after the operation; he complained of very little pain; the vomiting had ceased. I ordered him plenty of ice to suck during the day.

July 6th.—Slept during the night; everything looks favourable; no return of the vomiting; bowels not yet moved.

The bowels did not act until the third morning after the operation, and then with great pain and difficulty. After the bowels had acted, the patient continued to improve rapidly, and left the Hospital on the 21st, much fatter than when he entered. I received good advice and able assistance during the operation from Dr. Hayes, of Shanagolden, and Dr. Hamilton, of Tarbert. The patient continues in excellent health up to the present.

CASE OF PHYMOSIS.

William Hanley, æt. fifty-nine, widower, stonecutter, consulted me last May. He says that, about eight years ago, while working at his trade in the limestone quarry near Foynes, he received a large wound in the glans penis, it having been accidentally caught between two large blocks of stone; the rubbing of the trowsers against the penis caused him much pain, and, to guard against this, he pulled forward the foreskin and kept it so by bandage. When the glans was healed he could not retract the foreskin, it having become firmly united to the subjacent parts. In the course of a few years he found the meatus getting small, difficulty of voiding his urine, and a fœtid discharge. Had medical advice; was supplied with a lotion and syringe; did not derive much benefit from this treatment. Two years ago the orifice of the urethra was so much contracted that he could only pass his water in drops, and even that only after dilating the orifice with a fine-pointed nail, which he always carried in his pocket. The pain now was so great that he was obliged to carry in his breeches a small saucepan filled with cold water, which had to be replaced as it got warm, for the purpose of "killing the burning pain." He suffered a great deal last spring from sleepless nights; often had to remain sitting up all night. His case getting worse, the "doctors doing nothing for him," and, to add to his miseries, his employer threatened to dismiss him, he consulted me. I found the meatus urinarius very much contracted, hard, and gristly, with fibres radiating from the centre, a fœtid smell, and I had a great difficulty in introducing a silver probe. I told him the nature of the case, and the treatment to be adopted; he most willingly submitted. The prepuce and glans were so closely united that I could not introduce a fine silver probe. I enlarged the orifice, which cut like cartilage, and then separated the prepuce from the glans partly by dissecting and tearing. I succeeded after great patience and trouble, and then slipped off the prepuce in the usual way. There was not much hæmorrhage. I dressed the penis with a piece of lint steeped in warm water; he complained of no pain after the operation. The glans healed very soon. The organ is now quite healthy, and the water comes in a large stream. He is now working at his trade at the new church, Rathkeale, in perfect health.

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

MERCER'S HOSPITAL.

LOCAL SYPHILITIC PARALYSIS.

By Mr. Morgan, F.R.C.S.I.,

Surgeon to the Hospital, and to the Westmoreland Lock Hospital, Dublin, Professor of Surgical and Descriptive Anatomy, R.C.S.I.

Amongst the remarkably obscure yet distressing sequela of syphilitic infection, the various and capricious nervous affections and their complications are of great interest and difficulty.

While some nerves, as the motores oculorum, are so frequently affected by paralysis of syphilitic origin that its very existence leads to the conclusion of there being such a source, yet others seem very much less subject to this influence; thus, though the cranial nerves seem to be more directly susceptible, the spinal comparatively escape.

Cases of paralysis of some groups of muscles, combined at the same time with a certain amount of neuralgia, have been noted, as escaping suitable treatment, and thus remaining stationary for a long time, till the occurrence of a rash or of some syphilitic manifestation gave the clue to a correct diagnosis. Lancereaux gives three cases of sciatica which had long resisted treatment, but yielded "as if by enchantment," when, a syphilitic cause being suspected, mercury and iodine preparations were administered. Vandekeere gives a case of ilio-scrotal neuralgia which was cured by anti-syphilitic treatment.

Niepce has furnished a well-marked case of a "man, aged forty-two, who was treated for rheumatic pains in the back, neck, and arms, and afterwards had atrophy of the upper part of the neck and left arm, with weakness of the muscles in these regions, the atrophy and weakness resisted moxas and blisters, until the occurrence of a syphilitic eruption suggested the administration of iodide of potassium, which agent cured all the symptoms."

The following very typical case came lately under my care, and demonstrates how the syphilitic influence may be cloaked and escape observation.

J. W., a strongly built man, aged about twenty-nine, an engine-driver, was admitted to hospital on the 13th November, 1868. He states, on close examination, that about three years ago he got a sore on the prepuce, followed in some days by bubo, which suppurated and was opened; he had no further symptoms, and married a healthy young woman in one year after. His wife showed no symptoms of being infected, but she produced successively three children—the first was dead-born, and decomposed—the second was born at seven months, and died in nine days—the third lived and is healthy.

He has been for several months past suffering from paralysis of the deltoid and scapular muscles of the right side, which now show very considerable flattening; he cannot raise his arm, or use the limb, indeed in any way, the muscles are wasted to about one half; he suffers from severe neuralgic pain over the deltoid; in the course of the circumflex nerve and also along the inner side of the arm to the bend of the elbow.

He has had no idea of there being any specific cause, till I was directed to the source by his having alopecia, and copper-coloured spots on the trunk. He had been treated by tonics, blistering, and galvanism locally applied. That the origin of his symptoms was of a syphilitic nature, I had little doubt. I therefore at once administered large doses of the iodide of potassium, gr. xij. four times daily, and instead of exercising the limb, I directed him to keep it at rest, to remain in bed, and use sedative liniment over the deltoid. After the first three days of this treatment the neuralgic pains diminished, and in a fortnight the improvement was most remarkable, so much so, that in four weeks from his admission he was able to leave hospital and resume his occupation. The result in this case was most striking and satisfactory, the neuralgic pains began to yield after the first half-dozen doses of the iodide, and the improvement continued steadily to progress. At first he could not raise the arm at all; in four days he could bring it from the side; and in eight was able to raise it to the head. The iodide of potassium was then combined with iron, and stimulating liniment well applied over the muscles of the shoulder. His health rapidly improved, and he put up flesh.

Another still more marked and urgent case occurred in the person of J. L., a coach-smith, who gave the following history:—About eight or nine years ago he contracted a sore and bubo, which suppurated in a fortnight; he continued free from any symptoms for years, and never had another sore, when he got an eruption of blotches on the skin, which continued for some weeks. He afterwards suffered severe osteoscopic pains, and in March twelvemonth his health got broken down, and he got nodes on the clavicle and tibial periostitis.

He now had very considerable paralysis of both upper extremities, the muscles on both sides being fully a third wasted; he was quite incapable of raising the arms to the head, and even fed himself with difficulty. He had been unable to pursue his business for five months, and was much distressed by neuralgic pains down the arms, and also up the neck. There is a slight tenderness along the dorsal region of the spine, and, as in the former case, the neuralgic pains took the course of the circumflex nerve and along the inner side of the arm.

I treated him with large doses of iodide of potassium, and sedative liniment over the shoulder and back; in four days, as the iodide began to exert its influence, the pains sensibly diminished, and in ten days the improvement was very marked. After five weeks' treatment, the muscular power being evidently restored, he was discharged cured.

This patient came under my care during the past week for an accident. He showed me how completely restored he was: that he never had any return of the paralytic symptoms now for ten months, and has been able to make vigorous use of his arms in his trade as smith.

In neither of these cases was there the slightest evidence of any inflammatory state of the shoulder-joint; there was no tenderness on motion or handling, and no special position of the limb caused pain.

In the first case, the paralytic affection seemed extreme in the one arm on contrasting it with the sound limb; but in the latter, the loss of power was most evident and distressing. The iodide of potassium was pushed from 12 grs. to 25 grs. three times a day; as the symptoms yielded directly, there was no necessity for pressing it further.

It is remarkable that both these cases of constitutional infection dated from a sore and *suppurating bubo.*

At the Westmoreland Hospital I have had a similar case of one shoulder affected, and where no inflammatory symptoms were present. Here, also, the iodide of potassium effected a rapid cure.

BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE lengthy nature of the proceedings of the Science Congress at Exeter renders it impossible for us to attempt a full report of the whole, although many of our readers would no doubt be interested in the progress of Departments with which they are not necessarily brought into contact. We propose to add to what we have already published some gleanings from the proceedings in the Sections in reference only to those subjects which have the greatest claim on a medical journal.

ON THE PHOSPHORESCENCE OF SEA AND OZONE, IN CONNECTION WITH ATMOSPHERIC CONDITIONS.

Dr. **MOFFAT** detailed the result of observations taken at sea, to show that ozone is in maximum quantity with decreasing readings of barometer, and the conditions of the south or equatorial circuits of the atmosphere. It is supposed that there might be some connection between ozone and the phosphorescence of the sea.

ON THE OXIDATION OF PHOSPHORUS, AND THE QUANTITY OF PHOSPHORIC ACID EXCRETED BY THE KIDNEYS IN CONNECTION WITH ATMOSPHERIC CONDITIONS.

Dr. **MOFFAT** stated that from results of observations on the luminosity of phosphorus in connection with atmospheric conditions for a period of six years, it appears that periods of phosphorescence and ozone periods commence, continue, and terminate under the same atmospheric conditions. While the barometer is increasing, and the wind is veering towards the north, phosphorescence diminishes in brilliancy, and ozone increases in quantity, and so on in various quantities, according to the change of wind and barometrical influence. Liquid and gaseous bodies when in contact with phosphorus in a non-luminous state become, under certain conditions, ozonised. As venous blood contains phosphorus, which in coming in contact with the oxygen of the air is converted into phosphoric acid, and combines with certain alkalis and earths' in the *liquor sanguinis*, and forms phosphates of soda, magnesia, and lime, it is not unreasonable to suppose that the quantity of phosphorus oxidated and the phosphates formed in the system, and eliminated from it through the kidneys is in some degree determined by the pressure and temperature of the atmosphere, and the state of the weather generally with a view to ascertain the quantity of phosphoric acid excreted by the kidneys. Dr. Moffat tested urine, under certain conditions, viz., that of a healthy man, and by the results it appears that the amount of phosphorus oxidised in the air, and the amount oxidised within us depends upon similar atmospheric conditions.

ON A REMARKABLE STRUCTURAL APPEARANCE IN PHOSPHORUS.

Professor **TOMLINSON** said that a very remarkable appearance in phosphorus was seen some months ago by Mr. James John Field, F.C.S., who requested the learned Professor to account for it. Mr. Field placed about half-a-dozen sticks of phosphorus in a cylindrical jar containing water, which rose about half an inch above the ends of the sticks, and the jar was closed with a bung. This jar was placed in a cellar, where it remained undisturbed about three years. The cellar is flagged with stone, surrounded by damp walls, and almost entirely protected from light and currents of air. The maximum temperature probably did not exceed 50 deg. or 55 deg. Fahr. After this long repose, the jar was taken into the laboratory, when it was found that the level of the water had sunk to about one-third of its original height, and the liquid left in the jar had become as dense as the strongest syrup. The portions of phosphorus that rose some inches above the liquid, instead of being cylindrical as before, were conical, from a sharp point to the full diameter, and each cone had a double spiral running down from left to right as if two flat tapering bands of the substance had been made to cohere at right angles lengthwise, and then twisted into pointed rods, just as if the sticks had been mounted in a screw-cutting lathe geared to cut a coarse tapering double spiral. The sticks had also changed from the creamy opaque surface to a translucent appearance, from the surface of the liquid up to the points. The learned Professor then explained the appearances above described. First, the wasting away of the sticks and their conical form are clearly effects of slow combustion, diminishing in intensity downwards. The continued combustion diminishing the evaporation of the water must have been due to a badly-fitting cork, which, during a falling barometer, allowed a portion of the moist air to escape from the jar, and, during a rising barometer, allowed a portion of comparatively dry air to stream in. After giving the most conclusive reasons for the spiral markings, he concluded by stating that when the particles approach the orifice they converge to a point beyond it; and as this point in the phosphorus to which the relating lines converge, though fixed in or near the tube, is being constantly shifted in the phosphorus, by being drawn out and moulded in the tube; the converging lines also are drawn out, and thus give the appearance of a double spiral. Professor Calvert, Dr. Nevins, Mr. Braby, Mr. Wm. Huggon, and Professor Tomlinson took part in the discussion in this section.

REPORT OF THE COMMITTEE ON THE CHEMICAL NATURE OF CAST IRON.

The committee consists of Messrs. F. A. Abel, D. Forbes, and A. Matthiessen. The committee reported that they entrusted the preparation of pure iron to Mr. Matthiessen, who carried out this part of the investigation in conjunction with M. Szizepanowski very satisfactorily. These gentlemen expressed a hope that next year a great deal of very useful information will be obtained on the chemical nature and physical properties of pure iron and its alloys. According to an analysis made by Professor Abel, the iron contained in a hundred parts only 0·00025 parts of sulphur. To another analysis the amount of sulphur found by M. Prus. Szizepanowski was 0·0007 per cent. The amount of substance taken for each analysis was about 30 grammes. Phosphorus and silicon were carefully tested by both the above analysts, and found to be entirely absent. Prof. Matthiessen then detailed very elaborately the nature and properties of pure iron, and the best and most approved methods of fusion and filtration.

ELECTROLYTIC IRON.

Dr. **JACOBI** read a paper on the electro deposit of iron. The learned Professor illustrated his remarks by a series of plates of extreme beauty. The solution from which the metallic iron was deposited consisted of a double salt, the sulphate of iron, and magnesia. It was found desirable to coat the recipient of the deposit with a thin film of nickel or copper. Specimens illustrating the application of the electro deposit of iron to purposes of engraving (aided by photography) were also exhibited.

RUST OF IRON.

Professor **CALVERT** gave some interesting results of his experiments into the nature and condition of rust. Oxydation of the bottom of iron ships he thinks may be prevented by an external coating of a preparation of an alloy of lead and antimony, while an alkali is placed in the bilge water within the vessel.

THE CHEMISTRY OF FLINT INSTRUMENTS FOUND IN THE DRIFT. BY W. D. MICHELL.

A very long paper, discussed from a purely chemical and mineralogical standpoint. The evidence for the natural formation of these implements in opposition to their art formation, was derived from various writers on this subject, and from careful observation, as also from a chemical and mineralogical investigation into the nature of flints and their allies—obsidians, chalcedonies, and quartzites. The paper described the remarkable forms of flints found in raised beaches and river-bed gravels, their chemical changes, and the mechanical methods in which they beach up and flake in the beds, &c., even on the surface, as well as the atmospheric changes upon them in the way of disintegration. The conclusion arrived at was that these chipped flints of the Drift Beds, &c., styled Flint Implements of the First Stone Age, are nothing more than lithological curiosities. Several gentlemen took part in an animated discussion.

SEWAGE.

A CHEMICAL METHOD OF TREATING THE EXCRETA OF TOWNS.

BY E. C. C. STANFORD.

This paper, and the one succeeding it, attracted a considerable amount of local attention, and was intended to show that the present system of dealing with the excreta of towns was entirely a failure. The use of lead pipes was most prejudicial; the evaporation of deleterious gases and the immense damage to rivers and streams call for some other means of dealing with the important question. The dry closet system is the great remedy; but, inasmuch as the use of *earth closets* was beset with difficulties, the adoption of charcoal as a deodorant was an effectual and economical remedy. The objections to the use of the water system were—1, cost of works; 2, cost of closets; 3, large amount of water required; 4, pollution in discharge; 5, its value as manure reduced by dilution; 6, generation of noxious gases. In addition to this, there is the excess of mortality, tainting the atmosphere, and the evils of drinking impure water. The objections to the dry system are—1st, the large quantity of earth required; 2nd, the difficulty of obtaining the quantity required, and of drying it. Now, these difficulties are disposed of by using charcoal. Sea-weed charcoal, when procurable, is the best absorbent and the cheapest. This deodorant can be stored for any length of time, and re-burnt if necessary, yielding valuable products.—Mr. Hope thought that it was not so much an engineer's question as a chemist's; and he would desire to have a Committee of Chemists, under the auspices of the Association, with a necessary grant of money, to test the question effectually.—Mr. Alderman Rumney, Manchester, gave some details of the sewage plans adopted in that city, and was followed by Mr. Webster, who thought the dry system could entirely meet the difficulty, but local circumstances were sometimes in the way of carrying out even that which appeared to be the most effectual.—Dr. Paul thought there should be no antagonism; but that the engineer and chemist should work in harmony in order to solve this most important question. In an economical point of view, the agriculturalist would look at it at its value for manure, while the towns would be only anxious to get rid of their refuse.—Mr. Phillips, of Exeter, referred to the two plans which had been set before the Section this day, as the wet system and the dry system; he had paid much attention to the subject, and came to the conclusion that the dry system must be adopted—if not immediately in our large centres of population, at least in our more sparse neighbourhoods.

UTILISATION OF TOWN SEWAGE.

Mr. Thomas D. Barry read a long paper on "The Utilisation of Town Sewage." After expressing an opinion adverse to the application of Mr. Moule's dry system to large towns, he proceeded to criticise the irrigation system, especially as developed at Edinburgh, Worthing, and Croydon, and contended that fields subjected to constant irrigation, can produce nothing but rank coarse grass, and that if any other crop is to be grown in those fields, the flow of sewage must be discontinued. Indeed, unless this was occasionally done, he did not think irrigation would benefit land. The effects of irrigation were most beneficial on clay and sandy soils, and really good land did not give evidence of so much improvement. He could see but little difference between the effects of sewage irrigation and the pure water irrigation in Lombardy and Piedmont. The advocates of irrigation claimed that their system possessed two advantages, viz., freedom from offensive smell, nuisance, or injurious influence on the health of a district, and a remunerative return for money laid out. He proceeded to dispute both these propositions. With respect to the latter, he argued that the apparent success was due to accidental circumstances, and had no permanent reality, and brought forward several illustrations in support of his views. He also argued that the system was not so free from nuisance, &c., as was claimed for it, and quoted authorities on the matter, and then proceeded to contend that the land was deteriorated by repeated and successive applications of liquid sewage. He expressed his adherence to the system of filtration, as more suited [illegible] certain localities and large towns. He explained that at Leamington the town ashes, road scrapings, &c., were mixed with the sewage, and a dry manure formed, which found a ready sale among the farmers, produced good crops of all kinds of vegetables, and was prepared without any offensive or unhealthy odour.—Dr. Paul said the works at Leamington were satisfactory, as far as the eye went, but it was illusory. Only about one-fourth of the manure was taken from the water, though it seemed perfectly clear. Four per cent. of ammonia was the only component in the manure produced at Leamington which was of any value, and at places where much manure was produced it was sold at from 6d. to 2s. per ton. With regard to the question of profit and loss, he held that the towns must be expected to pay for getting rid of their refuse, and the real profit was the improvement of the land. He did not see the greater danger to health of spreading the sewage on the land than of pouring it into the water we drink.—Mr. Rumney said it had been stated that either irrigation or filtration must be adopted. This he denied, and explained a plan which is being adopted under the Artizans' Dwelling-house Act at Manchester, which he thought preferable to either.—Mr. Hope, V.C. (of the Barking Sewage Farm), joined issue with Mr. Barry, and defended the judicious use of liquid sewage, and said that where it had parted it was due to mismanagement.—Mr. Stanford compared a company looking for profit from the deposit of sewage to a ferret watching one hole of a rabbit burrow while the rabbit ran out of the other. Irrigation was not adapted to all towns, and he thought it better to make sewage solid by mixing it with something else, and carrying it away, as in Manchester.—Admiral Belcher said that in China and Malay the excreta is allowed to be in proximity to the houses, but no malaria resulted; but if water was allowed to flow over it, fermentation would ensue, and bush fever would follow. The drainage system which we have adopted robbed the land of the fertilizing salts, and conveyed them to the rivers. He was the originator of the Thames Sewage scheme, and he had suggested that the outlet should be extended through Essex, and be delivered by the River Crouch into the German Ocean.—Mr. Barry said he was afraid the dry system mentioned as in operation at Manchester would not answer, because of the difficulty of administration, and the annoyance and danger of carrying the excreta through the houses.

ON THE WATER SUPPLIES TO PLYMOUTH, DEVONPORT, AND EXETER. BY H. BAMBER.

The water used for the supply of Plymouth is taken from the river Meavy, coming down from Dartmoor in an open leat for about twelve miles, and thence carried on in mains of 24 in. and 12 in. in diameter; the total contents of solid matters, after analysis in imperial gallon, being 2·95 at the commencement of the leat above Meavy; and in Plymouth, at a stand pipe, contained 3·25 solid matter. This, although a good water for manufacturing purposes, acts rapidly on iron pipes, but this is counteracted by coating all new pipes internally with asphalte. The Devonport supply is derived from near the source of the Dart, and is conveyed by an open leat of more than thirty-four miles to the town. The analysis gives at an early stage 4·05 solid matter. Its organic constituents, like those of Plymouth, were principally chloride of sodium and sulphate of lime. A dark infusion in the water is probably due to peaty matter. The water used for Exeter is taken from the Exe at Upton Pynes, where it is pumped into the reservoirs at Danes Castle, behind the gaol. After filtration it is distributed through the city. When the water is clear, as at present, the supply is pumped directly from Pynes to certain parts of Exeter and Heavitree which are at a high level, but when the water is foul, it is all sent to the filtering reservoirs, and thence to its destination. A sample of water was taken from a tap in the house of the Mayor, H. S. Ellis, Esq., as it was running into the cistern. There was a red sediment in the bottom of the tank, and on pressing the ball-cock to increase the supply, it came out at first quite red, from containing in suspension the rust of iron. After this it seemed to bring with it from the pipes, in suspension, a brown substance, which soon settled. At last a clear sample was obtained. The analysis was found to contain in the imperial gallon:—

	Grains.
Inorganic matter	11·48
Organic and other volatile matter	0·16
Total solid matter	11·64

The inorganic constituents consisted of carbonate and sulphate of lime, carbonate of magnesia, chloride of sodium, and a trace of nitrates. It contained 2·15 grains of chloride of sodium per gallon, and ·005 grains of ammonia. Its hardness before boiling was 7·60, after 2·27. This is a good water, is moderately soft, and becomes very much softer on boiling; it is supplied by the Water Company, and should be always filtered, if possible. The supply from St. Thomas is taken chiefly from a well in the gravel, and supplemented by the Exeter Company. By means of the black board an elaborate analysis was shown, from various points and under various circumstances.—Dr.

Shapter did not think the analysis of the Exeter water by the reader of the paper at all trustworthy, and would read the analysis by Mr. Hill, analytical chemist :—

	Nov. 27, 1867. Grains p. gal.	Aug. 3, 1868. Grains p. gal.
Volatile and combustible matters	1·40	1·40
Chloride of sodium	2·40	2·04
Sulphates of lime and magnesia	5·09	6·49
Carbonates	none	1·13
Nitric acid	none	none
Total solid matter	8·89	11·06

Hardness (27th November, 1867)—	before boiling	4·7
" " " "	after "	4·7
" (3rd August, 1868) "	before "	7·5
" " " "	after "	6·5

Mr. Norrington thought Dr. Shapter was in error, and that Mr. Bamber's analysis was most in accordance with the experience of the inhabitants.—Mr. Beardman and Mr. Thorp, of the Rivers Commission, also entered into the discussion.

THE HYDRAULIC SCRAPING OF THE TORQUAY WATER MAIN.

Mr. R. E. FROUDE read a paper on the operations which were rendered necessary by the continually decreasing supply of water, which resulted in raising the supply from 320 gallons in 1864, to 564 gallons per minute in 1867, to 634 gallons in 1868, and to 660 gallons in 1869. The plan adopted was that of passing through the main a piston, armed with a scraper.—Mr. W. FROUDE read a very abstruse paper on some difficulties in the received views of fluid friction, which elicited some discussion, and was warmly received.

THE METHYL SERIES.

Dr. RICHARDSON read his "Report on the Physiological Action of the Methyl Series," which stated that the use of some of these agents had greatly increased during the last twelve months, especially in France; the bichloride had been very safely used, having been administered 2,500 times without any fatal result. With ordinary skill and ability on the part of the operator, insensibility could be produced with about six minims, and in forty seconds of time, which was long enough for all simple operations, and the patient recovered in from three to five minutes. Dr. Richardson alluded to the new substance chloral, discovered by Liebig, the physiological effects of which were about the same as those in the methyl series, but he had not yet examined it himself. The investigation of the alcohols was most elaborately described, and as an anæsthesia the use of alcohol was condemned as being too slow and too prolonged. He could not place the alcohols in any other position than other chemical bodies—they were certainly not foods, nor could they either give strength or supply material for strengthening the tissues, or throw force into the tissue, which had been supplied by other matter. It was time that the learned in the profession should recognise the true position of these agents, for seeking force in alcohol was like seeking for sunlight in a subterranean cavern. The report referred to the means of restoring suspended respiration, during which Dr. Richardson exhibited the bellows which he had constructed to aid in restoring respiration artificially. He had, by the aid of the apparatus, restored respiration from two to four minutes after all appearance of it had ceased in dealing with rabbits and other animals, but he could not always succeed, and why he did not he was totally unable to say. A brief discussion followed the report, and in reply, Dr. Richardson, speaking of the means used to restore respiration, said that the operator should always have the power to raise the temperature of the room in which he worked, and, as this remark applied to the recovery of the apparently drowned, all receiving houses should contain a room in which the temperature could be raised to 140 or even to 160 degrees, at the will of the operator. There was always in the case of suspended respiration a lowering of the temperature, and the air used in producing artificial respiration should be warmed artificially before being passed into the lungs.

RESPONSIBILITY OF HABITUAL CRIMINALS.

Dr. WILSON read a rather phrenological paper entitled "On the Moral Imbecility of Habitual Criminals, exemplified by Cranial Measurements." Dr. Wilson's theory was that habitual criminals did not possess such an amount of intellect as to enable them to discriminate between right and wrong, and that the majority of them were devoid of moral sense. The habitual criminal was of a low type of intellectual development, and some of them were so backward as to be unable to surmount the rudimentary difficulties of education. The measurements submitted by Dr. Wilson were from 464 separate measurements, and all showed a cranial deficiency, especially in the anterior lobes of the cerebral portions of the brain. Dr. Wilson recommended the adoption of a system of treatment of criminals similar to that in practice in Ireland—a system of punishment more reformatory than punitive. He also suggested that means should be taken to test a criminal, after he had been confined for a certain period, and that if he did not withstand the test he should be for his own sake and also for the sake of society kept in confinement. This paper excited a good deal of opposition.

VITAL STATISTICS.

Dr. JAMES STARK, Registrar-General of Scotland, produced a mass of statistics of Scotland comparing the mortality in towns with that of the rural districts, and drawing this general conclusion that, though the mortality in towns is much greater than that in the rural districts (especially among young people under fifteen years), the principal contagious diseases carried off as great a proportion in the country as in the towns, and the increased mortality in towns was owing to general depreciation of health and not to the zymotic and respiratory diseases.—Dr. Shapter stated that some eight years ago he compiled the statistics of Exeter as compared with those of Devon on the same plan and with the same objects as those of Mr. Stark, and he arrived at precisely the same results.

VACCINATION.

Dr. HENRY BLANC, F.R.G.S., Staff Assistant Surgeon, Bengal Army, read a paper on "Human Vaccine Lymph and Heifer Lymph Compared." Dr. Blanc stated that compulsion is always distasteful, but that, if the Vaccination Act, 1867, were wisely and properly applied, it would soon lose much of its compulsory character, and vaccination, instead of being avoided and dreaded by a large section of the public, would he hailed by one and all as one of the greatest blessings human mind had bestowed on mortal man. As the matter stands, however, Dr. Blanc fears that, if no steps be taken to render vaccination more perfect, the resistance on the part of the public will become so general that the law will become a dead letter. The declared adversaries of vaccination were not half so dangerous to the safety of the system as are those who persist, in spite of repeated warnings, in declaring that no risk of the transmission of disease exists. The anti-vaccinators, however, had, by their persistently exaggerated statements, done good service by calling the public attention to a subject of such great importance. In commending the Vaccination Act, Dr. Blanc makes an essential condition, that the lymph forced upon the public shall be perfectly pure. The vaccine lymph at present used, he unhesitatingly declared, did not answer this description. In treating the subject, he dealt with two questions: 1st, Can disease be transmitted with humanised lymph? 2nd, Is humanised lymph of long standing a prophylactic against small-pox? In answer to the first question, he did not believe that every possible disease could be transmitted by lymph. To suppose that human cholera and some other forms of disease were produced by vaccination was not only irrational, but simply absurd; but at the same time he was compelled to admit that the transmission of disease was not only possible, but must be received as an acknowledged fact. Dr. Blanc gave instances to show that two forms of disease, particularly a kind of skin disease and syphilis, had been unmistakeably transmitted by vaccination. With regard to the latter, Dr. Depaul, director of public vaccination in France, in a discussion at the French Academy of Medicine, had brought forward many instances, drawn from the observation of cases of children of soldiers who had been vaccinated at military hospitals, and the cases showed that nothing but a most rigid and searching examination could enable a medical man to judge whether syphilitic taint existed or not. With regard to the second question, as to the efficacy of humanised lymph, Dr. Blanc answered it in the negative, as he found the humanised lymph of long standing lost much of its anti-variolic power, and stated that, far from being alone in this opinion, he was supported by all the best authorities on vaccination. M. Simon, after a careful study of the progressive successes of vaccination in the Prussian army, found that the vaccinations of 1836, when tested by subsequent susceptibility to cow-pox, were not so successful as those of 1813. There was no longer the same immunity as was formerly given, and the cases of fatal result from vaccination had also largely increased. Dr. Blanc quoted copiously from returns of various public institutions to show that the increase of cases of post-vaccinal small-pox had steadily increased since the use of humanised lymph became general. During the small-pox epidemic at Norwich only 2·10 per cent. of those cases which were observed by Mr. Cross had been vaccinated. Mr. Marson, of the London Small-Pox Hospital, in the course of 30 years' experience, stated that cases of small-pox occurring after vaccination had steadily increased since 1836. From 1835 to 1845 the admissions of small-pox after vaccination to the London Small-Pox Hospital, were 44 per cent.; from 1845 to 1855, they were 64 per cent.; and from 1855 to 1865, 78 per cent.; while, during the years 1863 and 1864 they were 83 and 84 respectively. On the other hand, on examination of the cases of people who had taken cow-pox from milking cows, it was found that they still enjoyed perfect immunity from small-pox, as was shown by Dr. Blanc in a variety of statistical extracts. The remedy he proposed was simply to return to the system of Jenner. Vaccination direct from the heifer or animal was no new or untried system, and had been established in many large cities of Europe. The advantages of the system were a removal of the danger of infection from other disease, as the bovine race was not subject to such diseases as might be transmitted to man; that the spontaneous cow-pox was not likely to lose its essential qualities; and it was easy always to have on hand a good supply of vaccine matter by these means. No fatal results had been recorded as arising from the use of the animal lymph, and the conclusion of Dr. Blanc is thus to render compulsory vaccination efficacious, and to complete the great work of Jenner they must return to the system of taking the lymph from the animal, and so restore the glory and usefulness and prestige of Jenner's great remedy.

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MEAT-BROTH.

Kemmerich makes the following assertions:

1st. A small dose of concentrated meat-broth increases the force and frequency of the heart's action; large doses act toxically, and produce death, with symptoms of cardiac paralysis.

2nd. The active principle upon which the above effects depend, consist mainly of the potassa compounds contained in meat-broth.

3rd. The salts of potassa, small and medium doses, do not retard the heart's action, but on the contrary stimulates it.—(*Pfluger's Archiv f. d. ges. Phisiologie*, 1868.)

As the first rather startling assertion has a very important practical bearing, it would be well for others to follow up the investigation.

We hope that patients have not been unwittingly killed with beef-essence in days gone by!

NUX VOMICA IN CHRONIC DYSENTERY.

In a recent number of the *Bulletin Gen. de Thérapeutique* is an article by Dr. De Savignac, upon the use of nux vomica in dysentery and dysenteric paralysis. His theory is, that the cause of the disease lies in an affection of the spinal cord, which causes paralysis of the motor nerves of the large intestines, and of the vaso-motor nerves which supply its blood-vessels. If this be correct, nux vomica would appear to meet the indication precisely. Dr. Savignac, who has had large opportunities for observation in the marine hospitals of Toulon, claims excellent results.—*N. Y. Medical Gazette.*

ON THE FORMATION OF FUNGOID GROWTHS IN MILK.

Hessling, in *Virchow's Archives für Pathologischen Anatomie* states that, if a fine layer of milk is examined just before it becomes sour, amidst the milk and fatty globules there will be found germinal masses of vibriones, such as are seen in substances in the course of putrefaction, and closely resembling the *ascophoræ*. These growths are not confined to milk, but are found in butter, both fresh and salt, and in cheese. The subject is of importance, as it has led both Hessling and Falger to consider these fungi as a source of intestinal disease in infants brought up by hand.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 8, 1869.

THE PERILS OF POLICY HOLDERS.

IT is impossible to take up a subject which, in the face of the collapse of the Albert Office, has a more vital interest to a large number of our professional brethren than that of life assurance. Poor as many of us are—dependant on an uncertain income, which illness or death may at any moment sweep from us—we have found life assurance the only available mode of securing our widows and children from absolute want after disease or early death has deprived them of our support. How terrible, then, is the revelation that our provident savings may have been all in vain: that what we pinched for years to secure has been engulphed in the speculation, or only helped to keep afloat an insolvent concern, and so entice others to a similar fate. No wonder that an indignant loser should utter his sentiments in unparliamentary language, and call the rotten concern a "d——d swindle." Year after year the Albert went on, taking new premiums, absorbing other offices, and dividing so-called profits. It spread its net far and wide, and great was the take. The policy holders have all been deluded; the shareholders have lost their money. No one has gained anything except the officials and amalgamators. Verily, it is a swindle; and we sincerely trust that no compromise will be accepted, but that every effort that lawyers can suggest will be made to bring the guilty persons to book; for guilt there must be, when millions that had been consecrated to widows and orphans have disappeared. Who were the guardians of those millions, and what has become of them? It is impossible to pretend that they have been lost by fair trade. Life assurance as a business is perfectly safe: at any moment it is possible to arrive at an exact estimate of the state of affairs; and consequently those behind the scenes might have known, and ought to have known, the true position of the Albert.

Since the announcement of the failure of the Albert carried ruin and desolation into thousands of households, there have been many proposals for preventing such another catastrophe. One of the most important for those already assured in any office is the publication of full and particular accounts. We would counsel every policy holder to ask for such accounts. If the movement should be general, no office dare refuse. To deny information would be to excite suspicion, and sound lives would feel it better to make terms with a new office, rather than continue in one in which they had lost confidence. Combination to a slight extent would enable them to do this. Another point is, whether any offices should be proprietary. For shareholders, as compared with policy-holders, we have no room for pity. If they put themselves at the mercy of directors or managers, they only lose the money they have invested in the hope of profit; but the poor policy-holder loses far more, oftentimes the savings of a lifetime, the hope of declining years, the provision made for wife and family. For our part, we fancy mutual offices less complex, more public, and less liable to such proceedings as have brought the Albert to ruin.

Now, we may consider further how far the law should regulate assurance. Some would like to see the Government conduct the life assurance of the country. Already Government does insure lives to small amounts, for the benefit of working men; and it may be questioned whether the limit put to Government might not advantageously be extended. At the same time it is to be remembered that it is quite contrary to the genius of British institutions to foster a dependance on the State, or to encourage the paternal solicitude of Government.

America has always controlled, more or less, the business of life assurance, and the plan has worked so well that the advocates of State interference will not fail to urge upon us a similar supervision. Some information on this point will, no doubt, be welcomed, and we therefore add some of the regulations that exist in New York.

A superintendent of the insurance department, who holds office for three years only, and must give a bond for 10,000 dollars, with two sureties for the faithful discharge of his duties, and is forbidden to have any kind of interest in or connection with insurance companies, is appointed by the State. The expenses are defrayed by fees and fines, any deficiency being made up by a tax levied on assurance companies. Life insurance companies are not permitted to undertake fire or marine insurance, &c. The different companies are all subject to the same laws and regulations. Separate companies, separate capitals, and separate accounts are required for each kind of business, and the first division is limited entirely to insuring lives and granting annuities.

No company is allowed to commence business with a less capital than 100,000 dollars, paid up and deposited in approved securities with the insurance department, and not less than thirteen may form themselves into a company. These regulations complied with, a certificate is granted by the superintendent, which is to be authority for commencing work. On taking any risk, whether in annuity or life insurance, it is compulsory to set apart at once a sum which, annually invested at a low rate of interest in Government securities, will be sufficient to discharge the policy at maturity.

The superior officers of the company, with the secretary, actuary, or a majority of the trustees, must prepare on oath, and deposit in the insurance department on the 1st of January in each year, or within sixty days afterwards, a statement setting forth in a clear form the number of policies issued or annuities granted during the year; the amount of assurance effected thereby; the amount of cash taken in premiums; the amount of cash in interest and all other receipts; the different items to be specified; the amount in losses paid during the year; the amount in losses unpaid; the amount in management expenses; whole number of policies in force; amount of consequent liabilities and all other risks; amount of capital stock; amount of accumulation, stating whether received in purchase of annuities, or, if otherwise, how? amount of assets, and how invested, whether in real estate, bonds, mortgage, Government stock, &c.; amount of dividend unpaid; a tabular statement of policies at present in force, whether for the whole term of life, or any shorter term, showing how many for each term, and for what amount of liability.

The State superintendent supplies the forms for accounts; he can vary the standard of interest assumed. Once in every five years he makes a valuation of all outstanding policies of every insurance company. If he suspect the accuracy of the accounts or the soundness of the office, he can suspend its business, order a special investigation, examine the officials on oath, and publish the result; which not being satisfactory, he can cancel the certificate, and with the concurrence of the Supreme Court the company is compelled to discontinue business, and the effects, including the securities, are confiscated in compensation of the claims of the policy-holders. The expenses thus incurred at the cost of the offending company. Fines are inflicted for violation of the minor provisions of the statute, the lowest being 500 dollars; half of the fines goes to the informer.

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Notes on Current Topics.

The Epidemic Diathesis in America.

The tendency to epidemic disease is decidedly less than last year, not only on the Pacific Coast but on the entire continent. Small-pox has almost disappeared from west of the Sierras, though it clings to some favourite localities elsewhere. Scarlatina and diphtheria are endemic in a few places within the borders of the Pacific States. Yellow fever and cholera exist in tropical latitudes, particularly in the disturbed island of Cuba, and threaten from time to time to invade the Atlantic cities. Thus far the year 1869 has been healthy compared with last year. But the usual period of maximum disturbance has not yet arrived.

Modern Homœopathy.

The *Medical and Surgical Reporter* (Phila.) furnishes the following extract from the proceedings of the Cleveland Homœopathic Medical Society, recently held in that city:

"Dr. S. R. Beckwith asked if the members had any experience to report on the use of bromide of potassium in epilepsy said it was a pretty sure remedy, given in *sensible* doses. He related several cases favourably affected by its use.

"Dr. P. Wilson reported, that late clinical reports had shown that in bad cases of epilepsy, it was safe to give as high as *sixty grains of bromide of potassium three times daily;* that such doses caused temporary insanity, which might be continued many weeks, and yet disappear on ceasing the use of the medicine."

The same Journal says, that the returns of the London Homœopathic hospitals show a decided partiality for similar "massive" doses.

The late G. W. Mackmurdo, F.R.S.

A LONG and useful career of one of the most amiable surgeons has closed with the life of Mr. Mackmurdo, formerly surgeon to Newgate, to the Ophthalmic Hospital at Moorfields, and to St. Thomas's Hospital. He entered the Council of the Royal College of Surgeons of England in 1850, and was re-elected in 1861. At the last election, on account of his failing health, he declined to come forward again, and thus made way for younger men. He refused the Examinership when his turn came for it. He was throughout life connected with many city institutions, and possessed very large influence in city circles. He seems to have been not only respected but beloved by almost all with whom he was brought in intimate connection.

St. Bartholomew's Hospital.

WHAT is the matter at this old Royal City Hospital? There is to be no Introductory lecture. Surely that is not on account of the discontent that prevails. In the out-patient department there has been much cause for remonstrance, but we had hoped all disagreeables had passed away. We now learn that one of the resident physicians has been suspended for the part he took as to the out-patient's department. The suspension of a temporary officer who feels bound to speak up in the interest of the patients, and of those who will soon succeed him is not a very likely way to promote the interests of the school, or to convince those who contemplate entering, that they are sure to meet with considerate treatment. This matter concerns the staff, and the lecturers and young members of the Profession may fairly look to them to see justice done. We presume resident medical officers would willingly be left in the hands of the permanent staff, and the latter should have influence enough to force their opinions on the lay governing body. We hope some steps will be taken to bring about harmonious action in the working of this great hospital.

Queen's College, Birmingham.

WE have seen a copy of a letter to the patrons and friends of this college, which appears to us to contain points of great importance to its welfare. The letter is signed "A Govenor," and, besides enforcing the recommendations of the Charity Commissioners, urges upon the managers in temperate but firm language the necessity of certain substantial reforms. We learn from the letter that the founder of the college is no longer on the Council, and when we call to mind the unwearied work of Mr. Sands Cox, we are as surprised at this as we are proud of that great surgeon's life and example. There must be something strange in a condition which leaves "out in the cold" the one whose indomitable energy and long perseverance created the college of the Midland District. We sincerely trust that for the credit of the Medical School and for the good of the Queen's College, the discussion opened by "A Govenor" may lead to some satisfactory arrangement.

Devon and Exeter Hospital.

LAST week the new chapel of this hospital, erected at the expense of Mr. Arthur Kempe, one of the surgeons, was consecrated for Divine service. It is adapted for 150 inmates, and has cost the benevolent member of the unpaid staff some £2,000.

Budleigh Salterton.

MANY months ago, we directed attention to this pretty spot on the Devonshire coast, as a most eligible one for a health resort. It appears from a local paper that Dr. Farr, staying there after the Exeter Congress has come to the same conclusion, and pointed out how the one defect of Salterton—occasional deficiency of water—may be easily removed. The inhabitant would do well to take steps in the matter, as there is no reason why this pleasant town should not become one of the most favoured resorts of our southern coast.

DR. P. ALLEN has been elected aurist to St. Mary's Hospital.

DR. WILTSHIRE has been sent to Dewsbury, Yorkshire, to report on an outbreak of small-pox.

THE Naval Medical Director-General lately inspected the Yarmouth Royal Naval Hospital.

SCARLATINA is on the increase in London. The deaths from this disease in the last six weeks have risen from 75 to 143.

Two free scholarships at Charing-cross Hospital have been placed at the disposal of the Royal Medical Benevolent College.

A conviction has taken place under the new Pharmacy Act, for selling poison to a person unknown and without a label.

DR. JOHN OGLE has placed in the Museum of St. George's Hospital, a finger found among the glaciers, supposed to be the remains of a guide lost forty years ago.

THE Magistrate was appealed to last week on account of Highgate Cemetery Company objecting to an inscription on a tombstone, to the effect that deceased died of vaccination.

MR. W. H. PERKIN, F.R.S., the discoverer of the aniline dyes, has been appointed to the chair of Technical Chemistry in Anderson's University, Glasgow, founded by Mr. James Young.

IT would seem, from a statement of the patients, who must be the best judges, that a recent report as to insufficient diet at the Surrey County Hospital was quite unfounded.

MR. GLADSTONE will shortly visit Whitby. His health is much improved, but he is still feeble, and has declined a public reception proposed to be given him by the working men. The kind people of Yorkshire will understand that the right hon. gentleman needs repose.

The amiable president of the Royal College of Physicians is knighted. We congratulate Sir James Alderson, who is well worthy of the honour, and should be glad to see other eminent members of the Profession receive royal recognition.

Mr. L. S. Little has resigned the Assistant Surgeoncy at the London Hospital. Our readers will remember his valuable cases of injection into the veins in the cholera epidemic. He had also successfully performed most of the great operations during his ten year of office.

Mr. Curling, F.R.S., retires from active duty at the London Hospital, after twenty years' service as full surgeon, preceded by fifteen years as assistant. Mr. Curling is still in the full enjoyment of his physical and mental powers, and will now devote himself entirely to his extensive private practice as consulting and operating surgeon. May he long live to enjoy the honour and esteem he has earned by his scientific career.

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SCOTLAND.

ADDRESS TO MR. SYME.

To James Syme, Esq., D.C.L. Oxon., M.D. Dublin, F.R.C.S., F.R.C.S.Ed., F.R.C.S.I., F.R.S.E., Surgeon in Ordinary to the Queen in Scotland, &c., &c.

Dear Sir,—At the thirty-third annual meeting of the Border Medical Association, we, the undersigned members present, unanimously resolved to ask you to receive from us a short address on the occasion of your resignation of the Professorship of Clinical Surgery in the University of Edinburgh.

We desire to convey to you our warmest thanks for the very kind manner in which you have at all times discharged your duties towards our patients and ourselves. We beg also to thank you sincerely for innumerable acts of personal kindness and attention, for which we shall ever feel grateful. Although the members of our Profession generally have resolved to offer you some testimonial in recognition of your inestimable services, and although you have already received a most hearty expression of sympathy and regard from the Profession practising in far distant lands, we trust that it will not be otherwise than agreeable to you to know that the medical and surgical practitioners in your own Border land are equally sensible of, and grateful for, the great advantages they have derived from your precepts and example.

It was with unmingled feelings of sorrow and regret that we heard of your illness; and we now most heartily rejoice to know that you have so far recovered as to be able to resume those professional duties which we have all learned to value so highly. We desire to express the earnest hope that you may yet be long spared to give us the benefit of that eminent wisdom, vast knowledge, and matchless diagnostic tact and skill which have rendered your name famous wherever the science and art of surgery are known. It is to us a source of pleasure that, on the very day of our assembling here, it has become known that you are to be succeeded in your chair by your son-in-law, Mr. Lister, believing as we do that his appointment will be peculiarly gratifying to yourself, in the highest degree acceptable to the Profession at home and abroad, and highly calculated to maintain the celebrity of the Edinburgh surgical school, in which you have so long been the distinguished master.

With every sentiment of gratitude, respect, and esteem,

We remain, yours faithfully,

John Robertson, M.D., Chairman.
H. S. Anderson, M.D., F.R.C.S.E.
George Gillies, L.R.C.S.E.
Jas. Falla, Surgeon, L.R.C.S.E.
Robert Purves (Croupier), Surgeon, Edinburgh.
J. Paxton, L.R.C.P. & L.R.C.S.Ed.
W. M. Mackenzie, M.D. Edin., Kelso.
Charles Stuart, M.D. Edin., L.R.C.S.E.
M. J. Turnbull, M.D. Edin., L.R.C.S.E., Convener.
Henry Vost, L.R.C.S.E.
Alexander Brown, L.R.C.P. & S. Ed.
John Hume, L.R.C.S.E.
David Hope Somerville, M.D. Ed., L.R.C.S.E.
William Blair, M.D. Glas.
John Angus M'Dougall, M.D.
Patrick Kynock, Physician.
Jas. Pitcairn Bookless, L.R.C.P. & S. Ed.
Henry R. Faucus, M.D.
Wm. Albert Paxton, M.B. T.C.D., L.R.C.S.
Peter Buchan, M.B., L.R.C.S.E.

Kelso: August 18, 1869.

EDINBURGH ROYAL INFIRMARY.

At the meeting of the managers on the 26th August, a letter was read from Mr. Syme, resigning his post as one of the acting surgeons of the hospital. The managers received the resignation, and unanimously adopted the following resolutions:—

"That the managers of the Royal Infirmary receive with much regret Mr. Syme's resignation of his office as one of the acting surgeons of the hospital, the duties of which office he, during his long and brilliant career, has performed with so much benefit to the patients, and with so much honour to the Medical School of Edinburgh.

"That the managers, being anxious that Mr. Syme should still remain connected with the hospital, request that he will accept the appointment of one of the consulting surgeons.

"That an excerpt from the minutes, embodying these resolutions, be transmitted by the clerk to Mr. Syme."

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FRANCE.

A MEDICAL TRIP TO PARIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Paris, August 20, 1869.

Dear Sir,—With your permission I beg leave to lay before your readers the results of a few observations made by myself during a short trip in France and a week's visit to the Parisian hospitals. On landing at Boulogne-sur-Mer, a few weeks ago, I was informed that the hospital at Berk ought to be visited by all medical men interested in questions of hygiene; and on inspection of this hospital, I found report to under-estimate the magnificent character of this charity.

Berk-sur-Mer is situated at some thirty miles distant from Boulogne, about seven miles from a station on the Chemin de Fer du Nord, called Montreuil-Verton. Berk is in the midst of a sandy desert, reminding me somewhat of New Brighton, near Birkenhead, except that there is no town there, but only about some 90 or 100 cottages and Swiss châlets, inhabited by summer visitors, who bring with them their own sheets, &c., and walk about bare-footed all day in the sand, bathing from their own houses, too, as there are scarcely any bathing machines From the fact of there being no town to pollute the sea at Berk, the site seems admirably chosen for the magnificent hospital for scrofulous children which, at the instance of Eugenie, has recently been erected and opened there. This hospital is a very large one, and is constructed to contain, when full, 800 children affected with scrofula or rickets.

At present there are not more, I should think, than 300 or 350 children there. The Sisters of Charity, and other employés, amount to 200 persons. The building is in the form of two long pavilions, with windows on both sides of the wards. The girls' pavilion faces the sea: the boys' pavilion is parallel to it. Two low sheds complete the building, forming, with the pavilions, a hollow square of immense extent. The hospital was opened formally by Eugenie in July. The pavilions consist of two storeys above the basement, both fitted up as wards, and there is also a ward in each basement, as also wards for infants nicely fitted up with cot beds. There is an infirmary too; but, at the time of our visit, all the children were walking about, and it was empty. The dress of both boys and girls consists, in summer, of blue cotton stuff, and, like the rest of the world at Berk, they seemed all to be barefooted,—a rather harsh treatment, as it seemed to me, for such distressing cases of scrofula and rickets as I saw among the poor children. The beds in the wards were admirably constructed for hygienic purposes, almost entirely of iron. In July there was on each bed two sheets, and a blanket, a bolster, and a palliasse, which rested upon wire springs, thus securing air both below and above the patient. The wards, to the number of 14, have each 36 beds, and each bed occupies 40 cubic metres of space. The air was perfectly pure, and without smell when I visited them at 10 a.m. The Infirmary wards have 16 beds in each, 80 in all, with 40 cubic metres to each bed. There are two gymnasia for the children. A pipe, 900 metres in length, brings water to the sea baths contained in the establishment, and there are various kinds of hydropathic baths also on the premises. The weak point in the administration seems to be the difficulty found in obtaining sufficient supplies of fresh water. This fresh water is derived from the layer of rain water, which filters through the sand on which the hospital is built, and lies above the denser sea water, which also filters through the sand. If too much water is pumped up it is, of course, not unlikely to be brackish, and this, it seems, is complained of.

On the ground floor of the pavilions are class rooms for the patients—first and second class, both for boys and girls, and lessons go on simultaneously with sea bathing and open air exercise. I peeped into one of these, the *école primaire*, and saw a bare-footed young *Sœur de Charité* instructing a number of poor boys, whose sad sickly faces might remind readers of Dickens's works of the school in Yorkshire held by Mr. Squeers. I saw a number of the patients returning from their morning sea bath, and could not help thinking that if any place could cure such desperate cases of hip-joint disease, of disease of the ankle-joint, &c., &c., it was this charming sea residence. The funds for the construction of this hospital have been furnished by the city of Paris "Assistance Publique," and I hear that it cost about two millions of francs, or about £80,000 sterling, but for the accuracy of this statement I cannot vouch, as it was not *printed.* Before I close this description of Berk, I may mention that it seems to me to be an admirable resort for real invalids. There are no distractions, and no means of dissipation,—nothing but the sea air, bathing, tranquillity, and freedom from the toils of the toilette, which to the real invalid would render this place much more valuable than its more exciting neighbour, Boulogne-sur-Mer. Cottages, with about five rooms, can be hired by the week at about 50 francs, I was told by a gentleman proceeding thither with his wife, children, and "bonne," or servant. This gentleman, a resident of Amiens, preferred the life at Berk to that of any other bain de mer on the coast, when, with his family, it being, he observed, much healthier and economical.

From the same gentleman I had a stirring description of the fearful days of the cholera at Amiens in 1866. He described how many of his friends had died of that terrible visitation. So dreadful was the depression of trade caused by the deaths (120 a day at the worst, in a population of 40,000) that he at length preferred going to Brussels with his family, in order no longer to hear of the death of his friends. I visited Amiens, and walked through the streets near the Cathedral and the Place du Périgord, and I will only remark this, that if Amiens desires to escape another visit from that terrible schoolmistress in the art of hygiene, cholera, it will do well to wash itself; for of all the filthy towns in England and France that I have seen, none is worse than this. In passing, I cannot help remarking how little modern industrialism has, as yet, done for the condition of the workman in such towns as Amiens, Manchester, Liverpool, or other great manufacturing centres. In no town can there be more beggars than I saw in Amiens, in no town is there more misery than in these hives of human wretchednesss. I spoke on this subject with my friend from Amiens, and he replied to my observation, that poverty was the cause of epidemics, "Mais, Monsieur, il nous faut des pauvres." You will thus perceive that, even in France, the "base doctrine," as Mr. Mill calls it, that poverty must always exist, finds advocates.

I explained to that gentleman that in many of the new States of America there was no poverty, and that France had less of it than England; and I said that, in my opinion, this arose from the fact that the population in France, as a whole, was stationary, although this was far from holding good in industrial towns such as Amiens, Arras, &c., where the workpeople, being unable to calculate for the future, were improvident as to the number of their families, and, therefore, sunk in abject poverty. I found that this gentleman, a considerable exception to the general rule, held that large families were happier than small ones in his experience, so that there is not that unanimity in France as to the theory of over-population, which we might well expect from the fact that the families *are* so small.

It appeared to me that the city of Amiens might easily be drained and rendered wholesome, if it but contained men of public spirit enough to study their money-bags a little less and their health a little more. Boulogne has set a good example; but then the Maire is a physician. The latter town is now infinitely cleaner than Amiens, and far cleaner than it used to be a few years back; indeed, it is the queen of "bains de mer" in France. The hospital of Amiens, too, is situated in a most miserable and infected quarter of the town, and, indeed, with the exception of the Cathedral, Amiens in the eye of the medical man cannot fail to leave a most painful impression as to the amount of supineness in matters relating to health still existing among our industrial magnates.

I propose in my next letter to offer a few remarks on what I observed at the Hôtel du Midi at Paris, at the Charité, and at the Hôtel Dieu and Lourcine Hospitals.

I remain, cher confrère,

Yours very faithfully,

CHARLES R. DRYSDALE.

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FORCED AND PROLONGED FLEXION OF THE LIMBS IN TRAUMATIC HÆMORRHAGE.

M. von Adelmann, of Dorpat, in a paper laid before the Belgian Academy of Medicine, and founded upon ten cases occurring in his practice, arrives at the following conclusions:—1. Forced flexion is a valuable means of arresting traumatic hæmorrhage. 2. It should be employed before having recourse to other hæmostatic agents. 3. It may be resorted to in cases in which ligature of the artery has failed. 4. A knowledge of its mode of application should be popularly diffused, so as to allow of its being at once adopted while awaiting the arrival of the surgeon. 5. Such knowledge may also be very useful in armies. 6. It is very desirable that manuals of surgery should bring the subject into prominent notice.—*La Presse Belge.*

EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 195.)

In answer to those gentlemen who are perfectly satisfied with the state of the Dublin Lying-in Hospital, as well as those who have so strenuously and unmeasuredly attacked me for attempting to introduce such improvements into its construction as will lessen the mortality within its walls; let me ask you—some of whom have even had the hardihood to assert that it is, quoad its mortality, in a satisfactory and improving condition—let me ask you, I say, to look at the facts. The institution has had out of the 113 years passed since its foundation, 65 years in which it was so severely attacked as to bring the death-rate, upon the rough principle of calculation given in my paper, from 3 to 2 figures, and thus 113 divided into the following periods show with what results:—In the first 18 years after the establishment of the hospital tested in this way, metria prevailed extensively in 13; in the next 20 in 7 years; in the next 20 in 8 years; in the next 20 in 8 years; in the next 20 in 13 years; and, in the last 15 years, in every year of the 15, or, in the last 35 years in 28 years, leaving only 7 years free from the ravages of the disease, as thus tested. To this length I was prepared to go, on writing my original paper, and to leave the comparison of two or three figures as the test of the existence or non-existence of metria within the walls of the hospital. The violent and multiplied attacks to which this has exposed me have naturally required my closer and more searching investigation of this subject. The conclusion which this reconsideration has led to, and confirmed, in my mind, is, that in this rough way of testing the existence of metria by the death-rate amounting to two figures in place of three, I was quite wrong and under the mark. That it affords no true test, and that I must abandon it in favour of a more accurate and trustworthy comparison. This I shall be obliged to develop and amplify in dealing with Dr. Beatty's paper a little later, and merely allude to this at present to prevent misapprehension.

We have seen that the condition of atmosphere which predisposes to this disease, is, at times, of very slow development, or what we term cumulative, in its properties. When these properties are thoroughly fermented—this phrase is not mine, Sir, it has been used by my critics—and right or wrong in its physiology, it describes what I want to convey. Then, there is often an equally remarkable rapidity in the time occupied in infecting its victim. But when it has once shown itself, then the law of my fourth proposition comes into operation—the law of habitat; that law which fixes its endemic character, by which the atmosphere is changed from its cumulative to its actual poisoned, or saturated, state. What was an approximation to it, during its cumulative period, becomes now an absolute fixed quantity; and so persistent is it, so obstinate and so pervading, that for weeks, months, and years, as I have proved to you by the history of the Lying-in Hospital, every part of the numerous and spacious wards of this institution has been haunted and occupied by this dire disease. That haunting and occupation has continued, until, like other zymotic diseases, it has worn itself out, or until it has been checked by want of victims; the patients not been admitted into the hospital, offering often the only effectual check to its continuance. One reason why the term habitat is especially applicable to metria is the peculiarly obstinate and pertinacious character of its hauntings, as compared to other zymotic diseases. In cholera, measles, whooping cough, erysipelas, and even small-pox, the disease runs a course and terminates in a reasonable time. It may, in most of the epidemic attacks as they are termed, very questionably I think, be traced to its introduction into a house or neighbourhood hitherto free from it, from a house or locality in which it prevailed. It runs its course—precautions are taken—it wears itself out. The same is observed in epidemic prevalences of puerperal fever, where it prevails in districts. In these it runs its course very much as the other zymotics do; but it is not so in hospitals. Here the law I dwell upon, that of habitat, comes into operation, it continues to haunt the now infected hospital for an indefinite period. Why? Because *here* it possesses the conditions ready for its spread when in existence, and for its regeneration and cumulation, if suspended for a time in its ravages. These are the considerations which justify and require that ill-constructed Lying-in Hospitals should be denominated the habitat of puerperal fever. Need we again recapitulate the proofs of this adduced so often, but especially in treating of my third proposition? where I showed, amongst other instances, the deaths of 110 women in Dr. Collins's first four years' mastership, including some months of Dr. Pentland's, and 170 in my own seven years' mastership.

This consideration of the habitat, so conclusively proved, brings us, by a natural transition, to the more recent phase or change in the history of the Lying-in Hospital of Dublin referred to, and which embraces the last 35 years. In this period the principles of cumulation and habitat may be said to have culminated and become persistent. In place of occasional outbreaks of metria, with years of health, matters have changed.

This increase, or rather persistency of metria, would lead to the conclusion that true metria is changing in its character more and more every day, assuming the habits and laws of an endemic or indigenous disease in our great hospitals, which, instead of showing itself at intervals, as do other epidemic diseases, remains constant, and will continue to do so as long, at least, as those conditions which generate, cumulate, and develop it are permitted to exist.

This is the state of facts with which we now find ourselves face to face. The phase, the habits, the laws of metria are altered. The bygone history of the lying-in hospital is only so far of value as it traces out the progress of matters to this consummation. We have now not an occasional epidemic, but an established disease, having its generating cause, its cumulative cause, and its pabulum within the four walls of the hospital. The hydra is there within your reach. Deal with it as you would with any other "pest-house." Again, Sir, this is the language of my critic, not mine. But, Sir, do not misunderstand me. I am in this question, at least, a reconstructive, not a destructive reformer. The disease, bad as it is, is not in a state to require either disendowment or disestablishment. It merely requires that the hospital should be modified to meet our improved knowledge of zymotic diseases, and the altered characters of metria in particular. Let the success of Joseph Clarke in trismus, and of Jenner in small-pox, encourage you in your efforts. Be not deterred by opposition. No valuable improvement was ever accomplished without it, and there is no abuse so untenable that it won't have its backers, no fallacy so palpable that it won't have its supporters. Jenner was nearly annihilated by the anti-vaccinators; he survived them, and the anti-vaccinator is now reduced to a unit. Our profession, enlightened and humane as it is, is not easily turned out of its habitual course of thought and action. Besides, the attractions to our revolving in our present path of thought and action in the case of our large hospitals are weighty and cogent. Let us not, however, try this out too long, or add a third case to the two instances that give the death-rate of the Dublin poor management an infamous celebrity, and one handed down in the statistical books of the last half century as a disgrace and blot to our national character. Let the infant parish mortality and the death-rate of the foundling hospital remind us that, not many years since, there were respectable men, and wise heads, aye, and learned doctors, who did not flinch from maintaining and advocating the persistence in a system of mismanagement, the results of which are too disgraceful to dwell upon, and which led to the erasure from our charitable institutions of one which was at that time, what the Dublin Lying-in Hospital has been, the pride of this city—an institution which, with proper management like similar institutions elsewhere, might have been rendered a means of combining a charitable ministration, with a powerful engine of civilization and enlightenment throughout this country.

Sir, I now approach a branch of my subject that I would willingly have avoided. Dr. M'Clintock has detected an error in my transcription, and this is at once characteristically denounced as follows :—"Here Dr. Kennedy has committed a serious arithmetical mistake in his data, which consequently falsifies all the conclusions he has laboured to draw from them." Now, when I tell my hearers that this statement is the substitution of thirty years for twenty-three years in transcribing from Dr. Elliott's book, the period for which an average calculation was adduced ; that the result was strictly correct in the average as the basis of calculation founded on the twenty-three years' period ; but, above all, when I tell them that the error in transcription was itself corrected, in the same page, by giving Dr. Elliott's text *in globo* in which the two periods were fully set forth, and the calculations based upon them detailed by Dr. Elliott himself, I think I am justified in asking whether it was a worthy or justifiable line for an honourable antagonist in argument to take, to put into circulation an assertion that "I had committed a serious arithmetical mistake in my data, which consequently falsified all my conclusions," knowing that for weeks or months this damnatory misrepresentation must be in circulation before its contradiction should appear ? It will be recollected that Dr. Elliott, in his report of the Waterford Hospital, mentioned that after six years, for which his hospital was established, he removed to another building ; and he gives the statistics of this hospital separate from the one he removed to. The statistics of the latter, extending over a period of twenty-three years, I, Sir, of course, took the longer period for the basis of my calculation ; firstly, because it *was* the *longer* period, and secondly, because there were fewer beds in the wards, and it consequently approximated more nearly to my idea of a cottage hospital. In the hurry of transcription I gave it in my last as the result of the thirty years, not the twenty-three years' period. In the table of figures in the next page (304) I give the accurate result on the twenty-three years calculation, namely, 1 death in 259, and this it is that forms the basis of my calculation. It is therefore perfectly correct, and I repudiate entirely Dr. M'Clintock's figures, based upon a total different calculation. It is a remarkable fact that by a typographical error a unit is omitted in the same paragraph that Dr. M'Clintock deals with, but he did not deem it necessary to dwell upon this, as the omission told 1,000 against my argument.

Good, however, comes out of evil, as Dr. M'Clintock's delicate exposure of "my serious arithmetical mistake and falsified conclusions" has drawn out a further commentary from Dr. Elliott, who writes to me to this effect :—"But the most useful and instructive mode of viewing these statistics is reached by dividing them into two periods. During the first period of six and a-half years we occupied an hospital in which eight beds were grouped together in one ward, and there during that period the total mortality was 1 in 125½, and the mortality in puerperal fever was 1 in 251. During the recent period of twenty-three and a-half years we have occupied our present hospital, in which eight beds have been divided between two wards, four beds only in each ward, and here we have had a gross mortality, from all causes, of 1 in 309, and a mortality in puerperal fever of 1 in one thousand three hundred and ninety." Dr. Elliott considerately adds, "I use letters instead of figures, that there may be no mistake this time."

If further proof were required of the too palpable conclusion of the rate of mortality being in proportion to the number of patients occupying a given space, as insisted upon in my third proposition, so violently attacked as the Redan of my position, what could more completely resist their assault and turn their attack than the simple, wise, and thoroughly trustworthy statement of Dr. Elliott, that by the mere expedient of reducing his beds from eight in one ward to four in his two wards, he succeeded in reducing his gross mortality from 1 in 125½ to 1 in 309 ?

This admits of no refutation, and requires no comment beyond what Dr. Elliott states in his pamphlet, page 6, as a significant fact, "that whereas the mortality from puerperal fever was in the first hospital 1 in 251 during a period of six years and six months, the mortality from the same cause has been, in the present one, only 1 in 1,328.

Dr. M'Clintock's best specimen of statistical criticism remains. It is that in which his anxiety to arrive at truth is only equalled by his determination, in his own language, "to show my chain of reasoning fallacious," "inasmuch as a great error, represented by the number 8,688, lies at the very basis of my calculations, and vitiates *all* the conclusions derived from them." The error is this : I give the total number of births in the Dublin District for the period specified as 52,126, whereas it is only 43,438." Dr. M'Clintock then naively adds—"I discovered this by the merest accident in the library up stairs when looking over the reports of the Registrar-General for Ireland ;" and then, feeling that he has gone to the very verge of the line of veracity in his insinuation, adroitly turns the subject with the most inimitable simplicity by the words—"Let me now return from this digression." Now, let me ask, if the object of these remarks was fair and candid criticism, why did not Dr. M'Clintock show to his hearers how this mare's nest of 8,688 of an error vitiates all or any of the conclusions derived from this calculation ? Simply because he could not, as the calculation was not in the slightest degree affected, nor the results in the most remote degree influenced by the mare's nest he had discovered. Dr. M'Clintock knew when he had penned this that I was discussing an average from these figures, add that whether this average was produced from forty or fifty thousand did not signify. Hence, then, the graphic description of the "accident in the library when looking over the reports." I had nearly forgotten to add the interesting detail, following the example of Mrs. Quickly and her seacole fire, in order to insure precision and extreme accuracy. Dr. M'Clintock informs us that it was "upstairs ;" and hence, also, the sudden and adroit, but, alas ! now that the day of *reckoning* has come, the simple suggestion, "Let us return from this digression," will not avail in relieving him from his dilemma when I tell him, as I do, that the duty remained to him to prove in what manner the 8,688 "had vitiated all my conclusions." Sir, that was a duty he could not execute, because it was impossible for him, by any amount of ingenuity, to prove as a fact what was not a fact, and what he put forward as a fact, although the means of testing its falsity were before him "upstairs in the library," just as patent as they are before you and me at this moment.

The fact is, the 8,688 error was totally unimportant in transcription, and whether it was 8 or 8,000 did not affect the result one iota. You will perceive by this return, kindly furnished me by the Registrar-General for Ireland, and given beneath, that the total number of births are given in six consecutive lines of figures thus :—

The first five take in the year, the 6th gives the average. Now, the same table gives, over down, the deaths from puerperal fever and metria in consecutive years also, and with the average the last column, thus:—

	1864	1865	1866	1867	1868	Average number 1869, 5·8
Deaths from puerperal fever,	42	39	66	37	32	42
„ in childbirth,	18	35	27	38	46	33

In transcribing the above numbers into a column for totting, the sixth line of figures was added in both cases from the words "average numbers," written in a small hand, causing them to escape my notice. Thus the average of births was given as an additional year, as well as the average of deaths, leaving the resulting average, which was the object of the calculation, identically the same as if both had been omitted, and the five years only given. This, then, is the great error discovered upstairs in the library, that "renders my whole chain of reasoning fallacious, and vitiates all my conclusions."

But, Sir, as this great error has been mooted in all the medical coteries of Dublin, and will fly over medical Europe on the wings of the press, I have deemed it due to myself and to the important subject into which I have thrown my advocacy, to place these *great errors* of transcription, so much much dwelt upon, in their right light. I have, therefore, required the certificate of Mr. Francis Low, whose reputation as a notary public and statistician rank so deservedly high as to their true nature and their bearing upon the subject under discussion. Here is his certificate :—

"At the request of Dr. Kennedy I have examined his computation of the rate of mortality from puerperal fever and childbirth which prevailed in the Dublin registration district during the five years from 1864 to 1868 inclusive, as given in his paper on 'Zymotic Diseases,' and deduced from the Registrar General's return, and find that, notwithstanding an error in the transcription of the figures, *the result is correct*, as will be seen by the following explanation :—

"Dr. Kennedy, in summing up the total number of births, as also of deaths (resulting from the causes stated), for the five years allued to, included, in error, a sixth quantity, viz., the average for the five years, which had been placed in a sixth column over against the other five, giving the births and deaths referred to. The including of this sixth quantity, though inadvertent, *plainly cannot affect the result*, because *it* is the mean (as stated) of the other five, and therefore the mean of the six must be identical with that of the five, and the mean number of deliveries, divided by the mean number of deaths, constitutes the rate of mortality sought.

"Dr. Kennedy also quotes correctly Dr. Elliott's report of the rate of mortality (1 in 295) prevailing in the hospital in Waterford intended to be referred to, viz., that occupied as such from October, 1844, the only errors being the statements that Dr. Elliott's report regarding the mortality in this hospital extended from 1838 to 1868, instead of from 1844 to 1867, and that the mortality from puerperal fever was 1 in 328, instead of 1 in 1,328, which latter rate manifestly strengthens Dr. Kennedy's position.

"Francis Low, Not. Pub.

"Dublin, *26th June*, 1869."

(To be continued.)

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The Poor-law Board has expressed an opinion that in consequence of pending changes in the constitution of the union, it is inadvisable for the guardians of St. Margaret's and St. John's, Westminster, to increase the salary of their medical officer, Dr. Bond, as they desired to do. The Board advises that the guardians should make some temporary arrangement as to the cases to be attended to by Dr. Bond.

Correspondence.

TO THE EDITOR OF MEDICAL PRESS AND CIRCULAR.

Sir,—I think the following case is of special interest just now, as bearing on the point of the alliance between puerperal fever and scarlatina :—

I was called about three months ago to attend a woman, aged thirty-five, in her confinement with the fifth child. When I got to the house I found three of her family laid up, in the same apartment with herself, suffering from scarlatina. I immediately ordered them out of the room, and mentioned to her husband and friends the great danger she was in of contracting this disease, and told them if she did there would be very little hope of her recovery.

On examination, I found the os uteri very little dilated (though, as she said herself the *labour was on her* for three days previously); the vagina hot, just as if there had been pressure on it, and that the labour pains had ceased. As I had another engagement to attend to, after giving the necessary directions, and ordering them to send for me when the labour got stronger, I left. On the following morning I was hastily summoned to her. I then found that the labour had proceeded to the second stage, and I had not long to wait till the child was born. The third stage was a little tedious ; but by pressure over the fundus utero, at the end of three-quarters of an hour the placenta was expelled. I then bandaged her, after which she said she never felt stronger after any confinement. She continued well up till eleven o'clock of the same night, when, as they said, she was attacked with pains and cramps in the stomach and legs, which were shortly followed by diarrhœa, which continued up till six o'clock on the next day, when they again sent for me. When I then saw her it was evident there was not a chance of her rallying, for she was so prostrated as to be unable to turn in bed. The pulse was excessively quick ; the extremities cold ; the skin was of a dusky-yellowish hue ; and she was scarcely able to articulate a word. I ordered her some brandy and ammonia, with heat to the extremities ; but she died the same night about midnight, only having survived twenty-four hours from the first appearance of the symptoms.

I think, Sir, it may be fairly presumed that this woman, as she never had scarlatina, died from the absorption of the scarlatinal virus ; yet how different were the symptoms from those of that disease, and how like those of puerperal fever !

Your obedient servant,

William Stephens, M.D.,
Medical Officer, Dunkineely Dispensary.

Dunkineely, Co. Donegal : August 27, 1869.

UTERINE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reply to the queries of your correspondent, "Azygos," will you permit me space to say that, in the treatment of uterine rheumatism, I have found extract of belladonna, diluted with glycerine, locally applied—this covered with silk paper, and a warm poultice or gutta-percha piline covering all—a preferable remedy to the liniment mentioned by your correspondent, and that, most assuredly, I would prescribe the exhibition of tincture of aconite in the attritic mixture.

I am, Sir, your obedient servant,

J. Waring Curran.

Osman House, Sutton : August 27, 1869.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I wonder greatly if any of your numerous medical correspondents could explain the following, taken from the *Irish Times* of Thursday, 26th inst., relative to an inquest that was held at Waltham, a small village about seven miles from Canterbury. Fourteen persons partook of poison of some sort, and the following is the medical testimony :—That a *post-mortem* examination of the bodies revealed the fact that death had resulted from arsenic taken in a diluted form, or what is called "corrosive sublimate." There is evidently a mistake on the part of some person, for I can scarcely credit that any medical man would be so grossly ignorant as to confound arsenic and corrosive sublimate, or to have so far forgotten his chemistry as to imagine that any acid secreted in the stomach would convert $\mathrm{As\,O_3}$ into $\mathrm{Hg\,Cl}$.

Excuse my taking up your space with so trivial a matter, but, as it might lead people astray, I thought it just as well to draw your attention to it.

Your obedient servant,

William Bull.

Nenagh: August 28, 1869.

THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your last issue I very much regret to find that Dr. O'Flynn labours so hard to impress on your readers the advisability of a *Medical Triumvirate*, which, he proposes, shall reign and rule over medical destinies.

I am rather of opinion that very few brother professionals will be found to countenance or to support the proposition, the Profession being *determined* to *insist* on, and to carry to a successful issue, that clear, concise, and consistent plan, yclept representation, so fully discussed in the columns of the Press and other journals. Undoubtedly, the Medical Council is little better than a farce; but farces generally have point in them, and in this instance clearly "point a moral," which is, that had the promoters of [the Medical Council Act, ere that measure became law, laid a good foundation on which it might rest—by first securing a *State Qualification* Bill; and, secondly, causing to be elected from amongst *graduates*, *members*, &c., of the several college representatives—*that* "august" body might now be to the Profession as a tower of strength, instead of the disjointed, disorganized, fragile "structure" that the most staunch and sincere of its friends now candidly acknowledge it to be.

To Sir John Gray, Dr. Prosser James, and others of like calibre, the Profession now hopefully look. Sir John Gray is not the man to overlook the "moral." Be assured he will start a structure on a sound base, and raise it, broad and towering, durable and mighty, worthy of this age of progress—worthy of the holy mission of medicine.

Faithfully yours,

R. L. Johnson.

London, N.W.: September 3, 1869.

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Gleanings in Medicine, Surgery, and the Allied Sciences.

THE THERAPEUTICS OF WAKEFULNESS.

Brushing the hair or friction of the skin, as by rubbing the palms of the hands or backs of the arms, will in some persons tend to induce sleep. Soothing sounds have a similar effect, while, on the other hand, persons whose occupations are noisy are apt to awake when the noise to which they are accustomed suddenly ceases. But agents more efficacious than such external ones are those which lessen the amount of blood circulating in the brain. First may be mentioned food and drink, of whose happy influence a frequent illustration is given in the case of a late supper. During digestion more blood circulates through the gastro-intestinal vessels than when the abdominal organs are unemployed; and this additional amount of blood must come from some other part of the body, since a marked excess of this fluid cannot exist in two different parts at the same time, except in cases of disease. That the amount of blood in the brain is diminished during digestion is evinced by the feeling of drowsiness commonly experienced, which is a perfectly healthy sensation. The food thus taken as a therapeutic agent should be easily digestible.

In persons weak or anæmic, especially women who have been rendered so by hæmorrhages, a dose of some of the preparations of alcohol at bedtime is frequently advisable. Of these, wines are not so generally admissible as spirits. A clergyman who came under my care had been unable for seven or eight weeks to sleep more than two hours each night. I prescribed a dose of whisky, to taking which he at first strongly objected. The first night he slept five or six hours, and the second seven or eight hours. His whisky was gradually reduced from half a glass to none at all, and he continued to sleep well without having formed any habit of drinking. In some persons coffee acts much as other stimuli do in asthenic cases. Do not trifle with it by administering a little weak infusion, but give strong doses at once. Much depends upon the method of making it. Exhaust the strength of three or four ounces of ground coffee by percolation with a rather small amount of boiling water, and give it without milk. Tea acts in a similar manner, but not so efficiently.

Sometimes sleep may be produced by exercise taken regularly about two hours before bedtime. This acts best in asthenic cases. It has often been noticed that change of air and carriage exercise produce sleep. The warm bath may be used as a hypnotic, but the head should be prevented from becoming heated by putting cold water on it while the body is immersed, and sometimes cold water suffices without the bath. Another remedy, often of much value, is the application of a sinapism to the epigastrium. The position, too, of the body is of importance. In many cases, holding the head downwards produces wakefulness, and such persons should go to sleep in the erect posture. Among drugs, opium is hypnotic in doses of one or two grains, and one of its constituents, narceine, has been found to produce continuous and profound sleep: but the ordinary preparations are too uncertain to be relied on, and it is too expensive for frequent use. Hyoscyamus sometimes acts excellently, having the advantage over opium of not producing headache and constipation. The tincture, especially Neergaard's, may be given in doses of a drachm to a drachm and a half three times a day, if necessary. Oxide of zinc may prove serviceable in some cases, two grains being given three times a day. When much larger doses are given, it generally produces irritability of the stomach. Phosphorus is a remedy which has come into use recently. Twelve grains of phosphorus should be boiled in one ounce of almond oil, and filtered. The oil absorbs four grains of the phosphorus, so that each minim contains 1-120th grain. Half an ounce of this oil is to be mixed with one ounce of gum arabic, and fifteen drops of some aromatic oil are added. Of this mixture the dose is fifteen drops, equal to five drops of the phosphorated oil, and containing 1-24th grain of phosphorus. I have used it in eight cases with success, and failed in two cases. I try to get three doses taken before bedtime, and thus far have succeeded in producing the desired effect on the second day, if I had not on the first. The dose may be increased by a drop a day until twenty are taken or signs of gastric irritation supervene. But of all the sleep-producing agents at our disposal, bromide of potassium is most deserving of the name of hypnotic. I have never seen it fail when given in sufficient quantity. A healthy adult may take from twenty to thirty grains three times a day, the latter dose not being too large when needed at all. Sometimes it produces, amongst its other effects, great weakness in the legs and a staggering gait, strongly resembling that of a person intoxicated with alcohol. It also occasionally produces great lowness of spirits and a disposition to cry. It should be administered very much diluted, and may be conveniently prescribed one ounce in four ounces of water, a drachm of this being given in at least half a tumbler of water.—*Boston Journal.*

THE STETHOSCOPE.

Dr. Paul Niemeyer, of Magdeburg, calls attention in the *Deutsche Klinik*, Dec. 5th, to the discrepancy between the theory and practice of Lænnec. His theory was that the scratch of a needle on one end of a long beam could be heard by applying the ear to the other end, and that this depended upon the conduction of sound through the solid medium. In practice he used a roll of paper, subsequently a hollow wooden cylinder; that is, he used a medium of wood and *air* in ausculting.

Now it is an established fact that wood is a better conductor of sound than air; pine wood, according to Chladui and Lavart, conducts sound eighteen times better than air.

Niemeyer asks: why do we, in the ordinary stethoscope substitute a notoriously bad conductor for one notoriously good? In other words, why do we make that useful instrument hollow? He reccommends the use of solid stethoscopes, made of that variety of pinewood which is used for the sounding-boards of musical instruments. The ear-piece must be in one with the body of the instrument, and not screwed on.

POISONING WITH OPIUM, AND ITS PREPARATIONS.

The *Journale de Chemie Medicale* publishes the statistics of 404 cases of poisoning by different substances, extending over a period of eleven years—1855 to 1865, inclusive. The deaths from arsenic numbered 135; from phosphorus, 180; verdigris, 15; sulphuric acid, 22; sulphate of copper, 63; cantharides, 10; but only 6 from laudanum, and 1 from morphia. [A few years back, in England and Wales alone, 640 inquests were held on persons who had died from poisoning: of this number, 194 were cases of poisoning by opium or its preparations,—viz., 133 from laudanum, 42 from opium, 12 from Godfrey's cordial, 5 from syrup of poppies, and two from mixtures containing opium. In this colony, deaths from laudanum are not infrequent. In France, the sale of opium and its preparations is controlled by law. In this country there are no restrictions on the sale of laudanum and opium. The consumption of chlorodyne in the colony is very great, large quantities being taken secretly by females as a substitute for drink; and many cases of poison occur from it without being recognized.]

POISONING BY PUERPERAL BLOOD INJECTED INTO THE VEINS OF ANIMALS.—BY M. COZEL.

Three rabbits inoculated with puerperal blood died with convulsions and spasms of the respiratory muscles, as if from strychnine. Two of them uttered plaintive cries before death, like animals inoculated with putrid blood. He states that he never saw the same effect produced by inoculation with the blood of patients suffering from scarlet fever. The puerperal blood taken from different parts of the body showed, under the microscope, an augmentation of white corpuscles; the red globules, generally altered in shape, exhibited an abundance of fibrinous tracks. The lungs were dark-coloured, and in places ecchymosed; they presented more resemblance to the state observed in asphyxia than in inflammation; no signs of the latter could be discovered by the microscope. The spleen was dark-coloured, and gorged with blood, which presented all the alterations mentioned above. These were the only organs altered.—*Gazette Médicale de Strasbourg.*

BRAZILIAN ANTIDOTE AGAINST THE BITES OF VENOMOUS ANIMALS.—BY DR. CASTRO.

There is a plant in Brazil called Paracory, which the doctor believes to belong to the *labiatæ*, and which has long been considered an antidote against the poison of insects, snakes, and fish. It is made into a tincture and applied to the bites, and given internally. He found it of service in diseases of the skin, and for increasing the efficacy of mercury in syphilitic diseases, and a powerful sedative in whooping-cough and asthma.—*Gazette Médicale de Bahia.*

CONSUMPTION IN BRAZIL.—BY DR. WUCHERER.

From this gentleman's researches it would appear that consumption, particularly at Bahia, has been increased by the introduction of strangers, by the crowding of people into the towns, and the drinking large quantities of spirits and fermented drinks. The increase of smoking he considers a cause of this disease. When Brazil was only colonized by Portuguese, the number of deaths from phthisis did not exceed those which occurred from this disease in the mother country. The introduction of other immigrants, particularly Germans, and the admixture of African blood with the European, produced a great tendency to this disease.—*Ibid.*

CASE OF ACUTE PHLEGMONOUS OSTEO-PERIOSTITIS OF THE RIGHT TIBIA—DEATH ON THE THIRD DAY.—BY DR. BŒCKEL.

The patient, a strong healthy lad, aged twelve years, struck his leg slightly while dancing. The next morning, on attempting to rise, he felt great pain in the upper part of the tibia; slight swelling was observed, and some fever. Five leeches were applied. On the second day the swelling had extended down the whole length of the tibia, with great heat of the part, and there was slight delirium. By the third day the pulse had risen to 120; skin hot, with great swelling of the tibia. The slightest movement of the limb caused him to utter loud cries. In the evening he became insensible and pulseless. An incision was made down to the bone; a little blood flowed, but no pus. He died a few hours later. When an incision was made through the periosteum, a large quantity of reddish sanious fluid escaped. The tibia was separated throughout from the periosteum, except at the junction of the shaft with the head. The bone had a marbled appearance, and in some parts there were traces of commencing necrosis. The medullary portion was yellow and fatty, and in two places small clots of blood were discovered. The rest of the body was not examined.—*Gazette Médicale de Strasbourg.*

Observations.—Acute idiopathic inflammation of bone is very rare, and books on systematic surgery may be consulted without finding any notice of it. Barwell, in his very valuable work on "Diseases of the Bones," describes the symptoms, and they closely resembled those observed in this case. "The bone," he says, "is the seat of intense pain and hard swelling: the skin is red, except when the bone is deep-seated, but it is always hot when the inflammation is extensive. The pain exhausts the patient, and renders him comatose or semi-comatose. Low muttering delirium appears early; the tongue is dry and brown; the limb is held immovable; the swelling becomes softer, and shows evidence of suppuration, and except when deep-seated, as at the femur, fluctuates."

The writer has seen it occur in connection with acute phlegmonous erysipelas of the thigh. In this case the muscles were softened and infiltrated with sero-purulent fluid; the periosteum was thickened and separated by a similar fluid from the bone, which was necrosed; the bone was injected and generally of the colour of port wine lees.

The lungs were infiltrated with dirty sero-purulent fluid; the cavities of both sides of the heart distended with fluid blood; the spleen diffluent, and the brain softer than usual. These were the chief alterations observed. The patient died asphyxiated.

The following case resembles the one published by Dr. Bœckel, but it was traumatic, not idiopathic:—

A girl of the town, aged seventeen, was knocked down by a cab, and the tibia and fibula fractured. She was brought into the infirmary, and for the first four days did well. Fifth day, slight fever observed, the pulse had risen to 120, tongue coated, and face anxious. The fever increased, and, in the night of the seventh day, delirium and vomiting set in. The leg was very much swollen and tender, and when touched she uttered loud cries. The limb was placed on a cushion, and retained in position by sand-bags. The symptoms underwent little alteration; but coma, not very profound, alternated with delirium, which assumed a muttering character up to the tenth day, when the left elbow and right wrist were observed to be swollen. The tongue was coated with brown fur, pulse 130, feeble, eyes sunken and surrounded with dark circles, face of a leaden aspect, motions and urine passed involuntarily. She died in a state of coma the next day.

The soft parts were infiltrated with fluid, and, in the neighbourhood of the fracture, with sanious matter and some clots. The periosteum was separated from the tibia for some distance by sanious matter; the bone was roughened, its medullary surface was dark and softened; purulent collections were found in the lungs, liver, and kidneys. The pleuræ, pericardium, and arachnoid cavity contained sero-purulent fluid; the spleen was gorged with dark blood, and softened.

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THE SEWAGE OF EXETER.

(From the *Exeter Gazette Daily Telegram.*)

We have gone the round of the leats which wash the foundations of the dwellings of the people in some of the most densely populated quarters of Exeter. The heart sickens at the thought of what we have seen. The streams run thick and almost opaque with the foulest of pollutions, and the odours in the midst of houses are suggestive of pestilence. Take the leat at a point just below St. Bartholomew Church and the old Cemetery. The quick current comes clear and transparent from the Exe down to a certain bridge. There a gigantic sewer opens into it, emptying the filth from a district comprising a population of some twenty thousand persons. From that point through all its devious course to the river again the leat is foul beyond description, and it runs past the doors of two or three thousand of our citizens, who complain bitterly of the stench in the midst of which they eat and drink and sleep. We saw a horse led into this leat near the mouth of the sewer we have mentioned, and the animal dipped its nose in the water and again and again refused to drink. It pawed the water with its forelegs, seeming to think it possible that the filth might be made to pass on and leave the water drinkable, but in vain. Then it turned upward, away from the mouth of the sewer, and reluctantly took a scanty draught. Twenty yards lower we saw a boy filling two buckets in the leat. We asked him what he was going to do with the water, and he said it was for the use of the opposite houses, for the wells had run dry. The sewage from a population of twenty thousand people was running into this water, but the mouth of the sewer was on one side and the boy with the buckets on the other, and so on the right hand side of the stream the water looks comparatively clear, and on the left hand side thick and foul, for in twenty yards from the sewer mouth the foulness of the water is not uniform, and the stuff was not quite so bad where the boy filled his buckets as where the horse declined to drink. But the incident of the boy with the buckets was sufficient to enable us to form a faint idea of what we are doing when we turn an open river into a common sewer. When a drought comes and water runs short, and the stream is unusually foul, the people send their buckets and supply their houses with the fluid, slightly diluted, which comes direct from the water closets of the city. We followed the various leats throughout their course to their outfall into the Exe. The journey is a loathsome one to make and disgusting only to remember. An unbroken column of foul stench marks the tracks of these streams into which the sewage is emptied, while the portions which deviate and do not carry much of the sewage are clear and apparently wholesome, showing what the leats might be but for the dreadful system which, at an ill-fated moment, was adopted by the local authorities of Exeter. We entered houses, warehouses, mills, and manufactories under which and through which those waters run, and the places were for the most part filled with a detestable odour, and the inhabitants and work-people complained of sickness and disease. This is not a very pleasant subject to talk about. We would prefer not to lay the nauseous story before our readers this morning, and we forbear to relate the sickening details, the recollection of which renders the very writing of this notice a most unwelcome exercise. It is enough to say that there can be no mistake about the pollution that permeates the water and the atmosphere about the lower ground of the West Quarter and its vicinity, and after seeing what we have seen we can only wonder at the beneficent qualities of the climate in which Exeter is situated that it so far counteracts the maleficent influences of our sewerage system as to reduce the surplus number of deaths in a year to 250. The only marvel is that the plague of two hundred years ago does not revisit us during the exceptional heat of these summers. Seeing these things it seems unreasonable to ask the city to wait for a scientific solution of a problem which the scientific appear to be no nearer solving than they were ten or fifteen years ago. London would wait no longer, and why should Exeter? For a definite sum, not by any means ruinous, the sewerage of the city might be carried away down to Exminster Marshes, or to some spot below the commencement of the canal, to be utilized, if utilization be possible, or to be cast into the broad river until agricultural chemists and engineers shall come to a decision as to what ought to be done with it.

Medical News.

Contributions to the amount of £500 have been subscribed by the friends of the late Dr. Manning, of Wicklow, as a testimonial and tribute to his memory.

A translation of Mr. Erichsen's work on the cerebral lesions depending on railway accidents, by Dr. Kelp, of Oldenburg, has appeared.

The new chapel at the Devon and Exeter Hospital, which has been erected for the use of the inmates at the sole expense of Mr. Arthur Kempe, F.R.C.S., one of the honorary surgeons, was opened for public worship on Tuesday week. The cost is said to have been nearly £2000.

Several cases of cholera have occurred at Madras.

By an Order in Council, just made public, the Queen has been pleased to approve the proposal of the Admiralty, "that for the future no Deputy Inspector General of Hospitals and Fleets shall be promoted to the rank of Inspector-General of Hospitals and Fleets unless he shall have served five years as Deputy Inspector, during three years of which period he shall have been in charge of a foreign hospital, or of a fleet or squadron."

A Medical Gentleman Attacked by a Cow.—On Thursday week, Dr. Fraser, of Paisley, was attacked by an infuriated cow, which knocked him to the ground, skinned the side of his head, and otherwise seriously injured him. The cow was being taken to the slaughter-house at the time. The Doctor is progressing satisfactorily.

International Flag.—The consent of the French Government has been given to the hospital of Dr. Steinberg, Physician-General to the Prussian Navy, for the adoption of an international flag of distress. The document was inserted in the *Moniteur de la Flotte*.

Dr. Timson, of Greenwich, against whom a charge of malpractice had been brought, and at the trial the jury was discharged without being able to find a verdict, has been admitted to heavy bail, himself in £2,000, and the other prisoner, McGrath, in £1,000.

Appointments.—Army Medical Department—Assistant-Surgeon Thomas Alexander Clapperton Macarthur, from Royal Artillery, to be Staff Assistant-Surgeon, vice Joseph Septimns Steward, who resigned July 8; September 1. Assistant-Surgeon Alexander Ferrier Churchill, M.D., from 31st Foot, to be Staff Assistant-Surgeon, vice James Hector, M.B., appointed to the 31st Foot; September 1. Assistant-Surgeon John Colahan, M.D., from 24th Foot, to be Staff Assistant-Surgeon, vice Eugene Valentine MacSwiney, M.D. appointed to the 24th Foot; September 1. Assistant-Surgeon Charles Haines, from 10th Foot to be Staff Assistant-Surgeon, vice Robert F. Buchanan, appointed to 10th Foot; September 1.

Medico-Chirurgical Society of Glasgow.—At the meeting of this society, held on Friday, the 3rd September, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected Office-Bearers for the present Session.—President, Dr. J. G. Fleming; Vice-Presidents, Dr. E. Watson, Dr. Steven; Council, Dr. G. H. B. Macleod, Dr. A. R. Simpson, Dr. Richmond, Paisley, Dr. F. Thomson, Mr. Torrance, Airdrie, Dr. H. Thomson, Dr. James Gray, Mr. Robert Grieve; Secretaries, Dr. James Adams, Dr. R. Perry; Treasurer, Dr. H. R. Howatt.

Harvard University.—Harvard was founded early in the seventeenth century at Newtown, one of the earliest pilgrim colonies, the name of which, after the establishment of the college, was changed to Cambridge. Among the settlers at Newtown were a number of graduades of old Cambridge, England, mostly alumni of that Emmanuel College which had been founded by Sir Walter Mildmay, in 1585, and which the maiden queen suspected, with her shrewed wit, to be a "Puritan foundation." These Emmanuel settlers in the new world set up a branch of their *alma mater*, which were at first Puritan indeed. The young college of New Cambridge received a grant of £400 from the General Court of Massachusetts, which was then considered an excellent beginning. In 1638 the Rev. John Harvard, a wealthy Puritan minister who had come over from England, bequeathed his valuable library and half his property to the infant institution. The gratitude of colleges usually takes the form of adopting the benefactor's name for some purpose connected with them, so Cambridge College become Harvard College. Harvard's example set the fashion: endowment multiplied, the magistrates of the colony gave £200 worth of books, and poor and rich contributed to help along an institution of which Massachusetts Bay was already proud.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 15, 1869.

STUDENTS' NUMBER.

In our present Number we compress a mass of information for the benefit of Medical Students in the three Kingdoms. To enable us to do so, we are obliged to divest the regulations from much of their prolixity, but we trust that this process renders them rather more explicit than otherwise. Our Students' Number is not for London alone, but for Great Britain and Ireland.

THE MEDICAL COUNCIL.

To this body is entrusted the supervision of medical education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a student of medicine, at the commencement of his career, at the office, Soho Square. It is to be hoped that the Medical Council will soon be reformed, and become an effective supervisor of medical education.

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THE CAREER OF THE ENGLISH STUDENT.

The young gentleman who is about to enter the Medical Profession in England has more than one course open to him, whether he decide on fulfilling his curriculum in London or in one of the provincial schools. The latter course is generally determined by local causes with which pupil and parent are both familiar. We propose, therefore, in this place, to point out a few things that concern the London medical student.

First of all, as to apprenticeship. The only English corporation that absolutely requires an apprenticeship is the Society of Apothecaries, which is bound by Act of Parliament. The clause, however, is very liberally interpreted, and the apprentice may, during his term, fulfil part or the whole of the curriculum. The master must possess the licence of the Company, but he may practise any department of the Profession. There is much difference of opinion as to the value of an apprenticeship. Some profess to despise it, and regard it as a badge of trade. There are, however, many advantages in the system, if carried out in the liberal mode we have spoken of; and we feel sure neither pupil nor parent would ever regret having entered into such an agreement with a medical gentleman of position and honour. Thus, suppose a pupil to be bound apprentice to a Licentiate of the Apothecaries' Company for a period of five years, with the right to attend lectures and hospital practice during the last three years, he enjoys the following advantages: In the early part of his pupilage he not only learns practical pharmacy, and becomes acquainted with the more generally used articles of the Materia Medica, but, if industrious, he may pass the Preliminary Examination. Moreover, he prepares himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he has thus acquired will procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience is of the very highest value, should he decide on settling in general practice after he is qualified. On the whole, then, this modified apprenticeship system is equal to any, and parents who know a practitioner to whom they would willingly entrust their sons, cannot do better than pay him a fair premium. Those residing near will occasionally be able to arrange for an out-door apprenticeship.

Supposing, on the other hand, that the plan of apprenticeship be rejected, a young man may still become the pupil of some one in practice. This is often done by those who aim at the higher branches of practice. A physician or surgeon who will give some time to the superintendence and direction of a pupil's study certainly offers him great advantages, and those who can afford thus to act will not regret the expense of providing their sons with such a guide.

Lastly, a pupil may enter at any of the London hospitals without any such preparation. He has only, provided he has passed a preliminary examination, to pay the first year's fees, and he is admitted at once to all the dignity of a medical student. He should decide on the diplomas he requires, and guide his studies accordingly. Most of the schools now have a composition fee, entitling to all required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to perpetual attendance on all lectures and hospital practice. It is better to take out the perpetual ticket, as all contingencies are thereby provided for. The fees are mostly payable in two or three instalments, at the commencement of each Winter Session. The Dean will always forward details, as well as any special information of which a student may find himself in need. The first instalment varies from forty to fifty guineas; the second is a like sum; the third usually only makes the whole paid a hundred guineas or a little over.

The student who comes from the country to enter in London not unfrequently requires lodgings. Those who can live with relatives and friends are, of course, best suited; but not a few find themselves very comfortable in furnished apartments, which are to be had in respectable streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. We have known a good sitting-room and bed-room hired for the Session at half a guinea a week. The price varies with the season a little, and some can afford more than others, and therefore can always have a selection of better rooms.

Residence settled, student life begins on the 1st of October, by hearing the Introductory Lecture, at the conclusion of which the fees may be paid, unless they have already been handed over.

It should be mentioned that one or two of the medical schools have collegiate institutions in connection with them where rooms may be had instead of the more usual plan of taking lodgings. Some of the lecturers at most schools receive pupils, and all of them will at any time afford special information to those who may inquire of them. It is therefore a good plan to communicate with any one of them with whom the intending pupil or his parents may have any acquaintance, or to whom an introduction can be obtained. Or, in any case, the Dean will at once reply to inquiries by post and forward a full prospectus.

As to contending for prizes, there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. We never competed for them, nor encouraged others; and some of the most eminent men hold the same views. Others, however, differ from us, and the pupil may judge for himself. Competition for appointments to dresserships and other offices, where much practice is seen, stand on a different footing. No prize can equal such posts; and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others, the diligent gain them without extra expense. The student, having selected his hospital and school, has chosen his teachers. We have only to remind him that however able they may be, the result depends on his own application. Let him supplement their efforts by giving all his energy to the pursuit of knowledge, and there is not one of our schools of medicine in which he will not acquire such a knowledge of his profession, that when the time comes he will pass his examinations with ease, and, what is more important still, will then be able to practise in our noble profession with benefit to the sick to whom he may minister.

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The Regulations of the Licensing Bodies and of the Schools of Medicine.

The information most important to students may be divided into two parts—first, the regulations with which they must comply before they can present themselves for examination to any of the Licensing Bodies; second, the means that exist to enable them to do so. In the first category are to be placed the regulations of the Corporations; in the second, some account of the many Schools of Medicine and Hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the Public Services. Hence we furnish some particulars that will be interesting to those who contemplate entering the Army or Navy, or taking service under the Poor-law Board.

According to this plan, we proceed to consider, first of all, the regulations of the Qualifying Bodies.

THE UNIVERSITIES.

OXFORD AND CAMBRIDGE.

The elder English Universities have of late years opened their doors much wider than heretofore, and that without losing any of the prestige they possessed. Those who propose to follow their course of education need not any longer enter at any particular College or Hall, although it will probably be long before lodger students will be very numerous. There are advantages in the College life that will not be willingly given up by those who can afford it, and, for a purely medical career, it would be perhaps preferable for those who would not like to enter a College to graduate at the London University.

We would here urge upon every student who may enter any University the great advantages they would derive from a course of study in the Faculty of Arts, and we strongly advise every one who has the time to take a Degree in Arts before commencing his medical curriculum. A Degree in Arts stamps a man for life; and as some examination must be passed before the commencement of professional study, it would always be best to take such a degree. A University Degree in Arts is recognized universally as the preliminary examination, and possesses its own value, besides exempting from other tests.

UNIVERSITY OF LONDON.

The medical degrees of this University have now obtained a reputation second to none, and no student can therefore propose to himself a higher qualification. The training is rather longer than that required for the diplomas of most of the corporations. The examinations are very stringent, and it is in after years that the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital studies *after* he has passed the matriculation examination. It is, therefore, very desirable he should matriculate before entering a medical school, otherwise two years will be lost. The matriculation examination of this University is accepted as a preliminary by the Medical Council, and therefore the labour bestowed in preparation will serve the student's purpose even if he do not proceed to a degree. The medical degrees of the University are Bachelor and Doctor of Medicine, and Bachelor and Master in Surgery. Degrees of Bachelor and Doctor of Science are also now obtainable. There are, at each stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly prized distinctions in various branches. There are also scholarships for the most successful.

UNIVERSITY OF DURHAM.

The degrees of Bachelor and Doctor of Medicine are granted by this University, as is also the degree of Master of Surgery. There is also a licence in medicine, to obtain which residence is not essential. A licentiate cannot pass to the M.B. until he has obtained the degree of B.A., or passed an equivalent examination. Only M.B.'s of 21 terms' standing can proceed to M.D.

There is a medical scholarship of £25 tenable for four years, and the fees, both Collegiate and University, are very moderate.

THE CORPORATIONS.

From the Universities we pass to the other bodies that can give authority to practise.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

THE FELLOWSHIP.

The Fellowship is only attainable by election. No one can be proposed who is not a Member of four years' standing. The mode of election has long given much dissatisfaction, as the readers of The Medical Press and Circular are well aware, from the numerous articles and communications that last year appeared. There is a general admission as to the justice of our strictures, and from the liberal feeling of a large body of the Fellows, it is not improbable that a reform already initiated may bear good fruit.

THE MEMBERSHIP.

A person may become a Member of this College without holding a degree in Medicine, or indeed any other diploma This is not very often done ; for the Membership gives no right to the use of the title doctor, though some Members not possessed of a degree do so style themselves. This is, however, in direct violation of the rules of the College to which a Member pledges himself on admission. The curriculum extends over four years.

Graduates in Medicine of any British University are admitted to an examination for the Membership. Such graduates are exempt from some parts of the examination —*e.g*, anatomy and physiology. Even foreign graduates of accredited Universities have no difficulty in being admitted to examination. During the so-called year of grace this diploma was given to any M.D., on payment of ten guineas ; but such a wrong is not likely again to be perpetrated.

THE LICENCE.

This diploma authorizes the holder to practise his Profession as a Licentiate of the College. Unless a graduate of some University, he is forbidden to use the title of doctor, but we regret to say many do so. At first it was regarded as a medical diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially appointed examiners, and is complete in the several departments. It has been proposed to give this licence to Licentiates of the Apothecaries' Company, on payment of a fee, *without examination*. Such a course might bring a little money to the College, but could confer no credit on any one. Those who hold the Company's licence have their legal right to practise, and have already made their position. To confer the College licence for cash would degrade it in the estimation of all who have obtained it by examination. The College has done its share of trafficking in diplomas, and we trust will not load itself with another year of (dis-) grace.

During the past year we have had to record the most important change that has ever occurred in reference to the qualifications of general practitioners. This licence of the London College of Physicians has been recognized by the Poor-law Board as a qualification in surgery as well as medicine. Consequently, this single diploma is sufficient to enable any one to take a Poor-law appointment. It ought, therefore, to become a single authority to practise every department of the Profession. In such case, any one contented with the diploma of L.R.C.P. Lond., would have all he needed, and the one faculty system so long desired by earnest reformers would be established.

It is to be supposed that the College will follow up its advantage, and protect all its Licentiates in the exercise of all branches of the Art of Healing.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

No Corporation has exercised so great an influence over the Profession in England as this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. In a parish appointment, its membership, though no longer essential, carries great weight. Hence, most English students intend to prepare themselves for this, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College has two grades, Member and Fellow. It also gives a diploma in midwifery, but this is mostly confined to those who are already Members.

THE FELLOWSHIP.

Members of long standing can be admitted by election. As, however, this grade is also obtainable by examination, this is the more usual mode. Consulting surgeons mostly take the Fellowship by examination, though there are many hospital surgeons in London who have contented themselves to remain Members.

A Member of the College of eight years' standing is admitted to examination on the production of a certificate of three Fellows, that he has been engaged for eight years in the practice of surgery, and is a fit and proper person to be admitted a Fellow.

THE MEMBERSHIP.

This diploma gives no vote in the affairs of the College. It is in effect only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the practice of medicine, and also in the practical employment of splints, bandages, and other surgical appliances.

APOTHECARIES' SOCIETY OF LONDON.

The Licence of the Worshipful Society of Apothecaries is perhaps the most useful medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their medical officers to hold this diploma, and these laws are not readily altered. Though other medical qualifications are recognized by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications, of the value of which they are ignorant. The drawback to many a student is that, constrained by the Act of Parliament, the Society requires apprenticeship. This clause has, however, received a very liberal interpretation, and every pupil of a licentiate, who is certified to have served *after the manner* of an apprentice, is considered to have fulfilled the requirement. During this term he may also have carried on his hospital studies. Everyone, therefore, who can show this certificate, intending to settle *in England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by becoming a Licentiate of the Apothecaries' Society ; and as the fee is only six guineas, a very large number of young men will, we doubt not, secure this possible avenue to appointments.

Every candidate for a certificate of qualification to practise as an Apothecary must produce testimonials—

1. Of having passed in general education.
2. Of apprenticeship of five years to a practitioner qualified by the Act of 1815. This period may include the time spent at lectures and hospital.
3. Of being of the age of twenty-one.
4. Of good moral conduct.
5. And of the required course of study.

Irish Hospitals and Schools of Medicine.

SCHOOL OF PHYSIC, UNIVERSITY OF DUBLIN.

This School was established by Act of Parliament 40 George III., and is under the joint government of the Board of Trinity College and the King and Queen's College of Physicians.

Institutes of Medicine, Professor Law. Materia Medica and Pharmacy, Professor A. Smith. Surgery, Professor R. Smith. Anatomy and Chirurgery, Professor MacDowel.

Its Medical School is at Trinity College, where a spacious dissecting-room has recently been erected. Information as to the Medical Scholarships and Exhibitions in this School will be found amongst the regulations of the University of Dublin.

For further particulars see advertisement.

SCHOOL OF SURGERY, ROYAL COLLEGE OF SURGEONS.

This School is under the superintendence of the Council of the College, who appoint the professors. The Introductory Address will be given on the first Monday in November. The Professor of Physiology will commence his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have been recently much enlarged. Arrangements have been made to give increased facilities for instruction in Operative Surgery and Chemical Analysis. Prizes in Anatomy and Physiology, and Surgery, will be awarded at the end of the Winter Session. The Junior Surgical Society meets fortnightly in the school, and several prizes have been offered for the best essays read during the Session.

For further particulars see advertisement.

THE LEDWICH SCHOOL OF MEDICINE, PETER STREET.

This School, claiming priority of foundation before any of its kindred unchartered institutions were projected, was established in 1810 by J. Kirby, and has, since then, under the energetic administration of the Messrs. Ledwich and Dr. Mason, maintained a very high prestige as an educational institution. It is situated next door to the Adelaide Hospital in Peter-street, about five minutes' walk from the Meath Hospital, Royal College of Surgeons, and Mercer's Hospital, and the Coombe Lying-in Hospital, and ten minutes from the Catholic University School, the University, and the City of Dublin Hospital. The hospital in most immediate connexion with it is Mercer's.

For further particulars see advertisement.

STEEVENS' HOSPITAL SCHOOL.

This hospital is conducted on the plan of the London Hospital Schools, combining, in one establishment, all the departments of medical education. Situated in the centre of a district occupied by some of the largest manufacturing concerns, its beds are constantly filled with accidents of a serious nature. Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane, Dr. Croker, consulting physician, being one of the medical attendants. All morbid specimens are most carefully examined and preserved by the curator, who is an officer regularly appointed and paid by the Board of Governors.

There is accommodation for residence of seven surgical and four medical residents; besides whom the Resident-Surgeon receives house pupils. The fees payable for the privilege of residence are 21 guineas, winter; 15 guineas, summer six months; including hospital ticket; students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

PRIZES.

3 Cusack Medal and Exhibition, of £8, £5, £3; 2 Midwifery Assistants, £30 each; 1 Medical Clinical Prize, £10 10s.; 1 Surgical Prize, £10 10s.

The session opens with distribution of prizes in the first week in November.

For further particulars see advertisement.

THE CARMICHAEL SCHOOL OF MEDICINE.

The various lectures are now delivered, and the dissections carried on in the new building, which the munificence of the late Surgeon Carmichael has given to the proprietors. As the building was designed with special reference to the requirements of a large medical class, every convenience is afforded to the student in the prosecution of his studies.

The proximity of this School with the House of Industry Hospitals, and its connection with these institutions as well as with the Mater Misericordiæ, Meath, and Jervis-street Hospitals, through its teachers, ensures equal opportunities to the pupils of becoming thoroughly acquainted with the more immediately practical part of their profession.

Arrangements have now been completed for rendering more available the Carmichael premium bequest, which will henceforth enable the proprietors to distribute prizes to the amount of £60 yearly; and the Scholarship, value £15 yearly, which the friends of the late Dr. Mayne have founded in his name, will be alloted at the termination of the Winter Session.

For further particulars see advertisement.

THE MEDICAL SCHOOL OF THE CATHOLIC UNIVERSITY

Occupies a central position, and is within a short distance of the principal hospitals of the city; it possesses a complete laboratory for the study of practical and experimental chemistry; the dissecting room is lighted with gas for the convenience of industrious students; there are class rooms for private tuition on the premises, likewise a reading-room, and a college for the residence of medical students has been specially provided, containing a library of the most approved class-books. Two exhibitions, each of the value of £20, are offered for competition in the ensuing year—viz., one in the combined subjects of chemistry, physiology, microscopic anatomy, and botany; and one in surgery, medicine, and midwifery. A gold medal of the value of £7 is likewise offered in materia medica, medical jurisprudence, and practical chemistry, in the ensuing summer session. The students of the physiological and botanical classes are instructed in the use of the microscope, and how to recognize the various animal and vegetable tissues, and fluids.

There is accommodation for residence of students in connection with the institution, which will accommodate at least forty students.

The fees payable for the privilege of residence are from £7 to £10 the academic year.

The arrangements and cost of maintenance are by a club, voluntarily constituted, and the officers of which are annually elected by the students.

The term of residence is nine months.

Prizes and Exhibitions.—Two exhibitions of £20 each, and one gold medal of the value of £7, besides two class prizes in each class of the respective value of £3 and £2, for which the examination takes place in the first week in April and the first week of July.

For further particulars see advertisement.

THE CITY OF DUBLIN HOSPITAL.

This hospital is situated in Upper Baggot street, about ten minutes' walk from the Royal College of Surgeons and the Medical School of Trinity College, and twelve from the Ledwich Schools and the School of the Catholic University. Physicians, surgeons, and assistant physicians are, with three exceptions, either Professors or Demonstrators in the School of the Royal College of Surgeons in Ireland. The hospital contains 104 beds, and accommodates about 800 intern patients annually. There are special wards for ophthalmic diseases, on which subject a special course of lectures is delivered by Dr. Jacob, and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £20 per annum (with apartments) is obtainable by competitive examinations by all students, and a special certificate is granted. The fees for hospital attendance are—nine months, £8 8s.; six months, £6 6s.; summer three months, £3 3s. Perpetual, £21.

A special course of lectures on ophthalmic surgery is now required for the surgical qualifications of the University of Dublin.

For further particulars see advertisement.

THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

This hospital is situated about a quarter of an hour's walk from the University, and within a few minutes of the College of Surgeons and the Ledwich Schools of Medicine; affords every facility for the treatment and study of disease. Its salubrious position and long-established character call for constant admission to its accident, chronic, fever, surgical, and children's wards, which are thus constantly occupied with cases illustrative of medicine and surgery.

Four prizes will be given at the termination of the winter course to the best answerers in their respective classes.

The office of resident pupil is open to pupils as well as apprentices.

For further particulars see advertisement.

ST. VINCENT'S HOSPITAL.

This hospital was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian hospitals, after which it was modelled. Dr. O'Ferrall was the original medical officer. The ward for "*Enfans Malades*" is an interesting feature. The hospital has over a hundred beds constantly full, and each sister has charge of about twelve patients. In connection with it a Convalescent Home was established two years since at Stillorgan, the greatest benefit in the way of rapid recoveries and convalescence after acute attacks has followed. These institutions are wholly supported by voluntary contributions. The clinical instruction in medicine and surgery is given by Dr. O'Ferrall, Dr. Quinlan, Dr. Mapother, Mr. O'Leary, and Dr. Cryan. Prizes are awarded at the end of the winter session.

For further particulars see advertisement.

THE ADELAIDE HOSPITAL

Is in Peter-street, next door to the Ledwich School. From the 1st of October, the physicians and surgeons will visit the wards, and give instruction at the bed-side, at the advertised hours, and the course of clinical lectures will be commenced in the beginning of November.

For further particulars see advertisement.

SIR PATRICK DUN'S HOSPITAL,

Founded on the endowment of Sir P. Dun, and for many years receiving nothing but purely medical cases, has been lately reconstituted as a Medico-Chirurgical Hospital. It is in immediate connection with the School of Physic, and its physicians and surgeons are all professors in that School. The University requires nine months' attendance at this hospital from candidates for the M.B.

Hospital fee for twelve months, including nine months' clinical lectures, nine guineas.

For further particulars see advertisement.

THE MATER MISERICORDIÆ HOSPITAL,

Situated in Eccles-street, is a new and handsome building, and, when it is completed, will be one of the finest charitable institutions in Dublin.

Fees.—Nine months, 8*l*. 8s.; six months, 6*l*. 6s.; three months, 3*l*. 3s.

For further particulars see advertisement.

MERCER'S HOSPITAL

Is situated within a few minutes' walk of the Royal College of Surgeons, Ledwich School, Trinity College, and Catholic University School.

Two new wards for the reception of fever and contagious diseases are now open, in addition to the previous accommodation of the hospital.

Terms of Attendance.—Six months, six guineas; nine months, eight guineas; perpetual pupils, 21*l*.

For further particulars see advertisement.

JERVIS-STREET HOSPITAL.

This hospital is situated in the neighbourhood of the Carmichael and Catholic University Schools, and in a part of the city not otherwise provided with hospital relief.

For further particulars see advertisement.

ROTUNDO LYING-IN HOSPITAL.

This well-known institution is the largest and oldest maternity hospital in the United Kingdom, and the repute in which it is held attracts students from all parts of the world. It accommodates an average of 1,700 intern patients, including those admitted to the chronic wards labouring under the various forms of uterine complaints, and is under the care of the Master, who is elected every seven years, and two assistants, who hold these appointments for three years. The mastership is at present held by Dr. Johnston, and the assistants are Dr. J. Guinness Beatty and Dr. Thomas More Madden. There is, in addition, an external maternity department, where patients, procuring a ticket properly signed, can be attended at their own homes; also, a dispensary is held every morning for diseases of women and children. Clinical instruction is given each morning both in the labour as well as in the chronic wards, and two courses of lectures are delivered in the year, which are recognized by all the licensing bodies.

A student entering for the practice of the hospital pays a fee of 10*l*. 10s. for six months. During that time he is required to attend at least thirty cases, either within the walls of the hospital or at the residence of patients who may apply for assistance. For this course of study, on examination, a diploma is given, which is received as a qualification in midwifery in the public services.

A limited number of students is admitted to reside in the hospital, for which they pay a fee of 20 guineas for six months.

COOMBE LYING-IN HOSPITAL.

This hospital was founded in 1826, but it was not till 1867 that it was incorporated by Royal Charter, which enables its medical officers to issue diplomas qualifying the holders to practise midwifery. By a clause in the charter the diplomas issued antecedent to its date have been made of equal force and value with those issued subsequent thereto. This hospital divides with the Rotundo almost the entire of the obstetric hospital practice of Dublin. It is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It accommodates about 600 labour cases within its walls, while those attended as externs amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females, gives admission to about eighty patients annually. Its wards are in the charge of Dr. Ringland and Dr. Sawyer, as masters, and Dr. Roe, as assistant master, whilst the chronic ward for the diseases of females is under the charge of Dr. Kidd, the obstetric surgeon of the institution. The fee for attendance is 4*l*. 4s. for six months as extern, and 10*l*. 10s. as intern pupil. During that period the student attends on a given night in each week, or oftener, if circumstances permit, and takes charge in his turn of any cases that may be admitted to the labour wards, or may call for his assistance outside. In difficult cases he has the superintendence of the resident medical officer, and of the masters when necessary. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident pupil midwifery assistantships are obtainable annually by competitive examination, for which all pupils who have obtained their midwifery diploma are eligible.

For further particulars see advertisement.

ROYAL COLLEGE OF SCIENCE FOR IRELAND, STEPHEN'S GREEN, DUBLIN.

THIS College supplies, as far as practicable, a complete course of instruction applicable to the Industrial Arts. The subjects of instruction are: Pure and Applied Mathematics, Descriptive Geometry and Mechanical Drawing, Mechanism, Theoretical and Applied Chemistry, Chemical Analysis, Physics, Botany, Zoology, Geology and Palæontology, Mineralogy, Mining, Machinery, Surveying, Agriculture. The course of instruction extends over three years, but students may enter for any of the courses, and they receive certificates after examination. The College course qualifies for appointments in the Engineering Department for India.

There are four Royal Scholarships of 50*l.* yearly each, with free education, tenable for two years.

The Session commences on Monday, October 4th.

Provincial Colleges of Ireland.

QUEEN'S COLLEGE, BELFAST.

THE first Matriculation Examination will commence on the 22nd October. There will be additional Matriculation Examinations on the 14th November for those who have not been able to present themselves at the first. Lectures will commence on 1st November. No student can be permitted to enter after the 14th November. Two junior scholarships, value £25 each, are awarded to matriculated students commencing the first year of their study. The examination for these will take place immediately after the first Matriculation Examination. Two of similar value to students of the second year, two to students of the third year, and two to students of the fourth year.

For subjects of examination and other information see Queen's College Calendar for 1865. At the termination of the session prizes will be awarded for proficiency in the several classes.

The trustees of the "Charters' Educational Fund" grant annually, for ten years, a sum of £50, for the purpose of establishing an exhibition in connection with the Belfast School of Medicine. The competitive examination for this exhibition will be held at the end of the session, at which all medical students can compete.

FEES.—Practical chemistry, 3*l.* Anatomy and physiology, first course, 3*l.*; subsequent course, 2*l.* Anatomical demonstrations and practical anatomy, each course, 3*l.*; for subjects each session, 15s. Other medical lectures, first course, 2*l.*; each subsequent course, 1*l.*

BELFAST GENERAL DISPENSARY.

THIS institution is the only hospital for the reception of injuries and surgical diseases in Belfast, and contains 150 beds.

For further particulars see advertisement.

QUEEN'S COLLEGE, CORK.

MEDICAL SCHOLARSHIPS.

FIRST YEAR.—One to the candidate who shall have most distinguished himself at the examination for science scholarships of the first year in Arts, and one to the candidate who shall have most distinguished himself at the examination for literary scholarships of the first year in Arts. Candidates for these scholarships shall have previously declared themselves, and have matriculated as medical students.

Subjects for the second year—Anatomy and physiology, chemistry, general physics, zoology and botany, the French language.

Subjects for third year—Anatomy and physiology, practical anatomy, materia medica, practical chemistry.

Subjects for fourth year—Anatomy and physiology, practical anatomy, therapeutics, pathology and morbid anatomy, surgery, midwifery.

The fees, whether matriculated or non-matriculated, for attendance on lectures, are 1*l.* for each course, when attended for the first time, and 1*l.* for each re-attendance on the same; except that the fee for anatomy and physiology shall be 3*l.* when attended for the first time, and 2*l.* for every subsequent attendance; and that for practical anatomy or practical chemistry shall be 3*l.* for each attendance.

For further particulars see advertisement.

QUEEN'S COLLEGE, GALWAY.

FACULTY OF MEDICINE.

The College Session.

THE College Session is divided into three terms. The first term commences October 22nd.

Matriculation.

The Matriculation Examination is held at the commencement of the first term; but additional examinations are held before the close of the term. The last Matriculation Examination is held on the 15th November. Each candidate before being admitted to examination must pay a fee of ten shillings, which will be returned to such as fail to pass.

Attendance on Lectures.

All students shall pay the College fee, and a moiety of their class fees, and enter their names with the Registrar, before they are admitted to the classes of the several Professors. No student shall have his name replaced on the rolls at the second term who has not paid the second moiety of his class fees. No student shall be regarded as having kept a course of lectures who has not attended two-thirds of the entire number.

Examinations.

A Sessional Examination is held at the close of each session in the subjects of lectures. There is also a Supplementary Examination on the same subjects at the commencement of the following session.

Scholarships.

Eight junior scholarships, of the value of 25*l.* each, are awarded to students pursuing the course for the degree of M.D. The examinations for junior scholarships are held at the commencement of the first term. Junior scholars are exempted from one moiety of the class fees. The College is empowered to award exhibitions, varying in value from 10*l.* to 18*l.*, at the same examinations as the scholarships, and to be held upon the same terms.

For further particulars see advertisement.

Regulations and Bye-Laws of Licensing Bodies in Ireland.

UNIVERSITY OF DUBLIN.

THE following Degrees and Licences in Medicine and Surgery are granted by the University of Dublin:—

1. Bachelor in Medicine. 2. Doctor in Medicine. 3. Master in Surgery. 4. Licentiate in Medicine. 5. Licentiate in Surgery.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable; but he need not have his name on the College books, or attend any of the academical duties, unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th of November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencements as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures:—

Winter Courses.—Anatomy and Physiology—Practical Anatomy with Dissections—Surgery—Chemistry—Practice of Medicine—Midwifery.

Summer Courses.—Botany—Materia Medica and Pharmacy—Institutes of Medicine—Medical Jurisprudence.

Hospital attendance on Sir Patrick Dun's during nine months, with three consecutive courses of clinical lectures. Also nine months' additional attendance on a recognized hospital, and Practical Midwifery.

Any of the courses may be attended at any recognized medical school, and three of them at Edinburgh University, provided the candidates have kept an Annus Medicus in the School of Physic.

The schools recognized are—1. The School of the Royal College of Surgeons in Ireland. 2. The Carmichael School. 3. The School of Steevens' Hospital. 4. The Ledwich School. 5. The Cecilia-street School.

An Annus Medicus may be kept in three ways—1. By attending two winter courses. 2. Or one winter and two summer courses. 3. By nine months' attendance on Sir Patrick Dun's Hospital and Clinical Lectures: together with one winter course or two summer courses of three months' duration.

The fee for nine months' attendance at Sir Patrick Dun's Hospital is twelve guineas.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A doctor in medicine must be M.B. of at least three years' standing, and requires no other qualification.

Total fees for this degree, £13.

Master in Surgery.

This degree can only be obtained by Bachelors of Arts. The curriculum is the same as that for the Licentiate in Surgery, as given below.

Candidates will also be required to perform surgical operations on the dead subject.

Total amount of fees for the degree of Ch. M., £16.

Licentiate in Medicine.

Candidates for the licence in Medicine and Surgery must be matriculated in Medicine, and must have completed four years in medical studies, and must pass an examination in Arts, including Greek, Latin, English, and Mathematics, unless they be students in the Senior Freshman, or some higher class. The medical course necessary for a Licence in Medicine is the same as for the degree of M.B. A fee of £5 is charged on taking the Licence. Licentiates in Surgery of the Royal Colleges of Surgeons, on passing the Art examination, will be admitted to examination for the Licence in Medicine. Such candidates will be exempted from examination in Anatomy and Surgery: Fee for the *Liceat ad Examinandum*, £5. Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

Candidates must have kept one full year in Arts, and will be required to perform surgical operations on the dead subject. The curriculum extends over four years, and is as follows:—Two courses each of Anatomy and Physiology, and Theory and Practice of Surgery; three courses of Demonstrations and Dissections; and one course each of Practice of Medicine, Chemistry, Materia Medica, Midwifery, Laboratory Chemistry, Botany, and Medical Jurisprudence. Also attendance for three Sessions, each of nine months, on a recognized hospital. Of the courses of lectures, which are of six months' duration, not more than three can be attended during any one session. Any of the above-named courses may be attended at any of the medical schools of Dublin, provided the candidate has kept an *Annus Medicus*. A fee of £5 is charged for the licence, and £5 for the *Liceat*.

SESSIONAL EXAMINATIONS.

Candidates for degrees and licences will be subjected to two examinations, one of them preliminary, which will be held at the close of the second year, and the other, after the full curriculum has been completed. The subjects of the preliminary examination are the following: Descriptive Anatomy, Botany, and Materia Medica, Pharmacy, Chemistry, theoretical and practical, with Chemical Physics. The best answers at the preliminary examination will be elected to the scholarships, provided they are in the Senior Freshman, or some higher class, and have kept one *Annus Medicus*.

PRIVILEGES OF MEDICAL STUDENTS.

Medical students, being junior or senior sophisters, and in attendance on the full courses necessary for an *Annus Medicus*, are exempted from the classics of the junior sophister year, and from one of the three optional courses (Mathematical Physics, Experimental Physics, or Classics) of the senior sophister year. To obtain this privilege the student must be matriculated, and the certificate of his attendance on lectures be submitted to the senior lecturer.

FREE COURSES.

Students in Arts having their names on the College-books will be permitted to attend one course free of expense with the Professor of Botany, and to attend the lectures of the University Professors at half price.

MEDICAL SCHOLARSHIPS.

Two medical scholarships are given annually, value 20*l.* per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects:—Anatomy, Physiology, Chemistry, Materia Medica, and Botany.

Medical School Exhibitions.

The professors of the University school give three exhibitions annually: two senior, value 15*l.* and 10*l.*, open to all students who have been three years attending the school. The subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine.

One junior, value 15*l.*—the time and subjects of examination being the same as those for the medical scholarships.

Expense of obtaining the degrees of Bachelor in Medicine and Master in Surgery in the University of Dublin:—Lectures, 49*l.* 7s.; Hospitals, 28*l.* 7s.; Degree Fees, 32*l.*=109*l.* 14s.; Private Tuition, say, 20*l.*; Total, 129*l.* 14s.

N.B.—As no degrees in Medicine or Surgery are conferred except upon graduates in Arts, the expense of the degree of Bachelor in Arts, amounting altogether to 83*l.* 4s., should be added to the foregoing, making the total cost something over 200*l.*

The Board of Trinity College have recently passed orders:—1. That three-fourths of the courses of lectures must be in all cases attended. 2. That the system of perpetual pupils be abolished. 3. That a daily roll be called by each Professor. 4. Students in Arts shall be entitled to attend one course in Botany, and to receive a certificate free of charge. 5. Candidates for degrees and licences in Surgery shall be required to attend one course only on Anatomy, for which he shall be charged three guineas. 6. The two courses delivered by the Professor of Surgery shall include practical instruction in Operative Surgery on the dead subject; and for each the professor shall charge four guineas. 7. The Professor shall charge three guineas for the winter lecture in Chemistry. 8. Laboratory instruction shall be substituted for the second course of chemistry, hitherto delivered, for which the Professor of Chemistry shall charge five guineas. 9. Students in Arts may attend the Professors of Surgery and Chemistry, and to receive certificates on payment of half the fees. 10. That after Shrovetide, 1868, all candidates in Medicine shall produce certificates in practical Midwifery, including at least six deliveries.

See advertisements of School of Physic and Sir Patrick Dun's Hospital.

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THE QUEEN'S UNIVERSITY IN IRELAND.

FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

EACH candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts, and to have been Matriculated in Medicine. 2. To have attended in one of the Queen's Colleges, Lectures on one Continental language for six months, and on Natural Philosophy for six months. 3. To have attended, in some one of the Queen's Colleges, two other courses of the medical curriculum. For the remainder of the courses, certificates will be received from the Lecturers in Schools, recognized by the Senate. 4. To pass two University Examinations—the First University Examination and the Degree Examination.

The curriculum of Medical study extends over four years, and is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy, and Materia Medica. Practical Chemistry in a recognized Laboratory is also to be attended during the first period, and the practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with the Clinical Lectures delivered therein.

The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. During this period Students attended Practical Midwifery, and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which clinical instruction is delivered.

At least two of the above courses of Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the candidate, in any University, College, or School recognized by the Senate of the Queen's University.

The University Examinations are held twice in each year, in June and September.

The June Examinations are Pass Examinations, and commence on the Tuesday following the second Saturday in June.

The Honour Examinations commence on the last Tuesday in September, and are followed by Pass Examinations.

Each candidate for examination in June must forward to the Secretary, before the 1st of June, notice of his intention to offer himself, along with his certificates; and each candidate for examination in September or October must forward similar notice, along with his certificates, before the 1st of September.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The First Examination may be passed either in June or September.

Students may present themselves for this Examination at the termination of the first period of the Curriculum, or at any subsequent period.

Before being examined, each Candidate must produce evidence of having completed the course recommended for study during the first period.

The First University Examination comprises the subjects recommended for study during the first period, along with which any Candidate may present himself for Examination in Experimental Physics and Modern Languages, if he has attended in one of the Queen's Colleges the courses on these subjects.

English Composition forms a part of all University Examinations.

HONOURS.

Competitors for Honours will be examined in all the subjects of the First Medical Examination, including Experimental Physics and Modern Languages.

Two Exhibitions, one consisting of two instalments of 20*l.* each, the other of two instalments of 15*l.* each, are awarded under certain conditions at this examination.

The candidates who pass with Honours will be arranged in three classes.

Candidates who defer passing their First Medical Examination until they present themselves at the degree examination are not eligible for Honours with the First Examination.

Honour and Pass Examinations are held in September. The Examination held in June is a Pass Examination.

DEGREE EXAMINATIONS IN MEDICINE.

Examinations for the M.D. will be held in June and September. The fee is 5*l.*

Each candidate must produce—

1. A certificate from the Secretary of the Queen's University, that he has passed the previous examination, unless he presents himself for both examinations simultaneously.
2. From the Council of his College that he has passed a full examination for Matriculation in Arts, and has been admitted a Matriculated Student in the Faculty of Medicine.
3. That he has attended in the College lectures on one Modern Language, on Experimental Physics, and two other courses.
4. That he has completed all other prescribed courses.

The Degree Examination comprises the subjects recommended for study during the second period, along with Experimental Physics and one Modern Language, unless an Examination in these subjects have been already passed at the previous Medical Examination.

The Examination for the Degree of M.Ch. comprises in addition an examination in Operative Surgery.

Candidates who graduated with Honours will be arranged in three classes. Candidates who take a first class will receive a medal and prize. Candidates who take a second class will receive a prize. Candidates who take a third class will receive a certificate of honour.

The examination for the Degree with Honours will commence on the last Tuesday in September, and will be followed by the examination of those candidates who seek to graduate without honours.

See advertisements of Queen's Colleges, Belfast and Cork.

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ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Royal College of Surgeons is the principal Surgical Licensing Corporation of Ireland, and confers the great majority of the surgical qualifications granted in that division of the United Kingdom. Although there is a medical school attached to it, the College receives and grants its diplomas on certificates from all medical schools of standing. The letters testimonial confer the title of licentiate, with full qualification to practise; but the exercise of the privileges of attending and voting as a member of the College is reserved for Fellows. The Medical School of the College is under the superintendence of the Council, by whom the Professors are elected. Important modifications have been recently made in the system of examination, quarterly sessions of the court having been established, and voting by numbers instead of "Yes" and "No" introduced. Full information as to these changes will be found in the appended regulations.

REGISTRATION OF PUPILS.

Every person shall be registered as a pupil on the college books on payment of five guineas.

Registered pupils can study in the museum on two days in each week, and to read in the library every day, from ten to one. They may also attend the Lectures on Comparative Anatomy, and obtain the certificate without payment. No student is admitted to the sessional or final examination for letters testimonial until he becomes a registered pupil.

CLASSICAL EXAMINATION.

Registered pupils are admitted to examination at any period previous to the final examination for letters testimonial.

Students not registered pupils are also admitted upon payment of ten shillings; but they are not enrolled as registered pupils, until they have paid the five guineas.

The following are the subjects for the Preliminary Examination:—The English Language, including Grammar and Composition. Arithmetic, including Vulgar and Decimal Fractions. Algebra, including Simple Equations. Geometry, first two books of Euclid. Latin and Greek, including Translation and Grammar. In Greek—The Gospel of St. John, the Menippus of Lucian, or the First Book of Xenophon's Anabasis In Latin—The First and Second Books of the Æneid of Virgil, the Jugurthine War of Sallust, or the Third Book of Livy. These examinations are held quarterly, viz.:—On the third Wednesday in January, April, July, and October in each year. Fee, ten shillings.

THE FELLOWSHIP.

Candidates must be twenty-five years of age, have studied six years, and have attended a course on Comparative Anatomy, on Botany, and Natural Philosophy. The fee is thirty guineas for a resident in Dublin, and twenty for a non-resident, having been previously a licentiate.

LETTERS TESTIMONIAL.

Every registered pupil shall be admitted to an examination if he shall have laid before the council—*a.* A receipt showing that he has lodged twenty guineas. *b.* A certificate of an examination in Greek and Latin. *c.* Certificates of four years' study. *d.* Certificates of three years' hospital attendance.*

e. Certificates of attendance on the following lectures :—

Three Courses.—Anatomy and Physiology ; Theory and Practice of Surgery ; Dissections with Demonstrations.

Two Courses.—Chemistry (or one on general and one on practical Chemistry).

One Course.—Midwifery ; Medical Jurisprudence ; Botany ; Materia Medica ; Practice of Medicine.

DIPLOMA IN MIDWIFERY.

Any Fellow or Licentiate shall be admitted to an examination upon the following documents :—

a. Certificates of one course of lectures on Midwifery and Diseases of Women and Children.

b. That he has attended a recognized lying-in hospital for six months ; or a recognized dispensary for lying-in women and children, devoted to this branch of surgery alone.

c. That he has conducted thirty labour cases. Candidates for the Midwifery Diploma shall be examined on the organization of the female ; the growth and peculiarities of the fœtus ; the practice of Midwifery, and the diseases of women and children.

The Candidate pays £1 6s. for the Midwifery Diploma provided he takes it out within one month from the date of his Letters Testimonial ; after that date the Fee will be Two Guineas.

REGULATIONS AS TO EXAMINATIONS.

Letters Testimonial.

Five examiners at least are present. Each candidate shall be examined upon Anatomy, Physiology, the Theory and Practice of Medicine and Surgery, Materia Medica and the form of prescription, and shall perform such surgical operations or dissections, or explain such anatomical and pathological preparations as the examiners may require.

Licentiates of a college of physicians or graduates in medicine of a University, shall be examined in general and descriptive Anatomy, Physiology, the Theory and Practice of Surgery, and Operative Surgery. Rejected candidates cannot present themselves until after six months. In addition to the oral examinations, candidates are required to give written answers to written questions.

FELLOWSHIP EXAMINATION.

Five examiners at least, together with the president, or vice-president, and two members of the council, shall be present. Each candidate shall be examined on two days. The subjects of the first examination shall be Anatomy and Physiology (human and comparative) ; those of the second, Pathology, Therapeutics, the Theory and Practice of Medicine and Surgery. In addition to the oral examinations, candidates shall be required to give written answers to written questions. The candidates shall also perform dissection and operations on the dead body. Rejected candidates cannot present themselves until after one year.

ORDER OF QUARTERLY EXAMINATIONS.

1st. Candidates shall return their names to the Registrar, and lodge their fees and certificates one week before examination.

2nd. Candidates shall be examined in alphabetical order.

3rd. The candidates assemble at three o'clock P.M., when twelve, selected according to alphabetical order, will each (for the junior class) receive three written questions on Anatomy and Physiology, and one on Materia Medica, and (for the senior) four written questions on Surgery and Practice of Medicine, which they will be required to answer within one hour ; at the end of the hour each candidate shall enclose his questions and answers in an envelope, with his name on the back, and hand same to the examiner superintending.

4th. The seven examiners shall attend on each day at four o'clock, to commence the Oral Examinations, and four of them shall examine for a quarter of an hour, at four separate tables in the junior class—viz., three on Anatomy and Physiology, and one on Materia Medica, and in the senior class, three on Surgery and Practice of Medicine, and one on the form of prescriptions.

5th. Two councillors shall be summoned to witness the examination of each candidate, and shall accompany him from table to table till his examination be completed, when the voting papers having been examined, and the result declared, the name of each successful candidate shall be enrolled in a book kept for that purpose in the College.

Examinations shall be held on the second Tuesday in February, May, August, and November, at which candidates shall be divided into two classes—junior and senior.

The Junior Class shall produce certificates of three courses of Lectures on Anatomy and Physiology, three courses on Practical Anatomy, with dissections ; two courses on Chemistry, one course on Materia Medica, one course on Botany, and one course on Forensic Medicine.

This class shall be examined in Anatomy, Physiology, and Materia Medica.

The fee for this examination shall be five guineas ; not to be returned in case of rejection, but to be allowed in the fee for the second examination.

The Senior Class shall produce certificates of three courses on the Theory and Practice of Surgery, one course on the Practice of Medicine, and one course on Midwifery ; also of attendance on a recognized hospital for three Winter and three Summer Sessions.

This class shall be examined in Surgery, Operative Surgery, the Practice of Medicine, and form of prescription.

Both these examinations shall be partly written and partly oral.

The fee for this examination shall be fifteen guineas.

Fees to be paid by Candidates for Letters Testimonial.

1st. The candidate pays ten shillings for his preliminary examination.

2nd. Five guineas as registered pupil of the College.

3rd. Five guineas for the Junior Class examination, which is not returned in case of rejection, but is allowed in the fee for his second examination.

4th. Fifteen guineas for the Senior Class examination—total, £26 15s.

5th. Every candidate rejected at the quarterly examinations shall be required to pay to the College the sum of two guineas on applying for re-examination.

See advertisement of School in connection with College.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RESPECTING THE LICENCES IN MEDICINE AND MIDWIFERY.

CANDIDATES for the Licence in Medicine, who have not previous to presenting themselves obtained some of the qualifications hereafter mentioned, must give proof of having attained the age of twenty-one, of four years' study ; and of having studied Anatomy, Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Botany, Medical Jurisprudence, Practice of Medicine, Pathology, Surgery, Midwifery.

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, for twenty-seven months (or for eighteen months, with nine months, at a Medical Hospital), both hospitals not being taken out in the same year.

Of six months' Practical Midwifery at a hospital, or other evidence of having attended Practical Midwifery.

And, if not personally known to a Fellow of the College, must transmit testimonials of character from registered Physicians and Surgeons.

The examination is divided into two parts :—

First Part.—Anatomy, Physiology, Botany, and Chemistry.

Second Part.—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Candidates qualified as follows are required to undergo the second part of the professional Examination only—viz., 1. Graduates in Medicine of a University. 2. Fellows, Members, or Licentiates, of the Colleges of Physicians of London or Edinburgh, admitted upon examination. 3. Graduates or Licentiates in Surgery. 4. Candidates who having completed the curriculum laid down above shall have passed the previous examination of any of the Licensing Corporations in the United Kingdom.

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* ATTENDANCE ON PROVINCIAL HOSPITALS.—Candidates who shall have attended recognized hospitals during three Winters, shall be admitted, if they shall produce certificates of attendance during a like number of months at a County Infirmary, or Provincial Surgical Hospital, containing at least fifty beds, provided the surgeons shall make returns, in the months of May and November of the number of students so attending.

Under this last regulation gentlemen who have passed the first portion of the examination for the Licence of the Royal College of Surgeons of Ireland or the Royal College of Surgeons of England are exempted from the first part of the examination.

Candidates who have been five years in practice are not required to undergo the written portion of the examination.

Members of the Society of Apothecaries of England or of the Apothecaries' Hall of Ireland are not required to surrender their certificate, but the Licentiates of the College are not allowed to keep open shop for the sale of medicines.

REGULATIONS RESPECTING THE LICENCE IN MIDWIFERY.

Members of the College must undergo a special examination, and shall be distinguished as Practitioners in Midwifery in the Lists of the College.

Candidates not being Licentiates will be admitted on the following qualifications:—The Degree or Licence in Medicine or Surgery, with a Certificate of six months' Lectures on Midwifery, with six months at a recognized Lying-in Hospital, or of having attended Practical Midwifery for six months at a recognized Lying-in Hospital, or other evidence of having attended Practical Midwifery.

FEES FOR LICENCE AND EXAMINATIONS.

The Fee for the Licence is £15 15s.

The Fee for the Midwifery Diploma is £3 3s.

The Fee for the Licence in Medicine and Diploma in Midwifery, if taken out at the same time, £16.

The Admission Fee, with the exception of £2 2s., is returned to any rejected candidate; and the Admission Fee, with the exception of £1 1s., is returned to any rejected candidate for the Licence in Midwifery: but in the case of a rejected candidate afterwards passing within twelve months, the sum previously deducted is allowed in the fee paid for such second Examination.

The Examinations are held on the *second Wednesday* in every month, except August and September. Gentlemen wishing to present themselves should make application either personally at the College, or by letter addressed to the Registrar at least a *fortnight* previously, when they will receive a Schedule to be filled up.

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THE APOTHECARIES' HALL OF IRELAND.

REGULATIONS REGARDING THE LICENCE.

Every candidate is required to undergo a preliminary and a professional examination.

THE PRELIMINARY EDUCATION AND EXAMINATION

Include—1. English; 2. Mathematics; 3. French; 4. Latin; 5. Greek; 6. Natural Philosophy; 7. Natural History.

A preliminary examination will be held at the Hall four times in the year—viz., on the third Friday in the months of January, April, July, and October, at two o'clock P.M. This examination will be conducted by printed papers and written answers, and conducted by graduates in Arts of the University of Dublin, with assessors from the Court of the Hall.

Unsuccessful candidates will not be re-admitted to examination until after six months.

Certificates in Arts granted by any of the bodies named in the Medical Act, or by any educational institution approved of by the Medical Council, will be recognized.

THE PROFESSIONAL EDUCATION.

Every candidate for the licence to practise must produce certificates—1. Of having passed an examination in Arts previous to professional study. 2. Of being twenty-one years of age, and of good moral character. 3. Of apprenticeship to a qualified apothecary, or of having been engaged at practical pharmacy with an apothecary for three years subsequent to having passed the examination in Arts. 4. Of having spent four years in professional study. 5. Of having attended the following courses, viz.:—Chemistry, one winter session: Anatomy and Physiology, two winter sessions; Demonstrations and Dissections, two winter sessions; Botany and Natural History, one summer session; Materia Medica and Therapeutics, one summer session; Practical Chemistry, three months; Principles and Practice of Medicine, one winter session; Midwifery and Diseases of Women and Children, six months; Practical Midwifery at a recognized hospital (attendance upon twenty cases); Surgery, one winter session; Medical Jurisprudence, one summer session; Instruction in the Practice of Vaccination. 6. Of having attended at a recognized hospital the Practice of Medicine and Clinical Lectures during two winter and two summer sessions; also the Practice of Surgery and Clinical Lectures, one winter and one summer session. 7. Of having performed vaccination under a recognized vaccinator.

CERTIFICATE OF ASSISTANT.

The Licence Examination is divided into two parts:—First, Chemistry, Botany, Anatomy, Physiology, Materia Medica, and Pharmacy. Second—Medicine, Surgery, Pathology, Midwifery, Forensic Medicine, and Hygiene. The First Part may be undergone after the second Winter and after the Candidate has attended Courses on the subjects named for this Examination; and the Second after the completion of his studies.

A candidate for the certificate of assistant to an apothecary must have completed at least three years of his apprenticeship, or have a certificate from an apothecary of having been engaged at practical pharmacy for three years, together with a certificate of good moral character.

The examination of the intended assistant will be restricted to the British Pharmacopœia and to Pharmacy, scientific and practical, including the history and character of medicines, their preparations, combination, and doses, and the translation of Latin prescriptions.

THE PROFESSIONAL EXAMINATION.

The Professional Examinations will be held quarterly, and will commence on the first and second Mondays in the months of January, April, July, and October. They will be carried on as follows:—The First Part, for Junior Students, by papers, on the first Monday, at twelve o'clock, noon; and orally, on the Tuesday and Wednesday succeeding, at the same hour. The Second Part, or Pass Examination for Senior Students, by papers, on the second Monday, at twelve o'clock, noon; and orally, on the Tuesday and Wednesday succeeding, at the same hour.

Candidates who fail to pass the first part of the professional examination will be remitted to their studies for *three months*.

Numerical values will be assigned to the Answers, both written and oral, in the several Examinations, and only candidates who possess a certain proficiency of Medical knowledge in *all* the subjects will obtain "*the licence to practice*."

Unsuccessful candidates at the Pass Examination will not be re-admitted until after the expiration of *six months*.

Doctors of Medicine of any University, or Surgeons of any College of Surgeons, who have served an Apprenticeship, or the required term at *practical* Pharmacy, to a qualified Apothecary, may obtain the Licence by undergoing one day's Examination—the former in Pharmacy and the latter in Medicine and Pharmacy.

Candidates for the *Licence* must lodge their Testimonials and enrol their names and address with the Clerk at the Hall, in Dublin, a week prior to the day of examination.

See the advertisement in another part of our issue.

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Scottish Institutions.

We now turn to the various bodies in Scotland.

UNIVERSITY OF EDINBURGH.

This is a teaching as well as a qualifying body, and the other faculties are as complete as that of medicine. The University confers the degree of M.D., and M.B., as well as that of C.M., and so affords its graduates the opportunity of obtaining, at the same time, a Surgical, in addition to the Medical diploma. The C.M. is not conferred on any one who does not take at the same time the M.B. For the degrees of M.B. and C.M., four years of professional study must be completed after passing a preliminary examination recognized by the Medical Council. A degree in Arts in any

British University exempts from the preliminary examination. Of these four years, one must be passed in the University of Edinburgh, and one other either in that or some other University entitled to confer the degree of M.D.

The University recognizes the courses of lectures of extra-academical teachers in Edinburgh, subject to certain regulations. *See advertisement.*

UNIVERSITY OF ST. ANDREW'S.

This University confers the Degree of Master in Surgery (C.M.), as well as the Degrees of Bachelor and Doctor of Medicine. For many years the University did not require residence, and large numbers of medical men resorted to it in order to obtain the Doctorship by examination only. In this the University closely assimilated itself to the University of London, which is exclusively an examining body. The large number of practitioners who obtained the Degree after an examination extending over three or four days, attests the wisdom of a policy which was almost reversed by the University Commissioners. Only ten persons per annum can now obtain the St. Andrew's Degree without residence. There are not a few of the old graduates who look upon this policy as retrograde and illiberal. The University of London maintains its position without requiring academical residence, and no one can doubt that the University of St. Andrew's might have pursued the same course with great success, and by so doing conferred a benefit on the profession. Those who have not now fulfilled their course in a University must either go to the University of London or forego a degree. The London University compels matriculation before commencing Hospital study. Only a relaxation of this rule can secure to all who desire it the opportunity of being examined for a degree.

UNIVERSITY OF ABERDEEN.

This is a large teaching body, as well as one entitled to confer degrees in all the faculties. The curriculum required for medical degrees is the same as that of the University of Edinburgh (which see). Thus four years of professional study, after passing a preliminary examination, is essential. One year must be passed at Aberdeen. The lectures qualifying for this and other examining bodies are delivered by the Professors in the University.

UNIVERSITY OF GLASGOW.

This is a large teaching as well as examining body. The same degrees are conferred as in the Universities of Edinburgh and St. Andrew's. The course of study and regulations to be observed by candidates are the same as those of the University of Edinburgh, one year's compulsory residence at the University of Glasgow being required instead of at Edinburgh. The examinations are conducted by the Professors of Medicine, together with the three Assessors appointed by the University Court. The fees are :—M.B., 15*l.* 15s. (being 5*l.* 5s. at each of the three examinations) ; C.M., 5*l.* 5s. (in addition to the fees for M.B.) ; M.D., 5*l.* 5s. (in addition to the fees for M.B.) ; and 10*l.* 3s. for Government stamp. The lectures qualifying for the degrees are delivered by the Professors in the University, and the hospital practice is attended at the Glasgow Royal Infirmary.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

This, like its London sister, is exclusively a licensing body, though, since the arrangement for the double qualification has been carried out, it may possess some additional control over the teaching at Surgeons' Hall. By this arrangement students who have fulfilled the prescribed curriculum may pass the joint examination of this College and the Royal College of Surgeons, and obtain the two diplomas. They can thus at once register both a medical and surgical qualification.

THE FELLOWSHIP.

This is conferred only by election, and no one can be balloted for until he has been a member for one year.

THE MEMBERSHIP

Is conferred on licentiates of a College of Physicians, or graduates of a University, who are 24 years of age and satisfy the College of their knowledge of medical and general science.

THE LICENCE.

The regulations are the same as those for the joint examination. For the Scotch Double Qualification, see next page, with the following exceptions :—Anatomy, Practical Anatomy, and Surgery, six months ; Clinical Surgery, three months.

Candidates for the Licence of the College who already possess a qualification from a recognized licensing body, or who have passed the first Professional Examination before a qualifying body, will not be required to be re-examined in Anatomy, Physiology, and Chemistry.

The following are the Fees, payable in all cases in advance :

By a Licentiate, Ten Guineas. By a Member, Thirty Guineas.

When a Licentiate shall be raised to the rank of Member, Twenty Guineas.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE FELLOWSHIP

Is conferred only on persons who have obtained a diploma from this or one of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians and Surgeons of Glasgow, and who are 25 years of age. At the election, three-fourths of the votes are required to be in the candidate's favour, and he has to promise to maintain the privileges of the College and obey its laws. Fellows are forbidden to keep open shops, to be connected with secret remedies, or to suffer their names to be used in indelicate advertisements or publications.

THE LICENCE.

The regulations are the same as those for the Joint Examinations, conducted by the Colleges of Physicians and Surgeons, with the following exceptions : Botany is not required. A second course of Medicine is not required.

The first Professional Examination embraces Anatomy, Physiology, and Chemistry. The second, Surgery and Surgical Anatomy, also Medicine, Midwifery, Materia Medica, Medical Jurisprudence, and Clinical Surgery.

Registered medical practitioners, whose degree or licence in Medicine dates prior to October 1st, 1861, are exempt from the first Professional Examination.

Fee for the diploma, £10.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

This body has similar powers to those of the Royal College of Surgeons of Edinburgh, and its regulations for Licence and Fellowship are similar. It has also the same arrangement with the Edinburgh College of Physicians for a double diploma. *See advertisement.*

ANDERSON'S UNIVERSITY, GLASGOW.

This is exclusively a teaching body. It offers excellent opportunities for acquiring a complete medical education, and the expenses are very much below those of any other institution. The fame of Glasgow as a place for clinical instruction has long been known, and this school affords the means of dissection, and the pursuit of other practical knowledge throughout the year. Hospital practice at the Glasgow Royal Infirmary. Every information will be given on application to Dr. McCall Anderson, 1 Woodside crescent, Glasgow, both as to the University, the Hospital, and Diplomas. *See advertisement.*

THE SCOTCH DOUBLE QUALIFICATIONS.

As already stated, the Royal College of Physicians of Edinburgh have made arrangements with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow, by which, after one series of examinations, the successful candidate receives two diplomas, and is thus able to register a medical and a surgical qualification under the Medical Act, thus :—

Lic. Roy. Coll. of Phys. Ed., and Lic. R. C. S. Edin., or Lic. R. Coll. of Phys. Ed., and L. Fac. Phys. and Surg. Glas., as the case may be.

The principle on which the joint examinations are conducted is a simple compromise by which the College of Physicians takes exclusive charge of the examination in medicine ; the College of Surgeons or the Glasgow Faculty, as the case may be, of the examination in surgery ; while the examination in subjects common to both medicine and surgery is conducted by a Board, in which each of the bodies is represented.

It is proper to state that such arrangements as those were contemplated by the Medical Act and authorized by Section XIX., while those under consideration were sanctioned by the Medical Council on the 7th August, 1859.

Candidates for the double qualification having fulfilled the prescribed curriculum are subjected to two professional examinations. The preliminary examination for future students must be passed before commencing professional study, and in other respects be in accordance with the recommendations of the Medical Council. *See advertisement.*

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

ABSTRACT OF REGULATIONS FOR THE LICENCE.

COURSE of Study.—1. Anatomy, two courses, six months each. 2. Practical anatomy, twelve months. 3. Chemistry, one course, six months. 4. Practical or analytical chemistry, one course, three months. 5. Physiology, not less than fifty lectures. 6. Practice of medicine, one course, six months. 7. Clinical medicine, one course, six months. 8. Principles and practice of surgery, one course, six months. 9. Clinical surgery, one course, six months. 10. In addition to the above courses of surgery and clinical surgery, one six months' course of either of these at the option of the candidate. 11. Materia medica, one course, three months. 12. Midwifery, &c., one course, three months. 13. Medical jurisprudence, one course, three months. 14. Practical midwifery, attendance on at least six cases of labour. 15. Pathological anatomy, three months' instructions in the *post-mortem* room of a recognised hospital. 16. Hospital practice, twenty-four months' attendance on the practice of a public general hospital, containing on the average at least eighty patients.

A certificate of proficiency in vaccination, from a vaccine institution, will be required of every candidate.

Candidates commencing professional study prior to 1st Oct., 1865, are admitted to the final examination after four sessions, of three winter and two summer sessions' attendance at a regular medical school.

Candidates commencing professional study on or subsequent to the above date, must have been engaged in professional study during four years, which shall embrace four winter sessions or three winter and two summer sessions at a medical school.

Candidates are required to be registered in the form prescribed by the General Medical Council at the commencement of their professional study.

Candidates are subjected to two professional examinations ; the first embraces anatomy, physiology, and chemistry, and cannot be undergone before the end of the second winter session of study.

The second embraces surgery and surgical anatomy, medicine, midwifery, materia medica, and medical jurisprudence, and cannot be undergone before the termination of the full period of study.

Intending candidates for the second examination must produce evidence.—1. Of being 21 years of age.—2. Of having passed the first examination.—3. Class and hospital certificates. They will also write out a tabular statement of their whole course of study, for which the secretary, on application, will supply candidates with printed forms.

The fee for the diploma is 10*l.* ; 4*l.* payable at the first, and 6*l.* at the second examination.

First examinations will be held on the second Tuesday of each month. Second examinations will take place, the written and clinical parts, on each of the above days, and the oral part on the succeeding day.

Candidates who possess a qualification to practise, are admissible to the second professional examination at the full fee.

In every case of rejection, 2*l.* of the fee is retained, and the remainder is returned.

A candidate may be admitted to examination on a day especially arranged, on paying an extra fee of 3*l.*, which will be forfeited in the event of rejection.

DOUBLE QUALIFICATION.

The Faculty of Physicians and Surgeons of Glasgow, and the Royal College of Physicians of Edinburgh, while they still continue to give their diplomas separately, under separate regulations, have made arrangements by which, after one series of examinations, the student may obtain two separate licences ; one in medicine and one in surgery.

The "Dr. James Watson Prize," of the annual value of ten guineas, is open to all students who have passed the first examination of the Faculty, and who are not qualified at the date at which the pay is due.

Preliminary Examinations.—22nd October, 5th November, 1869 ; 29th April, and 22nd July, 1870. Subjects.—English, Latin, Arithmetic, Algebra, Geometry, and one of the following, at the option of the candidate, Natural Philosophy, Greek, French, and German.

First Professional Examination for the diploma of the Faculty, on the second Tuesday of every month. Subjects.—Anatomy, Physiology, and Chemistry.

Second Professional Examination for the Diploma of the Faculty, on the second Tuesday and Wednesday of each month. Subjects.—Surgery and surgical anatomy, medicine, midwifery, materia medica, and medical jurisprudence.

First Professional Examination for the Double Qualification, granted conjointly with the Royal College of Physicians of Edinburgh, on the second Thursday of October, January, April, May, July, and August. Second Examination on the same days.

For full particulars see advertisement.

Educational Institutions.

THE Schools of Medicine and the Hospitals to which they are attached next demand attention, inasmuch as at one of them the Student has to go through the curriculum prescribed by the licensing bodies.

In entering a School of Medicine, application is to be made to the Dean. In London the fees range from 80 to 120 guineas for the course of study required for the ordinary diplomas. The sum, if paid at once, is less than if paid in two or three instalments. From 40 to 45 guineas at the commencement of each of the two first years is an ordinary arrangement, the remainder being paid on entering the third winter. The amount of the fees does not differ so much as to make it of importance in the selection of a school.

We now proceed to name some of the characteristics of the most important London Schools.

THE LONDON HOSPITAL.

THIS large hospital is situated at the east end of London, in a district where accidents are of frequent occurrence, and as a field for the study of surgery has always been preeminent. It contains upwards of 500 beds ; of these 100 are devoted to medical cases, and the remainder to surgery. About 200 are reserved for cases of accidents. The in-patients number about 5,000 a year; the out-patients, 35,000. Special departments have been organised for diseases of the eye, ear, and skin. Special wards are also set apart for venereal and obstetric cases.

For further particulars see advertisement.

ST. BARTHOLOMEW'S HOSPITAL.

The great city hospital has always attracted large numbers of students from all parts of the country, so that the school is very flourishing.

H.R.H. the Prince of Wales is the President of the hospital, which receives within its walls upwards of 5,000 in-patients annually, and its out-patients and casualties amount to more than 100,000 annually. It contains 650 beds, of which 403 are allotted to surgical, including ophthalmic, orthopædic, aural, and syphilitic cases, and 247 to medical cases and diseases of women and children. One of the Assistant-Physicians sees the medical out-patients daily, between eleven and two; and one of the Assistant-Surgeons sees the surgical patients daily, between twelve and two.

Accommodation is provided for residence of students in the college connected with the institution, for which an entrance fee of 2*l.* 2s., and a further payment of caution money, 3*l.* 3s., is required. The cost of maintenance varies from 30s. to 33s. per week, payable in each term; and the term of residence is unlimited.

See advertisement.

GUY'S HOSPITAL.

This old favourite borough school still attracts as many students as ever. The hospital is, we believe, the largest but one in the metropolis, and from the excellence of its appointments, its situation, and superior staff, it still keeps up its old renown. In special departments, Guy's is the most advanced. This hospital has set the example of giving the appointments to its special departments to gentlemen not on the staff. This liberality has enabled it to secure the leading specialists of the country in its service, and has done more than all the other hospitals together to put down all improper coquetting with specialism.

Guy's is situated close to the London Bridge Railways. Hence, great facilities for getting to any part of London or the country. It is quite practicable for students to reside a little distance down either of the lines that converge at this point, and thus enjoy the benefit of country air during their hospital career. For those who wish to live close to the hospital, there are many lodgings to be had at a moderate price.

The Resident House Physician is appointed every six months.

House-Surgeons are appointed every four months from those students who have obtained the College diploma.

See advertisement.

ST. THOMAS'S HOSPITAL.

This is the borough hospital which was removed for the Charing-cross Railway. The Surrey Hall affords temporary accommodation until the new hospital on the site at Stangate shall have been finished, when, we doubt not, a new impetus will be given to the charity and the school.

There is accommodation for residence and free maintenance in the College-house for the two house-surgeons, resident accoucheurs, one dresser, on obstetric clerk, and assistant obstetric clerk, which appointments are awarded by competition. Very good lodgings are to be obtained at a reasonable rate all round the hospital.

For further particulars see advertisement.

UNIVERSITY COLLEGE AND HOSPITAL.

This is situated in a very central position, near the Gower street Station of the Underground Railway, affording facilities for gentlemen residing in many parts of London. The College gives instruction in every department of knowledge, and specially prepares students for degrees in all the Faculties at the University of London. There is, however, no theological faculty, the College, like the University with which it is in intimate connection, being founded on the non-sectarian principle. The Medical Faculty and the Hospital are very complete and flourishing as educational institutions. The University College School specially prepares boys to be ready at a proper age to enter the College.

For further particulars see advertisement.

KING'S COLLEGE.

This College gives instruction in all the faculties, and has a Theological Department. It was established by Church of England persons, in opposition to University College, which is a non-sectarian institution, open to all. King's, then, is the Church of England College.

CHARING CROSS HOSPITAL.

This hospital, though one of the smaller ones, derives from its situation great advantages. It is in one of the most central positions in London, where there is constant communication with every part. In connection with it the practice of the Royal Western Ophthalmic Hospital, close by, affords an excellent opportunity for the study of that branch of the profession. Other special departments have been established, and the authorities seem to have the courage to establish them on a liberal basis, the hospital staff not monopolising these appointments.

For further particulars see advertisement.

ST. GEORGE'S HOSPITAL.

The chief advantage of this School is its unrivalled position, at the corner of Hyde Park—perhaps the most salubrious part of the metropolis. Students can easily find lodgings within half an hour's pleasant walk.

A Medical Tutor is appointed to superintend the studies of the pupils, and hold periodical examinations.

On payment of one hundred guineas at entrance, a Pupil becomes perpetual to the Hospital Practice and all the Lectures.

Compounders pay forty guineas on admission, forty guineas for the second year, and ten guineas for each subsequent year, until their payments shall have reached one hundred and ten guineas, when they become perpetual pupils.

Gentlemen may enter separately to Medical or Surgical Practice, or to any single course of Lectures.

The offices of Obstetric Assistant, Curator of the Museum, Medical and Surgical Registrars, and Demonstrator of Anatomy, with salaries of from £50 to £100 attached to each, are held out for competition annually. The William Brown Exhibition of £40 per annum, tenable for three years, is bestowed after a competitive examination. Clinical Prizes are offered annually by Sir Benjamin Brodie and Dr. Acland. Sir Charles Clarke's "Good Conduct" Prize, the Thompson Medal, and the Johnson Memorial Prize are also to be competed for each year. A general examination of all the Students is held at the end of the Summer Session, and Prizes and Certificates of General Proficiency are given to the most deserving.

For further particulars see advertisement.

MIDDLESEX HOSPITAL.

The hospital contains upwards of 300 beds, of which 185 are for surgical, and 120 for medical cases. There is a special department for cancer cases affording accommodation for thirty-three in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease and of syphilis, and beds are set apart for patients suffering from diseases of the eye.

Special attention is bestowed on the clinical instruction of the students both in the wards and out-patients' rooms. Three clinical prizes, including the governors' prize of twenty guineas, are annually awarded to those students who pass the most satisfactory examination at the bedside, and in the *post-mortem* room. Class prizes are also given, and six resident clinical appointments are annually awarded after competitive examination, to students who have completed their education and complied with the regulations of the school. The officers thus appointed reside and board in the hospital free of expense.

The college tutor assists all general students free of charge, especially those who are preparing for examination, and his daily instruction is arranged with a view to avoid the necessity of students obtaining any private teaching apart from that of the medical school.

The fee for attendance on the hospital practice and lectures required by the Colleges of Physicians and Surgeons and by the Society of Apothecaries is 90*l.*, which may be paid by instalments.

See advertisement.

WESTMINSTER HOSPITAL.

This is near the Abbey and the Houses of Parliament, and will be found convenient for all in that neighbourhood. It is well appointed in every respect, and one of the most moderate in respect to fees. The whole course of study for the usual examinations may here be completed for seventy-five guineas, payable in instalments. The perpetual fee is only eighty guineas. Resident appointments, clerkships, and dresserships are all conferred without extra payments. Suitable lodgings may be obtained in the neighbourhood, and at not more than a quarter of an hour's walk from the hospital.

For further particulars see advertisement.

ST. MARY'S HOSPITAL.

There is a Medical School in connection with this hospital, which is located at Paddington, in close proximity to the Great Western Terminus. Students with slender purses will find the neighbourhood of the hospital a very moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway to all parts of London. The Clinical Department is very complete. Wards are devoted to the Diseases of Women, including Ovariotomy, and to Ophthalmic Cases. Special study is also provided for in the Out-patient Department for Diseases of the Eye, the Ear, the Skin, and the Throat. Three resident medical officers are appointed for twelve months, and an obstetric officer for six months, who board free of expense in the hospital. A resident registrar is also appointed from amongst the students, with a salary of 100*l.* a-year and dispensary fees. These appointments are awarded after competition, without additional fee. For further particulars as to the medical officers, lecturers, and the course of instruction adopted, *see advertisement.*

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Provincial English Schools.

There are some important Provincial Schools where the medical curriculum may be fulfilled, and which it is necessary to notice.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.

This School is in connection with the Royal Infirmary, a very large and important institution, containing nearly 300 beds, in which the opportunities for obtaining practical knowledge are very extensive.

PRIZES.

Scholarship, value 42*l.* consisting of a gold medal, value 10*l.* 10s. and six months' free board and residence, with dressership and clerkship in the Royal Infirmary. In case the scholarship is gained by a resident pupil, six months' payment (31*l.* 10s.) will be returned to him.

Four exhibitions, value 41*l.* 10s. each, consisting of free board and residence in the Royal Infirmary for six months, with dressership on award of the Medical Board.

FEES.

For six months' medical and surgical practice, 10*l.* 10s.: twelve months, do., do., 12*l.* 12s.; perpetual, 31*l.* 10s.. Students are admitted to the practice of the Lock Hospital attached to the Royal Infirmary; fee, 3*l.* 3s. per annum; six months, 2*l.* 2s. Fee for all the lectures required by the College and Hall, 42*l.*

A prospectus may be obtained from the registrar, Mr. Harrison, 51, Rodney-street.

For further particulars see advertisement.

MANCHESTER ROYAL SCHOOL OF MEDICINE.

SCHOLARSHIPS AND PRIZES.

In addition to three Scholarships, of the value, respectively, of 20*l.*, 15*l.*, and 10*l.* for Perpetual Students, prizes for General Proficiency have been substituted for Class Prizes, in accordance with the suggestions issued by the Royal College of Surgeons. At the end of the Sessions, Certificates of Honour will be awarded for regularity of attendance upon Lectures, and general good conduct.

For further particulars see advertisement.

BRISTOL MEDICAL SCHOOL.

In this town there is ample opportunity of completing a medical education, and the western counties have long availed themselves of the instruction there to be obtained.

The Bristol Medical School educates the students who receive their clinical instruction in either of the two large hospitals of the city—the Bristol General Hospital and the Bristol Royal Infirmary.

Prizes and certificates of honour are given after competitive examinations amongst students of the first, second and third years respectively. The interest of 500*l.* will be given to the prizeman of the third year who shall have been educated at the Infirmary, and can produce certificates of good conduct and moral character. The prizeman of the third year who shall have been educated at the General Hospital will receive, in addition to the school prize, the sum of twenty guineas, given by the committee of that institution.

HOSPITAL PRACTICE.

The General Hospital, founded in 1832, is situated in a populous district near the docks, collieries, manufactories, and railway stations, from which sources the wards are supplied with a great variety of important cases.

The present building was completed and occupied in 1858. It contains 130 beds.

FEES.

Six months, 6*l.*; one year, 10*l.*; perpetual, 20*l.* Library, 1*l.* 1s. per annum. Dressership or clinical clerkship, 5*l.* 5s. for six months. Two scholarships of 15*l.* each are awarded annually, and a prize of twenty guineas is given to the hospital student who is successful in the third years' competition at the school. Dressers reside in the hospital in weekly rotation free of expense.

BRISTOL ROYAL INFIRMARY.

This infirmary was founded in the year 1785, and is therefore one of the oldest provincial hospitals. It contains 242 beds.

FEES.

Surgeon's pupil, first year, 12*l.* 12s.; two years, 21*l.*; three years, 26*l.* 5s. Dresser (extra free), one year, 12*l.* 12s.; two years, 21*l.*; three years, 26*l.* 5s. Physician's pupil, six months, 8*l.*; one year, 15*l.*; eighteen months, 20*l.*; perpetual, 25*l.* Each pupil is required to pay an entrance fee to the infirmary of 5*l.* and a subscription of 1*l.* 1s. per annum to the library, which numbers about 2,700 volumes. The dressers reside in the infirmary in weekly rotation.

Fees for all the Lectures required by the College and Hall, 47*l.* 5s. Ditto, and for hospital practice, 87*l.* 5s.

PRIZES.

Suple Prize.—A gold medal, value 5*l.* 5*s.* with 7*l.* 7*s.* in money, is given annually to each of the two successful candidates in each of the medical and surgical examinations. Clark's Prize. *See advertisement.*

BIRMINGHAM.

QUEEN'S COLLEGE.

This College affords opportunity for education in all branches of knowledge.

PRIZES.

The Warneford Scholarships: four scholarships of 10*l.* each, held for two years, conferred for diligence and good conduct. The Warneford Gold and Silver Medals for essays of a religious as well as a scientific nature. The Founder's Scholarship, conferred on a first year's resident student after examination at the end of the summer session. Honorary medals and certificates of honour are annually given. The Percy and Clay Prizes of five guineas each, in books, for proficiency in the German and French languages respectively.

THE QUEEN'S HOSPITAL.

The hospital has lately obtained, by Act of Parliament, separation from the Queen's College, and will now be open on equal terms to the students of both the medical schools. Each physician and surgeon visits his wards with the students on an appointed day in each week, and special courses of lectures are given by each of the officers in succession. By these arrangements the students can follow the practice of each physician and surgeon during the whole of the Winter and Summer Sessions and in the same periods attend the special courses delivered by each clinical Professor.

For further particulars see advertisement.

LEEDS SCHOOL OF MEDICINE.

The magnificent New Infirmary, which attracted so much attention during the six months that it contained the National Art Exhibition, was opened for the reception of patients in May, 1867, and is now in full work.

THE HARDWICK CLINICAL PRIZE.

The prize, of the value of £10, is given for the best set of Reports of Medical cases in the Hospital during the Winter Session.

THE SURGEONS' CLINICAL PRIZE

For the best set of Reports of Surgical cases in the Hospital during the Winter Session. Competitors must have completed their first year. The Prize consists of Ten Pounds.

THE THORP SCHOLARSHIP IN FORENSIC MEDICINE.

This is a Prize of Ten Pounds, awarded at the close of each Summer Session.

CHEMICAL SCHOLARSHIPS.

Two Chemical Scholarships are offered annually; one open to first year's Students entitled to three months' Laboratory instruction. The other, to six months.

For further particulars see advertisement.

SHEFFIELD SCHOOL OF MEDICINE.

This institution affords a complete medical education.

As a school for the study of diseases of the lungs and air passages, it stands, perhaps, second to none, on account of its proximity to some of the largest grindery and cutlery establishments in the world. In connection with the school is the Royal Infirmary, containing 150 beds.

For list of lecturers, fees, &c., students are referred to our advertising columns.

Regulations and Bye-Laws of Licensing Bodies in England.

UNIVERSITY OF LONDON.

EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—1. To have passed the matriculation examination of this University, or to have taken a degree in Arts in some other University, of the United Kingdom. 2. To have been engaged in their professional studies four years subsequently to matriculation; one year, at least, of the four in the United Kingdom. 3. To pass the preliminary Scientific examination and two in Medicine.

The *Preliminary Scientific Examination* takes place on the third Monday in July. The candidate must have completed his seventeenth year, and have either passed the Matriculation Examination or taken a degree in Arts.

Fourteen days' notice must be given to the Registrar previous to the examination. Fee £5, which is not returned on rejection.

Any candidate who has passed the Preliminary Scientific Examination may, on the Tuesday and Wednesday in the second week after the pass examination, be examined for Honours in Chemistry and Natural Philosophy, and on the following Thursday and Friday in Botany and Zoology.

FIRST M.B. EXAMINATION

Commences on the last Monday in July.

A candidate must produce certificates to the following effect:—1. That he has completed his nineteenth year. 2. Passed the Preliminary Scientific examination at least one year previously. 3. Been a student subsequently to Matriculation during two years at a recognized medical school; and that he has attended a course of lectures on three of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 4. That he has subsequently to Matriculation dissected during the two winter sessions. 5. Attended a course of practical chemistry, comprehending the more important processes of General and Pharmaceutical Chemistry; the presence and nature of poisons; the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 6. That he has attended to practical Pharmacy.

These certificates must be transmitted fourteen days before the examination. Fee £5, not returnable on rejection.

The examinations for Honours take place in the week following the First M.B. Examination, and are conducted by means of printed papers. The Senate award three exhibitions of £40 per annum for the next two years, provided that the candidate declare his intention of presenting himself at the Second M.B. Examination within three years. Under the same circumstances, the first and second candidates in each subject receive each a gold medal of the value of £5.

SECOND M.B. EXAMINATION.

This examination commences on the first Monday in November.

No candidate is admitted within two academical years of the time of passing the first examination, nor without producing certificates:—1 Of having passed the first M.B. examination. 2. Of having subsequently attended a course of lectures on two more of the subjects specified. 3. Of having conducted twenty labours. 4. Surgical hospital during two years, and lectures on clinical surgery. 5. Medical hospital two years, with lectures on clinical medicine. 6. Of having, subsequently to hospital practice, attended to practical medicine, surgery, or midwifery, with special charge of patients, in an hospital, infirmary, dispensary, or parochial union, during six months. Certificates of moral character from a teacher in the last school at which candidates have studied. Fee, £5.

HONOURS AT SECOND EXAMINATION.

Any candidate who has been placed in the first division may be examined for Honours in Medicine, Midwifery, and Forensic Medicine.—In Medicine, £50 per annum for the next two years, with the style of University Scholar in Medicine; in

Midwifery, £30 per annum for the next two years, with the style of University scholar in Midwifery; in Forensic Medicine, £30 per annum for the next two years, with the style of University Scholar in Forensic Medicine. First and second in each subject, a gold medal of the value of £5.

N.B.—Candidates will be expected to write prescriptions in Latin, without abbreviations.

BACHELOR OF SURGERY.

The examination takes place once in each year, and commences on the fourth Tuesday in November. A candidate is admitted on producing certificates:—Of having taken the degree of B.M. in this University. Of a course of operative surgery, and of operations on the dead subject. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee for this examination is £5.

The examinations shall be conducted in the following order:

Tuesday. *Afternoon*, 3 *to* 6.—Surgical Anatomy and Surgical Operations, by printed papers. Thursday.—Examination, and Report on Cases, of Surgical Patients. Friday, *commencing at* 1 p.m.—Performance of Surgical Operations upon the Dead Subject; Application of Surgical Apparatus; *Vivâ Voce* Interrogation.

MASTER IN SURGERY.

The examination takes place the fourth Monday in November.

Candidates must produce certificates:—1. Of having taken the degree of Bachelor of Surgery. 2. Of having attended, *subsequently (a)* to Clinical Surgery two years in a hospital; *(b)* or to Clinical Surgery one year, and of three years in the Practice of his Profession; *(c)* or of five years in the Practice of his Profession. 3. Of Moral Character.

The examinations shall be conducted in the following order: Monday.—*Morning*, 10 *to* 1, Logic and Moral Philosophy, by printed papers; *Afternoon*, 3 *to* 6, a Commentary on a Case in Surgery, by printed papers. Tuesday.—*Morning*, 10 *to* 1, Surgical Anatomy, by printed papers; *Afternoon*, 3 *to* 6, Surgery, by printed papers. Thursday.—Examination, and Report on Cases of Surgical Patients in the Wards of a Hospital. Friday, *at* 1 p.m.—Dissection of a Surgical Region, or Performance of Surgical Operations; *Vivâ voce* Interrogation.

HONOURS IN SURGERY.

The candidate who shall distinguish himself the most in Surgery shall receive a gold medal of the value of twenty pounds.

Any candidate who has passed the B.S. examination may be examined for Honours in Surgery on the following Tuesday.

The candidate who distinguishes himself the most shall receive 50*l.* per annum for the next two years, with the style of University Scholar in Surgery. The first and second candidates shall also receive a gold medal of the value of 5*l.*

ROYAL COLLEGE OF PHYSICIANS, LONDON.

EXAMINATION FOR THE LICENCE.

Every candidate must sign a declaration, stating whether he has been rejected within three months.

The first examination, on Anatomy and Physiology, will be as follows:—First evening, seven to ten, written questions; second evening, seven o'clock, *vivâ voce*, on Dissections and Preparations. The Second or Pass examination will be as follows:—First evening, seven to ten, written questions on Surgical Anatomy, and Practice of Surgery; second morning, the candidate's knowledge will be tested, either at the college or in the surgical wards of an hospital; afternoon, one to four, on Materia Medica, and on Chemistry; partly by written questions, and partly practical; evening, seven o'clock, written questions on Midwifery and Diseases of Women; third, evening, seven to ten, written questions on Medical Anatomy, and Practice of Medicine, including Public Health; fourth morning, the candidate's knowledge will be tested, either at the College or in the Medical Wards of an hospital; evening seven o'clock, *vivâ voce*, on Practice of Medicine, Surgery, and Midwifery.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

PRELIMINARY GENERAL EDUCATION.

Candidates who have not passed one of the recognized preliminary institutions will be required to pass an examination in English, Classics, and Mathematics, by the Royal College of Preceptors.

PROFESSIONAL EDUCATION.

Professional studies are not recognized prior to examination in general knowledge.

The following will be considered as the commencement of professional education:—Attendance on hospital, or other institution recognized by this college. Instruction as the pupil of a surgeon to a hospital, general dispensary, or union workhouse, or where such practical instruction is afforded as shall be satisfactory to the Council. Attendance on lectures on Anatomy, Physiology, or Chemistry.

The commencement of professional study by pupilage will not be admitted until a certificate shall be furnished for registration at the college by the practitioner whose pupil the candidate shall have become, or by the medical superintendent of the hospital or other institution; and will, consequently, date only from the reception of such certificate, the certificate to be accompanied by proof of having passed the preliminary examination.

Candidates must produce the following other certificates:—Of being twenty-one years of age. Of having been engaged during four years in the acquirement of professional knowledge. Practical Pharmacy three months. Lectures on Anatomy during two winters. Dissections, two winters. Lectures on Physiology, two winters. On Surgery, two winters. One course not earlier than the third winter. One course on each of the following—viz., Chemistry, Materia Medica, Medicine, and Midwifery. Of instruction and proficiency in Vaccination. In the case of candidates who commenced after the 1st October 1868, the certificate in vaccination will only be received from recognized vaccine stations, or from recognized vaccine departments in medical schools or hospitals. Of having attended, at a recognized hospital, the practice of Surgery, and clinical lectures on Surgery, during three winter and two summer sessions, and the practice of Medicine, and clinical lectures on Medicine, during one winter and one summer session. Of having, after two years' professional education, taken charge of patients under a surgeon during six months, at a hospital, general dispensary, or parochial or union infirmary recognized for this purpose, or in such other similar manner as shall afford sufficient opportunity for the acquirement of Practical Surgery.

Certificates from a provincial hospital unconnected with a school, will not be received for more than one winter and one summer of attendance, and clinical lectures will not be necessary, but a certificate of having acted as dresser for six months instead.

Certificates will not be received from London students unless they register at the college their cards of admission to lectures and hospital within fifteen days from the commencement of the session; nor from provincial students, unless their names shall be duly returned.

Candidates who have studied in Scotland or Ireland will be admitted upon the same certificates required by the College of Surgeons of Edinburgh, the Faculty of Physicians of Glasgow, and the College of Surgeons in Ireland, together with a certificate in Vaccination, and evidence of four years' professional study.

Members or licentiates of a College of Surgeons, and graduates in Surgery or Medicine of a University will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, a certificate in Vaccination, and evidence of at least four years' professional study.

THE PROFESSIONAL EXAMINATION

Is divided into two parts. The first, or Primary Examination, on Anatomy and Physiology, is partly written, and partly demonstrative on the recently dissected subject, and on prepared parts of the human body. The second, or Pass Examination, on Pathology, Surgery, and Surgical Anatomy, and Medicine, is partly written and partly oral, and partly on the use of surgical apparatus. The Primary Examinations are held in January, April, May, July, and November; and the Pass Examinations generally in the ensuing week respectively. Candidates will not be admitted to the Primary Examination until after the termination of their second winter at a recognized school; nor to the Pass Examination until after the fourth year. The fee of five guineas paid by each candidate prior to his Primary Examination will not be returned, but will be allowed on his admission as a member. A candidate having entered his name for either examination, who shall fail to attend the meeting of the court for which he shall have received a card, will not be allowed to present himself within three months from the date. A candidate referred on the Primary Examination is required, prior to re-examination, to produce a certificate of the performance of dissections during not less than three months subsequently. A candidate referred on the Pass Examination is required to produce a certificate of six months' surgical practice of a recognized hospital, together with lectures on clinical surgery.

APOTHECARIES' SOCIETY OF LONDON.

PROFESSIONAL EXAMINATIONS.

The Examiners meet every Thursday at a quarter before four. Candidates must give notice before the Monday previous, and deposit the required testimonials, with the fee. The examination is divided into two parts, partly in writing, and partly *vivâ voce*.

FIRST EXAMINATION,

Which may be passed after the second winter, embraces the following subjects :—

Prescriptions.
Anatomy and Physiology.
General and Practical Chemistry.
Botany and Materia Medica.

SECOND EXAMINATION.

At the termination of studies :—
Principles and Practice of Medicine.
Pathology and Therapeutics.
Midwifery, including the Diseases of Women and Children.
Forensic Medicine and Toxicology.

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Public Services.

POOR-LAW MEDICAL SERVICE.

In the first place, then, a young qualified practitioner, indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from this inadequately remunerated employment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the Metropolitan Poor Act of last year, the English Poor-law Medical Service may be said to have been in the hands of the guardians, supervised by the Poor-law Board. Each parish in England and Wales had its guardians of the poor, and these parishes were grouped together to form unions. The unions were divided into districts for medical relief. Union Medical Officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment approved by the Board. He was required to have both a medical and a surgical qualification. In some instances these were specified, but almost always the London College of Surgeons and Apothecaries' Hall were the two most favoured diplomas. For this reason London students will still continue to take these qualifications whatever else they may add to them. These appointments are not lucrative. In most cases the salary is very low. They are, however, sought after by young men as a means of getting into practice, and are often almost obligatory in the country to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and it will probably shortly be extended to the country. It establishes in London asylums and dispensaries, and distributes the cost of supporting them over the metropolis. The appointment of the Medical Officer will be made by the Dispensary Committee, but the Poor-law Board has power to modify many of the arrangements. The Poor-law Board is now a permanent body with increased powers, but since the Act so few improvements have been effected that the Medical Officers are very dissatisfied.

IRISH POOR-LAW MEDICAL SERVICE.

Under this head we refer to the appointments of Medical Officers to Workhouses and Dispensaries. There are 163 workhouses and 793 Dispensary Medical Officers, besides apothecaries. The number of vacancies that occur annually average about 100. The average salary in this service is £90 ; and when it is taken into consideration that, in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, owing to their great area, some being over 150 square miles in extent, and having islands attached to them, the average area being from forty to sixty square miles, it is plain that there will not be a very large margin left. Great stress is laid on the fact that this sum does not include vaccination and registration fees. These, however, average but from £5 to 10 each in rural districts. Medical Officers are permitted to practise privately besides; but Poor-law medical relief is in most districts given with so little discrimination, and is in the hands of so many individuals, members of dispensary committees, wardens, relieving officers, &c., that almost any one can obtain it, no matter how unfit a subject he may be. Guardians themselves and their families often avail themselves of this laxity. And there is no redress, so that the consequence is, that the prospect of obtaining much private practice is not a very hopeful one whilst in the possession of a Poor-law medical appointment.

The qualifications required are a licence in Surgery or a diploma in Medicine, and a diploma in Midwifery ; the candidate must also be twenty-three years of age.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of medical and other officers are made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Poor-Law Commissioners, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a " sealed order," without trial or accusation, and without the resource of appeal or investigation. This salary is paid by the Board of Guardians, and no increase or decrease can be made in the amount without their assent and that of the Commissioners. Under the late Sanitary Act the committee made recompense to the Medical Officer for special services, such as those during an epidemic of cholera, or for sanitary reports. The qualifications for the medical charge of a dispensary or workhouse have, by a late order, been fixed at—a licence in Surgery, a diploma in Medicine, and a diploma in Midwifery, and the candidate must be at least twenty-three years of age. The number of unions in Ireland is 163, to each of which is attached a Medical Officer, who is appointed and controlled by the Board of Guardians in the same manner as the Dispensary Surgeon is by his committee. The salary is usually better than that of the Dispensary Doctor, and the duties of a more easy and satisfactory description.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeling run high in Ireland, these elements enter into the election of Poor-law Medical Officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required. And whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential. And accordingly he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise in all probability any expenditure that he may make in the matter will be simply thrown away. We may here observe, also, that in very many instances the appointment is virtually made before the advertisement appears for a Medical Officer, in which case also candidates are put to unnecessary trouble and expense under false pretences. By an Act of Parliament which passed this year, Boards of Guardians may, at their discretion, grant superannuation allowances to their Medical Officer after twenty years' service, or when they are over sixty years of age, or if they are incapacitated from ill health.

For further particulars on this subject we would refer our readers to the "History and Working of the Irish Poor Law Medical System," which appeared in the *Journal of the Irish Medical Association* of the 9th and 16th December, 1868.

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ARMY MEDICAL SERVICE.

For the present, the Army, which has hitherto provided a much sought after channel for the young surgeon, is closed to the profession. One of the economic reforms of the Government during the last Session of Parliament was to put a stop to the further appointment of Assistant-Surgeons, and to close the doors of Netley Hospital. The medical department of the Army is, however, well known to be very ineffective in respect of numbers, and the requirements of the service must, sooner or later, possibly next February, compel the authorities to call for medical recruits. We therefore reproduce the information on the subject at the date when the examinations were discontinued, which we have no reason to believe will be materially altered.

The appointment of Assistant-Surgeon in the Army is open to all who can prove their claim to it by superior answering. The Competitive Examinations are held at Chelsea, usually in the first weeks of February and August. The candidate is not required to produce any other qualification before presenting himself for examination, than his licences to practise and certificate of registration.

Having received his diplomata in Surgery and Medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in Chemistry, Pathology, and Comparative Anatomy, and if he can throw a proficiency in Botany and Natural History into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The Assistant-Surgeon is subjected to three separate Examinations within the first ten years of his service, each examination having a definite object. The first, to ascertain, previous to his admission into the service as a candidate, his scientific and professional education, and to test his acquirements in the various branches of professional knowledge. The second, after having passed through a course of special instruction in the Army Medical School, to test his knowledge of the special duties of an Army Medical Officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

The candidate having sent in his papers and followed them to London, meets his competitors at Chelsea. He is examined by Dr. Thomson on Natural History, Botany, Chemistry, and Materia Medica; by Dr. Parkes on Medicine, Midwifery, Therapeutics, Pathology, Pharmacy, and the writing of Prescriptions; by Dr. Pollock on Surgery and Surgical Appliances; and by Dr. Busk on Anatomy, Physiology, and Comparative Anatomy. Natural History and Botany are voluntary subjects. For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *vivâ voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected.

The following are the requirements as set forth in the official regulations:—

1. Every candidate must be unmarried, and not under 21 nor over 28 years of age. He must produce a birth certificate, or an affidavit from a near relative will be accepted. He must also produce a certificate of moral character from the parochial minister, if possible.

2. The candidate must make a declaration that he labours under no disease, imperfection, or disability.

3. The candidate must possess both a medical and surgical diploma, and be registered under the Medical Act.

4. Certificates of registration, character, and age must accompany this schedule when filled up and returned.

5. Candidates will be examined in Anatomy and Physiology, Surgery, Medicine, including Therapeutics, diseases of women and children, Chemistry and Pharmacy, and knowledge of drugs. (The examination will be in part practical, and will include operations, the application of surgical apparatus, and the examination of patients at the bedside.) Candidates who desire it will be examined in Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica, and their marks will be added to the marks obtained in the obligatory examination, and the candidates' position on the list will thus be improved. His physical fitness will be determined by a Board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of Myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, are offered appointments on the West Coast of Africa. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad counts as service for pension. The promotion is sometimes rapid, owing to the dangerous nature of the climate; and we have known the rank of full Surgeon reached in five years from the date of appointment as Assistant-Surgeon.

The following are the official regulations on this subject:—

A Medical Officer volunteering for service on the West Coast shall serve on the Coast for a period of at least twelve months, and shall be governed by the following regulations:—

Each year reckons towards promotion and retirement as two years of service, but it shall not so reckon towards increasing pay, or qualification for the rank of Surgeon-Major. If an Officer shall be permitted, at his own wish, to prolong his stay on the coast, his further service shall be allowed to reckon in proportion.

For each year's service on the Coast, a Medical Officer shall be entitled to a year's leave at home, and for every additional period beyond a year he shall have an equivalent extension of leave.

PROBATION AT NETLEY HOSPITAL.

The competitor who has been so fortunate as to obtain a place in the ordinary service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures, viz.:—Hygiene by Dr. Parkes; Pathology by Dr. Aitken; Military Surgery by Dr. Longmore; and Tropical Diseases by Dr. Maclean. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army Surgeons in the field, during sieges, on transport, &c.; and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c., of the soldier; his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the Army Surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professors of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make *post-mortem* examinations, to operate on the dead body, and pass through laboratory practice on the modes of recognizing the qualities and adulterations of food, and on microscopic examination of morbid tissues and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks; the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the Competitive Examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of Assistant-Surgeons, as provided by the regulations.

Thus it will be observed that the first, or Chelsea examination, simply admits the candidate to the service, and the conjoined result of it and the Netley examination determines his order of merit.

THE PROMOTION EXAMINATION.

But there is still one other which *must* be passed before he is promoted to full Surgeoncy, and *may* be passed at any time after five years' service.

A series of printed questions will be sent by the Director-General to the principal medical officers of stations where Assistant-Surgeons may be serving, who will deliver these sealed questions to the Assistant-Surgeons, and to see that they are answered without the assistance of books, notes, or communication with any other person. The answers are to be signed, and delivered sealed to the principal medical officer, who is to send them, unopened, to the Director-General, together with a certificate from the Surgeon of the Regiment, or other superior medical Officer, that the Assistant-Surgeon has availed himself of every opportunity of practising surgical operations on the dead body.

The Assistant-Surgeon will also be required to transmit a Medico-Topographical account of the station where he may happen to be, or of some other station where he may have been resident, or else a Medico-Statistical report of his regiment for twelve months.

If the Examining Board and the Director-General are satisfied with the certificates and answers, and with the report, the Assistant-Surgeon will be held qualified for promotion.

The Pay and Retirement of Army Medical Officers are determined by the following Royal Warrant:—

1. The daily rates of pay shall be as follows:—

					£	s.	d.
INSPECTOR-GENERAL					2	0	0
DEPUTY INSPECTOR-GENERAL					1	10	0
SURGEON-MAJOR	£1	4	0	to	1	7	0
SURGEON	0	17	6	to	1	0	0
ASSISTANT-SURGEON, on appointment					0	10	0
Increasing 2s. 6d. per day each five years of service.							
APOTHECARIES	0	9	0	to	0	18	0
According to service.							

3. An Assistant-Surgeon shall pass the Promotion Examination, and serve on full pay for at least five years, before he can be promoted to the rank of Surgeon.

4. Assistant-Surgeons shall, as a general rule, be promoted by seniority, except in cases of distinguished service.

10. Good service pensions shall be awarded under such regulations as shall be from time to time determined. Six of the most meritorious medical officers of our army shall be named our Honorary Physicians, and six our Honorary Surgeons.

11. Medical officers shall have the right to retire on half-pay after twenty years' service; Surgeons-Major, Surgeons, or Assistant-Surgeons, shall be placed on the retired list at the age of 55, and Inspectors-General and Deputy Inspectors-General at the age of 65.

14. An Apothecary shall have the right to retire on half-pay after thirty years' good service.

HALF PAY.

18. A Medical Officer placed on half-pay by reduction of establishment, or in consequence of ill-health, or age, shall be entitled to half-pay.

	£	s.	d.		£	s.	d.
INSPECTOR-GENERAL	1	10	0	to	1	17	6
DEPUTY INSPECTOR-GENERAL		...			1	5	6
SURGEON...	0	11	0	to	0	13	6
ASSISTANT-SURGEON	0	6	0	to	0	10	0

19. The rate of half-pay awarded to officers on retiring for their own convenience, after twenty years' service, shall not exceed one-half of their full pay at the time of retirement.

20. Every Medical Officer who shall retire after service for twenty-five years, shall be granted seven-tenths of his pay, provided he shall have served three years in his rank or abroad for ten years, or for five years with an army in the field. An officer of twenty-five years' service, whose service falls within neither of these conditions, shall be entitled to only seven-tenths of the pay he was in receipt of prior to last promotion.

23. An Apothecary shall be granted pay at the following daily rate, if placed on half pay by reduction of establishment, or on account of age, or through ill health.

APOTHECARY TO THE FORCES, after thirty years' service, 5s. to 9s. a day.

NAVAL MEDICAL SERVICE.

THE admissions to the Naval Medical Service are continued, and the closing of the Army Medical Department produced a greater degree of competition for Naval Assistant-Surgeoncies at the last examination than had existed for years. Hitherto the service had been in a condition of great depreciation. The competition for admission to it was inadequate to the filling up of the vacancies, and much discontent was evinced by some of the medical officers holding office in it. We have not been able to satisfy ourselves that the complaints of the disaffected are either universal in the service or well-grounded. We have knowledge of many gentlemen who have attached themselves to the service, and express their entire satisfaction with it, and of others who declare it to be unfit for a gentleman's occupancy. The special advantages of it in contradistinction to the army is, that its members are more likely to "see the world," and that the regular pay of the medical officer goes much further towards his support than in the army.

The official regulations for admission of assistant-surgeons are now under revision, and any information respecting them would be unreliable. There is, however, much unofficial detail of equal interest to the student, which we reproduce for his advantage from the pages of "Everything About Them," an instructive little *brochure*, published by Messrs. Edmonston and Douglas.

In applying to be admitted as an assistant-surgeon in the Royal Navy it is merely required to address a letter to the Secretary of the Admiralty, stating that you are in possession of a diploma from such a College—naming it; that you are of the required age, stating the same; and that you are desirous of being admitted as a candidate; when, if there are any vacancies, you will be informed when you will be required to present yourself at Somerset House, London, for examination.

Having passed your examination, you will, in the course of the following day, receive your appointment as acting assistant-surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. You will at the same time be informed that you are granted two or three weeks, as you may require, leave of absence, to enable you to provide your uniform and appointments. These you can get at any of the naval outfitters.

The expense of an assistant-surgeon's uniform is about £47 5s. These are credit prices, but would, I presume, be considerably less for ready money, a thing, by-the-by, to which naval tailors are not much accustomed. You must also provide yourself with a set of surgical instruments which will cost you from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

ADVANCE OF PAY ON JOINING.

On joining your ship you will, if you wish it, be paid what is termed three months in advance, £30. Of course it is not all advance, as your pay will have been going on from the date of your appointment.

Every article of mess traps is now furnished by the Admiralty gratis. The same with your cabin furniture; every necessary article except bedding is supplied from the dockyards. An officer on joining his ship has, therefore, nothing more to pay than his mess subscription monthly. This varies in ships according to the station they are on, from £2 10s. to £3 10s. per month. This subscription does not include anything for wines or liquors of any kind. Whatever amount of these you may consume will be paid for by you separately, at the end of each month or quarter. But as all wines are permitted, by sanction of the Admiralty, to be shipped free of duty, you drink them so much cheaper on board than you could the same qualities of wine on shore. The monthly subscription, of say £3, with the Government allowance of 11*l.* 3s. 8d. per annum to each member in lieu of provisions, is generally found sufficient to meet all ordinary expenses of messing.

It is the custom in all wardroom messes to have an extra dinner on two days of the week—generally Monday and Thursday. The days so selected are styled "field-days." It is on these days that guests are invited to dine by the mess. The guests thus invited are called public guests, and such invitations entail no extra subscription from any one, except for the extra wine consumed. It is usual to invite the captain, and other superior officer that may be on board, once a week; the other public guests are so many of the junior officers of the ship; and, if in port, officers of the sister service, and other public functionaries. The captain, or admiral, if there be one on board, usually has two or three wardroom, and two or three gunroom officers, to dine with him on every other day of the week than that on which he dines in the wardroom. Any member of the wardroom mess inviting a private friend to dine with him on board, pays usually from 2s. 6d. to 3s. 6d. (according to the rule of the mess) for his friend's dinner, in addition to any extra expense for wine.

The foregoing are the whole of the ordinary and extraordinary expenses of messing in the wardrooms of Her Majesty's ships, and which should not, with drinking a reasonable quantity of wine, beer, &c., exceed fifty guineas per annum.

Officers in the navy, wherever they may be serving, can remit, by the paymaster of the ship, without any expense, any portion, or the whole, of their pay that may be due to them on the last day of each quarter.

SERVANTS.

Assistant-surgeons are allowed only half a servant each; or, in other words, a servant between two of them.

These servants are entered on the ship's books with the rating of officer's servant. Their pay from the Admiralty is about £17 per annum and their provisions; and where they are well-conducted, attentive lads, it is usual for each of their masters to give them 10s. a month, which makes their pay up to about £29 per annum.

The pay of naval medical officers has hitherto been the same as for their military brethren.

EXTRA PAY AND ALLOWANCES.

The following extra pay and allowances are paid to naval medical officers under the conditions stated below:—

	At Home.	Abroad.
Inspectors-General, in lieu of provisions for their servants, and of the ordinary allowance for provisions for themselves	£54	£130
Deputy Inspectors-Generals Staff-Surgeons, and Surgeons, do. do. ...	£35	£112
Assistant-Surgeons, do. do. ...	£30	£103

Staff-surgeons, when serving in flag-ships on foreign stations, are allowed extra pay of five shillings per diem.

Staff-surgeons, surgeons, and assistant-surgeons, when serving in ships in which there is no accommodation for residing on board, as in drill-ships for the Royal Naval Reserve, are allowed £50 per annum for lodgings, and one and sixpence per diem in addition in lieu of ship's rations.

Whenever medical officers are employed on extra duty, they are allowed such extra pay as it may appear to the Lords Commissioners of the Admiralty the nature of the service merits.

Medical officers, when travelling on the public service, are allowed on the home stations—in addition to all expenses of first-class fare by rail or otherwise—for subsistence:—

	Special Service occupying 12 hours.	Ditto for every 24 hours.
Inspector-General and Deputy Inspectors-General	£0 12 0	£1 0 0
Staff-Surgeons and Surgeons ...	0 7 6	0 10 0
Assistant-Surgeons	0 6 0	0 7 6

PENSIONS OF MEDICAL OEFICERS.

Besides the half-pay awarded to medical officers, there are three good-service pensions of 10s. each per diem awarded to the three inspectors-general who have completed the longest and most meritorious services.

There is also one Greenwich Hospital pension of £80 per annum awarded to a deputy inspector-general.

There are fourteen other Greenwich Hospital pensions of £50 each per annum, awarded to those fourteen deputy inspectors-general, staff-surgeons, and surgeons who are considered by the Admiralty to be most deserving of them.

PROMOTIONS.

An Assistant-surgeon having served three years may be examined as to his qualifications for promotion to the rank of surgeon. If he be serving abroad he may, if he wish it, be examined provisionally by an inspector or deputy inspector-general and three surgeons; and as soon after his arrival in England as may be convenient for him to present himself at Somerset House, for his regular and final examination. To enable assistant-surgeons to pass this examination satisfactorily they are granted, on application, two months' leave of absence to prepare themselves for it. The use of passing the provisional examination abroad is, that the assistant-surgeon, having served five years, is then eligible for promotion into any vacancy that may occur, as acting-surgeon.

If the vacancy occurring shall have been caused by the death of an officer of superior rank, this promotion as acting-surgeon will be confirmed as surgeon on passing the regular examination at Somerset House. If the vacancy has occurred from any other cause than that of death, the assistant-surgeon appointed to fill it, whether he may have passed only provisionally or finally, will be appointed only as acting-surgeon until the pleasure of the Admiralty be known, who may either confirm him in it, or supersede him by the appointment of a surgeon from half-pay.

Surgeons are promoted to the rank of staff-surgeons on twenty years' service, provided that ten years have been completed since passing for the rank of surgeon.

By an Admiralty regulation dated the 12th of July, 1867, promotion to staff-surgeon is to be open to officers for distinguished or special services, although they may not have completed twenty-years' service.

An officer may be promoted to the rank of inspector-general on the completion of thirteen years' service from the date of his entry in the Royal Navy.

PRIZE-MONEY.

Medical officers share in the proceeds of all prizes captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of customs, and to trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels ; and of the rewards conferred for the same ; as also in the awards of all salvage granted to the crews of Her Majesty's ships and vessels of war, with other officers of corresponding ranks.

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THE ASSISTANT—HIS DUTIES AND OBLIGATIONS.

Almost every provincial general medical practitioner in England has his qualified or unqualified assistant, and the probationary service of the private practitioner himself is thus very frequently in this capacity. As may be presumed, the duties of the office are very various, and the relations between principal and assistant very complex, so much so as to demand a special volume for themselves, which, from the experienced pen of Mr. Langley, has recently issued in a revised form. We have availed ourselves of the author's very kind permission to extract from the pages of "Via Medica" certain passages which are essential to the student, and for the accuracy of which Mr. Langley's name is a perfect guarantee.

MEDICAL ASSISTANTS.

THE PUPIL ASSISTANT.

The pupil-assistant is usually a young gentleman who enters into the service of his employer to learn pharmacy and the manipulation of dispensing without present remuneration, or who gives his services in return for board and lodging with a nominal salary. If there be any articles of apprenticeship, or any such indentures contracting for service as have before been mentioned, the relations between the junior and his employer are those which exist under apprenticeships generally, subject to the terms and conditions stated in the indenture itself. Whether there be such a contract in writing or not, the assistant, though a minor, can sue for the necessaries or salary (if any) agreed to be paid by his employer.

The *unqualified* assistant (without diploma) capable of visiting patients, diagnosing disease, prescribing, dispensing, attending midwifery, drawing teeth, bleeding, cupping, applying the tourniquet, opening an abscess, dressing a wound, &c., &c., is generally a young man who has passed through his pupilage or apprenticeship, seen something of country practice, spent a year or two at the hospital and medical school, and who, having limited means, desires to recruit his resources.

Qualified men (with single or double diploma) are generally required for *outdoor appointments*, in which the assistant does not reside with his principal. Indeed, it may be remarked that the tendency generally seems to be towards the employment of gentlemen with diplomata in preference to those without, because the employer is rendered more free to absent himself, occasionally, if he can leave his practice in the hands of a substitute who can legally take charge of his parochial appointments, or, in case of accidents, give evidence before the coroner.

Constant applications are made by gentlemen from the "sister isle," who, having degrees in arts, honours in medicine, and high testimonials as to personal character, do not understand why they cannot at once obtain employment as assistants in England, in town or country practice. If they are asked what they know of private dispensing, they reply that they are competent to undertake anything of that kind *because they have done it at the hospital.* They cannot understand that aptitude in private dispensing—apothecary's work—is essential in English practice as it is at present conducted, and they are unwilling to believe that a mere power of manipulation is an absolute requisite if they would obtain employment here.

The prejudice against Scotchmen and Irishmen is general and deep-rooted in England. My experience, however, justifies me in asserting that I have found some of the best assistants I have ever known amongst the Irish Catholics, whom my clients have received under protest, but who have demonstrated by their conduct that varieties in religious opinion do not make much difference in man's capacity for duty.

It is almost useless for gentlemen from Ireland and Scotland seeking employment unless they can produce testimonials (those of college teachers will not suffice) from persons who know the applicants in private life, and who can give direct evidence as to their *private* character and personal habits.

THE OUT-DOOR ASSISTANT.

The "out-door assistant" is a gentleman who does not live with the principal, but who usually resides near the house of his employer. The term "out-door" is not intended to convey the idea that his duties are wholly "extern," but simply indicates his mode of life. The out-door assistant sometimes lives in lodgings at his own expense, sometimes in rooms furnished and provided by the surgeon for whom he acts, sometimes the rooms may be in the adjoining house where the "surgery" is, sometimes in a residence at some distance. In the latter case there may be a "branch practice" to be "conducted." In all cases where the assistant resides elsewhere than with the surgeon, proportionately larger salaries are given to compensate for extra expenses. These situations are supposed to afford greater personal freedom, but more completely exclude the holder from pleasant society. Where a branch practice is carried on, a separate house and surgery are provided at the expense of the principal, who in such cases may visit the locality only once or twice a week. Candidates for these appointments are expected to have a double qualification, and to be able to take sole charge of the cases entrusted to them. No one who is not thoroughly competent in midwifery should entertain the idea of taking a branch practice.

Assistantships, *with time to attend lectures, &c.*, are not unfrequently sought after. Formerly such appointments were not uncommon, but experience has shown that they work so badly both for surgeons and pupils that they may be said to be almost extinct.

THE LEGAL RELATIONS OF THE PRINCIPAL AND ASSISTANT.

The engagement of an assistant may be made by word of mouth or by writing. The usual written contract between the parties (where apprenticeship is not intended) is an agreement of the ordinary character ; but in the case of unqualified assistants the engagement is verbal, or made by correspondence between the parties.

Arrangements are sometimes made under which assistants are paid a certain percentage upon the fees received by the principal for work done by his subordinate ; and often in cases of branch practices, a proportion of the gross profits is awarded to the assistant.

TERM OF ENGAGEMENT AND DISMISSAL.

In cases where there is no written contract with a permanent assistant engaged nominally for the year, and the salary is paid *weekly*, it is the custom in the medical profession to give and require a *month's* notice. But in temporary engagements, such as those made for *locum tenens*, the invariable custom is to pay by the week, the contract being terminable at any time by the wish of the principal. In such cases the gentleman employed is always expected to give reasonable time—say seven days—to provide a successor, if circumstances induce him to wish to resign the appointment.

The apprentice, or the "pupil with indentures," is bound by the terms and conditions of his "articles," which are generally to the effect that A. B., the pupil, will serve C. D., the principal, for a certain term of years without salary; C. D. in return providing A. B. with board and lodging, and instructing him in the business or profession of surgeon and apothecary. In these cases the contract between the parties cannot be terminated except upon the conditions stated in the deed.

In-door assistants, whether qualified or not, can be dismissed by a month's notice at any time, or by the payment of a month's salary by the principal; the assistant, however, who leaves without giving a month's notice is liable to summary punishment by a magistrate, nor would the tender of a month's salary in lieu of notice relieve him from this liability to punishment; moreover, he would also forfeit all claim to any salary due to him from his principal for any services rendered previous to his leaving.

The out-door assistant, if resident in a house or lodgings furnished and provided by his employer, can in like manner be dismissed or terminate his engagement by a month's notice; but if the assistant provide himself with lodgings, *furnished by himself* by the wish or with the consent of his principal, the engagement cannot be terminated except by three months' notice or equivalent salary, and this notice may be given at any time.

The services of gentlemen engaged for special services and temporary duties may be terminated without notice unless there is a special understanding that the engagement is for one day a week, or four weeks.

LEGAL OBLIGATIONS ON THE ASSISTANT.

Every assistant is bound by law to obey all the lawful and reasonable orders of his employer, and to be honest and diligent in the professional duties required from him; he is required also to pay proper respect to the principal. He is bound to take care of the property entrusted to him, and, if guilty of gross negligence, will be liable to an action.

Where an assistant is engaged on account of his fitness to perform certain duties (such as "to visit, dispense, and attend midwifery"), and turns out to be perfectly incompetent to do any one of these things, the principal will be justified in rescinding the contract at once, and discharging the assistant; and it would be of no avail for the latter to prove his "qualifications" in the highest walks of his profession, if he were incompetent to perform those duties.

Temporary illness will not afford justification to the principal to terminate the assistant's engagement; but if the latter be attacked with such illness as would render it impossible for him to return to his duties for a month or more, it is very commonly held in the profession (*mos pro lege*) that the engagement may be terminated by the payment of two weeks' salary and the expenses of the transit of the assistant either to his home or to the spot from whence he was engaged.

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SURGEONCIES IN THE MERCANTILE MARINE SERVICE.

The appointment of surgeon in sea-going vessels is much sought after by young surgeons who are desirous of seeing a little more of the world than school, college, or home have shown them; but the office is seldom held for more than a few years, or regarded as a permanent provision for life. These appointments are almost uniformly in the gift of directors and secretaries of companies, and of the owners themselves, with whom, as may be believed, personal influences are a better recommendation than any professional qualification.

The Peninsular and Oriental Service heads the list in respect of its eligibility, and admission to it is a matter generally quite outside the range of the unfriended candidate.

The appointment is made by the directors, and the surgeon is bound for three years' service. He is placed always at first on some of the lines at the other side of the Isthmus of Suez, and is drafted into the "home" service between England and Alexandria, as vacancies occur. The pay is at first twelve guineas per month, which is afterwards increased, and he is permitted to receive such fees as may be offered for attendance on passengers, whom, however, he is bound to attend without charge, if required to do so. Occasionally large fees are paid by grateful patients; but usually the income from this source is not large, and less in the home service than elsewhere.

The surgeon can resign on giving a month's notice when on leave—*i. e.*, when his ship is laid up.

The Cunard and other American mail lines select their surgeons through the interest of owners and managers. The American ships are bound to carry American surgeons, and the English ships English medical officers. The pay varies from ten guineas per month upwards, and the arrangement may be terminated by the surgeon at any time that the ship is laid up. If, however, he has signed special articles, he will, of course, be bound by them.

The West India Mail Service admits candidates only between the ages of twenty-two and forty. A regular curriculum, similar to that required by the licensing bodies, is necessary, and a special examination in climateric disease is administered to the candidate.

The following is the scale of pay:—At entrance 100*l.* a-year, Senior Surgeon, 120*l.*, amounting with all fees generally to about 200*l.* When the ships are engaged on transport service the pay is doubled. Surgeons in the service have a private cabin and a boy to assist in dispensing. They mess in the saloon, and are found in every requirement free of charge. A pint of wine is included in each day's rations, or in lieu of it a payment of 1s. 3d. At entry surgeons are required to join vessels in the West Indies or Brazils relieving surgeons longest out, and being themselves relieved in turn. The fees in this service are much better than in the P. & O. The Emigration Commissioners are now reducing their staff, and making no appointments to vacancies as they occur. Many of the trading ships which carry emigrants to New Zealand and Australia take surgeons only on their outward voyage, and call at China for silks and other freight on their way home. Surgeons to these vessels are paid only 25*l.*, and finding it impossible to obtain a passage home again are compelled to settle in the colonies which are accordingly overstocked.

European Communities.—There is a growing demand for surgeons for small European colonies, and several desirable appointments have thus been recently made. A number of colonists feeling the want of efficient medical advice subscribe an annual guaranteed salary of say 600*l.* These appointments have been made through the agency of Mr. Langley, of Lincoln's Inn Fields; as, however, they are few and somewhat lucrative, the communities are entitled to expect a high degree of education and intelligence in their medical attendant.

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NOTICES TO CORRESPONDENTS.

Those Gentlemen who have so kindly forwarded us information and corrections, will please receive our best thanks.

Several Original Papers, Correspondence, Hospital Reports, Notices of Books, and other matter, are unavoidably held over.

Communications, Enclosures, &c., have been received from Dr. Alexander Marsden, London; Dr. Johnson, London; Dr. Lory Marsh, Nottingham; Mr. F. W. Brown, Uppingham; Dr. Parvin, Cincinnati; Mr. Bewley, Medical Club; Mr. Warren Tay, London; Dr. Salter; Dr. T. More Madden, Dublin; Mr. T. C. Miller, Wrentham; Mr. Slater, City of London Hospital; Mr. J. Baxter Langley; Mr. J. P. Popjoy, Accrington; Mr. Tichborne; Dr. Andrew Paul, London; Mr. Rimmington, Selby; Mr. Leader, Sheffield; Dr. Purcell, Scarborough; Mr. Pairman, Biggad; Mr. Doran, Londonderry; Dr. W. W. Pearce, Atherstone; Dr. Kimber, Dover; Mr. Ward, Chesterfield; Mr. Harrison, Liverpool; Mr. Woolridge, London; Mr. F. Smith, Malvern; Dr. Duncan, Glasgow; Dr. Fleming, Glasgow; Dr. Cheadle; Mr. J. Spear, Liverpool; Mr. J. Shilleto, Clerkenwell; Mr. Hugh Hone, Docking; Dr. Waring-Curran, Sutton; Mr. Dalston, Brough; Dr. Edwards Crisp, Chelsea; Mr. Southam, Manchester: Dr. Moore, Dublin; Mr. Hyslop, Stretton; Dr. Wilson, Edinburgh; Mr. Howard; Dr. Thomas, Glasgow; Mr. Bremridge; Mr. H. Harris, Redruth; Dr. Dobell, London; Dr. George Harley, London; Dr. Wickham, Tetbury; Dr. Lees, Dublin; Dr. Morgan, Dublin; Dr. Webster, Redlands; Mr. Deane, Dublin; Mr. Sampson Gamgee, Birmingham; Mr. Redman, Lincoln; Dr. Embleton, Durham; Dr. Haughton, Dublin; Dr. Richardson, Dublin; Dr. Cormac, Belfast.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 22, 1869.

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Lecture.

ON THE USE OF THE SHORT FORCEPS IN MIDWIFERY PRACTICE.

DELIVERED IN THE

ROTUNDO DUBLIN LYING-IN HOSPITAL.

By Thomas More Madden, M.R.I.A.,

Assistant Physician to the Hospital.

LECTURE II.

Gentlemen,—Having described the short forceps, and pointed out the cases in which it should be resorted to, at our last meeting, we have now to consider the manner in which this instrument should be used. It is a matter of great importance to apply the forceps properly; for although in the hands of a dexterous accoucheur this instrument is employed as easily, painlessly, and safely as the catheter, yet in the hands of an unskilful practitioner the forceps is a most dangerous implement; and therefore we must, before going further, consider carefully the successive steps of the operation.

In the first place, I would advise you, whenever it is possible to do so, to act on the time-honoured rule that a consultation should be obtained before the forceps or any other instrument is resorted to in midwifery practice. However, if you cannot obtain a consultation, do not on this account hesitate to use the forceps, if you are of opinion that this measure is required. In the second place, you may, if your patient happens to be a sensible, resolute woman, inform her, as well as her husband, that you are about to give her assistance. But if she is in a nervous, excited, irritable condition, I do not think it necessary to communicate this to her, and never to any of the throng of female friends, who, amongst the lower order in this country, delight in congregating in the lying-in-room; for women, under these circumstances, are very apt to become fussy, nervous, and troublesome, when the name of an instrument is mentioned. Make a point, however, of always telling the husband or nearest relation what you are going to do, and having turned all the sympathizing friends out of the room except the nurse, you may proceed to the preliminary part of the operation. You must first ascertain if the rectum has been properly cleared out or not, and, if it has not, administer a purgative enema, and wait till it has operated before you do anything else.

The next point to be attended to before introducing the forceps is to pass the catheter, and this must be done even when we are assured by the nurse that the patient has made plenty of water. I have several times been told this in cases where I found the bladder so distended by the accumulated urine, a little of which had dribbled away and misled the nurse, that the progress of the labour was completely arrested by this cause. I had only to draw off the water to enable the head to come down without any further assistance. It is easy to conceive how readily, if under such circumstances the forceps were used, rupture of the bladder might be produced. Therefore, never apply the forceps until you have first introduced a catheter into the bladder.

A digital examination is then to be made, in order to ascertain the exact position of the head, and convince yourself of the fact that the os uteri is fully dilated or dilatable. This is always an essential preliminary to the introduction of the forceps, for since my appointment as Assistant Physician to this hospital, two cases have come within my own observation, in which the attending pupils sent for the Assistant Physician to apply the forceps, who, on his arrival found the os not at all dilated, the cervix being so thin, and so tightly stretched over the child's head, as to lead the attending gentlemen, who were, I may observe, both qualified practitioners, into a mistake, which, had they made and acted on in their own practice, would have probably proved fatal to their patients and would justly have ruined themselves.

The operator now sits down behind his patient, facing the perinæum, and introduces the index and first fingers of his right hand, previously smeared with lard, up into the vagina behind the symphysis pubis, and passes them round half the circumference of the pelvis on the child's head, until he comes in contact with the ear, which is generally towards the left iliac region, and sometimes on the right or towards either side of the pelvis. The ear should always be felt distinctly before the short forceps are introduced, and although some recent writers do not approve of this rule, yet I always act on it in my own cases.

The reasons for applying the forceps over the ear are, that the instrument, fitting better over the sides of the head and face, exercise a more equable pressure on the head, and are less liable to slip than when placed in any other position.

Before being introduced, the forceps must be brought as nearly as possible to the temperature of the body, and it is usual to immerse them in warm water for this purpose before they are applied. However, everything that adds to the fussiness of those about the patient should be avoided; and for this reason I now follow the practice recommended by Dr. Johnston, and never exhibit my instruments until I am applying them. The forceps will be sufficiently warm, if the practitioner keeps them, as I always do, in a pocket constructed for the purpose in his waistcoat, and my forceps are so small that there is no inconvenience in this.

The instrument is now to be smeared with lard, and the upper blade, the first to be introduced, is taken in the operator's left hand, and, being held as lightly as a writing pen, is, during an interval in the pains, to be slowly insinuated by a gentle, wavy motion, between the two fingers of the accoucheur's right hand, which, as I have already said, rest over the ear and the child's head, until it has passed so far up that the lock lies close without the perinæum The anterior, or pubic blade, is always introduced first in this hospital, but in England the reverse is generally the case. The instrument must, in the first stage of the process, be passed upwards and backwards in the direction of the lower axis of the pelvis, but almost immediately it must be turned in the axis of the upper portion of the pelvis, upwards and forwards.

The point of the blade is to be kept in contact with the fœtal head, as the moment it diverges from it, the least degree of force might drive the instruments through the vesico-vaginal or recto-vaginal wall, the direction of the point being determined by the angle at which we keep the handle, so that, except at the moment that the instrument passes over the ear, when the handle must be depressed a little during the introduction of the blade, the handle should be gradually raised as the forceps slides over the convex head of the child.

The handle is then to be given to an assistant to retain *in situ*; the operator, holding the instrument with the right hand, introducing two fingers of the left in the same manner as before, passes up the other blade of the instrument, until the locking parts of both are opposite each other, when, having passed the finger round the lock to guard the soft parts from being caught by it, the forceps may now be locked.

In locking the forceps, as in its application, force is unnecessary and unjustifiable. If the blades have been properly introduced and applied to the head, there will be no difficulty whatever in locking them. If they are not properly adjusted, no degree of force can be of the least use, and as it is essential that the forceps be properly locked before any attempt at extraction is made, if there should be any difficulty in locking, no time should be lost in trying to bring the instrument into apposition, but the blade last introduced must be at once withdrawn, and re-introduced in the right position.

The extraction of the head is generally the easiest part of the operation. The operator, bearing in mind that the axis of the pelvis is a curved line, the axis of the inlet being downwards and backwards, and that of the outlet being downwards and forwards, makes his traction to correspond with this. At first he pulls downwards and backwards, and, as the head descends, alters the direction of his force until the head comes to distend the perinæum, when he draws the head directly forwards.

As a rule, delivery with the forceps should be as close an imitation of natural labour as possible,—that is to say, bearing in mind that in natural labour the advance of the head is so slow and gradual, that the progress effected by each pain is almost imperceptible, the forceps should be so gently used as to imitate in the slowness of its action the course which nature herself points out.

The powers of the instrument should be exerted in the most gradual manner, except in certain cases of complex labour where immediate delivery is essential, and no attempt at finishing a tedious labour by any sudden and forcible effort is justifiable; nor should any desire to relieve his patient from suffering, or himself from a wearisome task, induce the practitioner to attempt by force what time, patience, and skill, can alone safely accomplish.

The old rule of waiting for a pain before commencing to draw down with the forceps, and of acting in concert with the uterine expulsive efforts, is obviously well founded, and should be acted on whenever the pains have not ceased before the forceps have been applied.

As soon as the occiput escapes from the vulva, it is generally advisable, in order to prevent the risk of lacerating the perinæum, to trust the case to nature, and if there be sufficient uterine action to accomplish the labour, the instrument should now be unlocked, and the posterior and then the anterior blade gently removed, and the head forced out by pressing well on the perinæum during the pains.

After the head has descended into the pelvic cavity, the short forceps may be used in three different positions.

1st. Where the head is delayed at the outlet, the face lying in the hollow of the sacrum, the occiput under the arch of the pubis, and the sagittal suture lying in the perinæum, the ordinary position at the end of the second stage of natural labour.

2nd. When the labour is delayed by the malposition of the head, the face being turned forwards towards the symphysis pubis, the occiput and vertex being opposed to the sacrum and perinæum.

3rd. Where the face lies to either side.

In the first position, delivery according to the rules already laid down is generally easy enough. In the second variety of position, the lock will be at the vertex and the point at the chin, and, by depressing this, the occiput will be drawn forwards from the perinæum. The management of the third position demands no special mention.

Forceps cases require to be very carefully watched during the period of convalescence after labour. As a rule, if the operation has been properly performed, the recovery of the patient will be as speedy and perfect as after a natural labour. But, even after the best obstetric operations, peritonitis, metritis, puerperal fever, inflammation of the pelvic structures may follow an instrumental delivery. This fact should be borne in mind, so that the moment the earliest premonitory symptom of any of these diseases manifest themselves, they may be at once met with the appropriate treatment. After all cases of protracted labour, and especially after forceps cases, the state of the urinary function should be watched closely for the first few days, and if there be any retention, the catheter should be used at least twice a day.

This finishes all that it appears to me necessary to say about the use of the short midwifery forceps. I have only to add, that if the principles I have endeavoured to impress on you be correct, and if you now acquire, as you may easily do in this Hospital, the necessary manipulative skill, by observing others apply the forceps in the labour wards, as well as by practising yourselves with the instrument on the dummy in the lecture-room, you will find it hereafter to your own advantage, as well as that of your patients, to use the short forceps more frequently than is usually recommended; bearing always in mind, however, that in resorting to any obstetric operation you should act "*nec temere nec timide.*"

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Original Communications.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. Gordon, M.D., C.B.,
Deputy Inspector-General of Hospitals.

(Continued from page 189.)

HEAT APOPLEXY.

Under the term *heat apoplexy* I would include the affections severally described as erythismus tropicus, coup-de-soleil, apoplexy of the hot winds, sun-stroke, &c., &c.; for although, according to some authors, an essential difference exists between them, my own experience induces me to believe that they are in reality identical—all mere manifestations of derangements in vital functions arising from similar causes, but modified by conditions in which their subject is at the time placed. In all, the symptoms are the same, the treatment alike, and the *post-mortem* appearances undistinguishable, while in none are they sufficient to account either for the indications present during life, or for the fatal result in persons who die.

In former years the disease was attended by frightful mortality. In the 10th Regiment, for example, 28 cases were recorded as having occurred prior to 1857, one patient only surviving, and he so shattered in health as to have been unfitted for further service. Some other corps suffered far more severely than this from the disease, the recoveries being no more numerous relatively. I cannot help thinking that the greater prevalence of spirit drinking in former years, as compared with more recent times, conduced in a great measure to this prevalence and mortality; while among other circumstances which led to the same result may be enumerated the overcrowding of men in barracks then practised, the want of artificial means of cooling their rooms, and the system of enforced confinement of the soldiers to their barracks without any means of occupation or amusement during nearly twenty out of every twenty-four hours throughout several months of the year. Thanks to the frequent and energetic representations of army medical officers all such conditions are now much improved, if not altogether done away with; and the result is a material decrease in the prevalence of this disease, as well as of some others to which, in the course of these notes, allusion has already been made. In fact, we learn by the Departmental Blue Book for 1866 that, during the year, only 162 cases of the affection were recorded in the army serving in India, of which number 72 were fatal.

I believe that the term "sun-stroke" first applied to the malady was unfortunate, and that it has been productive of error in the manner of managing the sanitation of soldiers. Needless fear of simple out-door exposure was fostered by reason of the appellation. The facts must have been patent formerly, as they still are, that the victims of attacks were most numerous among soldiers who were compulsorily confined, whether in barracks, cells, or hospital; and that indigo planters, as well as other Europeans whose vocations necessitated much out-door exposure, were seldom subjects of sun-stroke. Yet I question if the opinion be even now quite exploded, that the only means by which soldiers can be protected from this disease is their seclusion in darkened and imperfectly ventilated rooms, such as barracks afford, notwithstanding all the more recent improvements in their construction.

Doubtless, the truth of these views was sorely tried during the mutiny. It was amply shown, during the operations connected with that outbreak, that soldiers could perform long marches and fight battles in the hottest weather without necessarily being attacked by this disease, although, on the other hand, they were under certain conditions extremely prone to its attacks. Thus it was found that, so long as the men were absolutely without ardent spirits or other intoxicating drinks, and were provided on the line of march with an abundant supply of water, they could undergo a very considerable degree of exertion under the fierce sun of an Indian summer; and here I may observe that, on some of the longest marches in the hot season, it was found necessary to have elephants, camels, and bullocks carrying skins filled with water, brought along with the regiment; and men as well as officers, all alike lightly clothed, were in the habit from time to time of allowing a free stream from those skins to fall upon them, soaking them from head downwards. By such means the functions of the skin were maintained, and the temperature of the surface kept at a moderate elevation. Among other effects also produced was probably the supply by this means of oxygen to the blood circulating in the superficial capillaries. On the other hand, however, it was found in the case of some corps that men when debilitated, whether by insufficient food, by long-continued physical fatigue, or morally depressed through only partial success against the rebel enemy, were by no means thus exempt from its attacks; while the well-known liability to the disease manifested by men sick in hospital and undergoing punishment in cells may be accounted for on the same principle.

With regard to the period of the day at which persons are most liable to become attacked by the disease, I believe experience indicates this to be chiefly the later part of the afternoon and early part of the night. In either case the seizure is most to be dreaded during the time its subject is asleep, and especially when upon exhaustion is superadded heavy meals or potations of spirits. But, then, it by no means happens that cases of the disease are in proportion to the heat of the weather. Dry heat, more especially if the atmosphere be in rapid movement, is not so productive of attacks as a more moderate temperature, with a high ratio of aqueous vapour in suspension, and an absence of wind. Under such circumstances, and when the sky becomes obscured by dark negatively electric clouds, cases are tolerably certain to occur if the temperature in the shade be 97° F. and upwards; and, in fact, old residents come to know by their own sensations the conditions under which those who are predisposed to the malady are most liable to its attack. In the far inland districts of India, for example, all recognize such conditions in those calm sultry days which occasionally occur during the period of the hot winds, when the sun is obscured by a film of cloud, or by the impalpable dust suspended in the atmosphere. Nor is it man alone who, under such conditions, becomes subject to the disease; domestic animals, quadrupeds, and birds suffer equally with him, and the longer a dust or thunder storm is then delayed, the greater will be the mortality by the affection.

Medical officers are aware that many cases occur, especially during the hot and rainy season, in which it becomes difficult to decide whether the symptoms of the patient are referable to remittent fever or to heat apoplexy; while in others, symptoms which appear to characterize only the former run into the more dangerous conditions of the latter. From this circumstance alone, however, I question if we may rightly conclude that the origin of the "apoplexy" is traceable to malaria; in fact, there appears to be every reason for the belief that such is not the case, but that the affection, as well as the ardent fever, primarily arise from conditions of the atmosphere altogether unconnected with the presence of paludal emanations, inasmuch as the prevailing high temperature under which it occurs is destructive of such emanations—a circumstance which, as already observed, indicates a want of identity between the actual nature of the ardent remittent and the marsh remittent fever prevailing in different parts of the country.

I have remarked that, in the case of men, the affection is of common occurrence among those who, from whatever cause, remain much in confinement. In the case of women, however, this is different, and it is of some importance to note the circumstance. There were in the 10th Regiment an average of ninety soldiers' wives annually, and during twelve years no case of the affection is mentioned as having occurred among them. An explanation of this exemption is doubtless to be found in the nature of a woman's occupation in-doors, as compared with man's. The wife, in performing the duties connected with her establishment, however small it may be, has sufficient bodily occupation to employ without fatiguing her, at the same time that her attention is also engaged; whereas, the soldier who voluntarily spends his time within doors is usually idle, perhaps a glutton or a drunkard; he passes the hours in idleness or in sleep; and the latter habit indulged in after heavy meals or a debauch of drink is one of the most powerful among the predisposing causes of the disease. I may here remark that, so far as I am aware, the wives of officers under the ordinary conditions of their class enjoy complete exemption from the affection.

It is a fact which deserves to be noted that, throughout the operations in the field in which the 10th Foot was engaged in connection with the Indian mutiny, no case of heat apoplexy among the men is recorded in the hospital records from the 1st of April, 1857, to the 31st of March, 1858. Other regiments were, however, less fortunate, and in one corps a heavy loss by the disease occurred among a detachment of men who, after a debauch during the night, marched during a day in the hot season, heavily accoutred and thickly clothed. But in the three succeeding months of 1858 our soldiers were not so exempt from the disease. By that time they had become physically lowered to a considerable extent, and thus their predisposition to attack increased. In a strength of 535 men, eleven cases occurred during April, May, and June, 1858, of which two only proved fatal. This proportion of mortality, if compared with that in previous years, might at first sight give rise to the impression that the attacks which happened were relatively slight. Such, however, was by no means the case; on the other hand, none were referred to heat apoplexy, except those in which actual insensibility was present.

The manner in which the attack by the disease occurs is various. In a considerable number of cases the person during sleep seems to pass gradually into the affection, the first indication of which is discovered in his stertorous breathing, and the intense and peculiar heat which prevails over the surface generally; in others, the affection, as already observed, supervenes upon a paroxysm of fever, the line of demarcation between the one and the other being often drawn with difficulty; in a third class of cases, the approach of the attack is indicated by the vacancy of expression, flushed face, and unusual behaviour of the patient; and in yet another class of cases, the person threatened with the attack is himself the first to mention the peculiar sensations which he experiences; these being, for the most part, weakness in and want of power over the lower extremities, involuntary micturition, giddiness or fulness in the head, and confused ideas. During the time of the mutiny, several instances of the latter occurred among officers, as well as among men, but by the early and free use of the douche the further advance of the disease was checked. The cases were not recorded as those of heat apoplexy, because the conditions had not become complete; but I do not now remember that of any person thus affected who had not to be sent to England at the first favourable opportunity. It is, no doubt, of such that we are accustomed to hear a good deal as having suffered from sun-stroke, and although a large number make speedy and perfect recoveries in the more favourable climate of Britain, it is beyond question that many others remain in the state of invalids for years.

(To be continued.)

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HYDROPHOBIA.—Several cases have recently occurred in Yorkshire. One of these, a fatal case at Huddersfield, was a boy named James Henry Boothroyd, five years of age. He was bitten by a rabid dog in July last, and his wounds were attended to by a surgeon, and it was hoped he would recover; but symptoms of hydrophobia made their appearance last week, and he died in a day or two.

Hospital Reports.

ROYAL VICTORIA HOSPITAL, NETLEY.

SOME very interesting cases are recorded in the new Army Blue Book by Professor Maclean. According to custom, we shall condense some of these, for the benefit of our readers. This week we give the following:—

Aneurism of Thoracic Aorta; Death from Exhaustion; Clear Syphilitic History.

Private W. Mills, Cape Mounted Rifles, admitted 19th May, 1867; died, 23rd May, 1868.

Suffering on admission from dyspnœa, palpitation of the heart, aphonia, and great pain in the chest and back. States that in 1856 he received a severe kick from a horse in the chest, and never did another day's work.

Examination by laryngoscope demonstrated that the aphonia did not depend on disease of the larynx. Aneurism of the thoracic aorta diagnosed from the constitutional and physical signs, confirmed by the appearance, in March, 1868, of a pulsating tumour synchronous with the first sound of the heart, at the level of the last dorsal vertebra. A distinct bruit was audible over the tumour. The aphonia increased, and the patient was much distressed by dyspnœa, dysphagia, and pain in the back, the latter symptom requiring the frequent use of the subcutaneous injection of morphia.

The tumour increased rapidly, exhaustion became extreme, with numbness of lower extremities. Death from exhaustion took place on the 23rd of May, 1868.

Lungs.—Left lung much consolidated. Right lung displaced by the aneurismal tumour; slight pneumonic infiltration of both lungs; lower part of left lung absorbed and adherent to aneurismal sac.

Pericardium considerably dilated, and filled with fluid of a sero-purulent character. Evidence of hæmorrhagic pericarditis and effusion of lymph on the surface of the membrane.

Heart pushed over to the right side, right cavities dilated, valves healthy, muscular texture soft and flabby.

Aorta much diseased; atheromatous degeneration commenced just above the valves, and extended not only as far as the aneurism, but also into the carotids.

Aneurism commences just below left bronchus; aorta opens into tumour by a valvular orifice near the middle of the tumour, passing for some distance beneath the inner coat. The tumour has dilated itself upwards and to the left side, and extends as high as upper margin of fourth rib, and downwards as far as last rib. It has expanded the diaphragm, causing a great distance between the aortic and œsophageal openings. The dilatation of the aorta extends as low down as the cæliac axis. The aneurismal tumour was the size of a large cocoa-nut, and contained coagula; œsophagus and pneumogastric nerve were pressed down upon by the tumour. The whole posterior wall was made up by the vertebral column and ribs. There was erosion and softening of the three lower dorsal and first lumbar vertebræ; the ribs corresponding were dislocated and carious.

Aneurism of Thoracic Aorta; Habits Intemperate; Distinct Rheumatic and Syphilitic History; Death from Exhaustion.

Private Michael Kenelly, Royal Artillery, aged thirty-four. Admitted, 19th July, 186 ; died, 5th October, 1867.

This man was invalided from Bengal, for rheumatism and asthenia. The man's character was bad, his habits were intemperate, and he had done no duty for months before he was sent home.

On admission, an aneurism of the thoracic artery was clearly made out by the constitutional and physical signs—in fact, it was visible to the eye, in the shape of a pulsating tumour to the left of the sternum; absorption of the sternal ends of the second and third ribs having taken place, allowed a portion of the tumour, the size of a large orange, to protrude. The patient sank from exhaustion on the 5th of October, 1867.

Lungs.—Both adherent to each other and to the tumour, from which it was impossible to separate the right; posterior portion of left lung much consolidated, from pressure of tumour.

Aneurism.—On removing integument from thorax, coagula were seen protruding through a large irregular opening, caused by absorption of the second and third ribs, near their sternal attachment. The sternum was removed, and the sac of a large aneurism thereby opened. The outer wall of aneurismal tumour was inseparably joined with periosteum of the sternum, and by pressure had caused caries of that bone. The site of the aneurism was in the anterior mediastinum, inseparably connected with both lungs and pericardium, globular in form, as large as a cocoanut; it sprang from the aorta, near the origin of the arteria innominata, from its anterior wall, communicating with the aorta by an aperture the size of a florin.

Limits,—as high as first rib, and rather to left of median line. Lined by firm decolourized coagula; sac very thick, composed of fibrous tissue.

Superior vena cava inseparably connected with the tumour, which had also altered the course of the pneumogastric nerve and its branches, spreading them out over the sac.

Pulpy degeneration of intercostal muscles on left side; degeneration of cartilages of ribs, caries, and absorption of manubrium, and second and third ribs near sternal attachment.

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CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

MERCER'S HOSPITAL.

FRACTURE OF THE PATELLA.

Treated by Malgaigne's Hooks.

By Mr. Morgan, F.R.C.S.I.,

Surgeon to the Hospital, and to the Westmoreland Lock Hospital, Dublin, Professor of Surgical and Descriptive Anatomy, R.C.S.I.

Mr. Stapleton's case of fractured patella, related in a late number, illustrates a simple mode of treatment by straps of plaister, &c. As several cases have been treated with much success within the last year at this hospital by Malgaigne's method of approximation by means of hooks embracing the fragments, and as I have had under my care a case where now nearly a year has elapsed since the accident, the following details are of interest, as showing a very perfect recovery.

P. D., a racket-marker, when tipsy fell and fractured the patella by direct violence, as, on admission, the trousers were broken opposite to the fracture, and the skin was abraded. There was a T fracture of the patella, the lower fragment being split vertically, and there was considerable swelling. The limb was placed temporarily in an elevated position, and the fragments retained tolerably in their place by bandages. On the day after, I applied Malgaigne's hooks, fixing them well into the fragments, and drew them together till complete apposition was attained; the leg was put in a moderately elevated position, and a cold lotion applied. From this date, to use the patient's own expression, he "never had five minutes' uneasiness," and at the end of six weeks the parts were examined carefully, when very perfect union was found to have taken place. The hooks were removed and plaister straps substituted, and he was allowed gradually to use the limb. He subsequently got an attack of bursitis, which lasted some weeks, and arose from his making too free.

I saw him several times last winter, eight months after the accident; the fragments were in perfect apposition, and the union *seems* altogether bony; there is not the slightest mobility between the upper and lower parts of the patella; he *ran* up and down the room for me, and is able now to follow his occupation as racket-marker, and to engage in the game, at which he is active.

The hooks in this case answered to perfection; and I may mention in four other cases which have been in the hospital since then.

The only inconvenience I found was the pressure of the connecting bar between the hooks on the tumefied skin; this can be obviated by taking care that it is well elevated over the surface of the patella, and by inserting some wadding or lint.

The hooks were applied within forty-eight hours of the occurrence of the accident, and cold lotions were sedulously applied to reduce distension, and the subsequent attack of bursitis had no connection with their application.

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CANTHARIDES IN CHOLERA.

Fortunately for those of our brave soldiers, whose fate it may be to be stricken with cholera in the future, a plan of treatment is slowly, but surely commending itself to the judgment of medical practitioners, which cannot fail, I firmly believe, to diminish the appalling death-rate which now prevails where European soldiers are attacked by this fearful foe. I mean, the plan of administering *diuretics* freely; aye, and not only the milder therapeutical agents of this class, but the very strongest, viz., cantharides. The plan of giving cantharides in cholera is not so recent as some would suppose. I have, lately, seen a Memorandum on the disease, written by a Madras medical officer, Assistant-Surgeon Ford, in 1851, in which he states, that he had employed the *Pulv. Canth.* in combination with creosote, for eight years previously, and that the natives were always clamorous to have it used in all cholera epidemics. Dr. Ford speaks of his experience as extending to the prisoners in the jail, and the city population, besides the 7th N. I., of which he was also in medical charge. Whilst Dr. Ford modestly states that, in his own practice, the death-rate was not, at all events, higher than what it was under other modes of treatment, in the hands of his native subordinates it was, according to them, next to nothing.

It would appear that in Madras, cantharides is recognised as an efficacious remedy in cholera; for, in Circular No. 728 of 25th February, 1867, issued from the office of the Inspector General of Hospitals in that presidency, a *cholera pill*, in which it is an ingredient, is recommended for distribution in outbreaks amongst the people, as the well known admirable pill—originally advocated by Dr. John Murray—is supplied to non-medical public functionaries in Bengal. This pill, however, contains opium. There are two kinds of cholera pill directed to be used in Madras, one with, the other without, opium. The latter contains cantharides, the former does not. There is a limit, necessarily, to the exhibition of the one which contains opium, whilst the other may be given much more freely. In the hands of an ignorant public, the opium pill is full of danger; not so the cantharides pill: and this point is dwelt upon by the Madras medical authorities.

This pill is made as follows:—Plumbi aceti, two ounces and two scruples; calomel, one ounce and one scruple; camphor, one ounce and one scruple; chili powder, one ounce and one scruple; pulv. canth., two drachms and two scruples; pulv. aromat., four drachms and four scruples. Dissolve the acet. of lead and cantharides in two drachms of acetic acid, and the camphor in some alcohol, when they are to be rubbed up with the calomel, the chili, the aromatic powder, and a sufficient quantity of distilled water, and divided into 1000 pills. One or two for a dose.

Two or three years ago, cantharides was, for the first time in Bengal if I recollect right, introduced by Mr. F. Webber, when Civil Surgeon in Assam. He reported that *his* success was marvellous; and I am convinced that the remedy will become a favourite one in time with the profession, from the fact of its being occasionally met with in prescriptions even now. I have, more than once, addressed the profession in the columns of the *Indian Medical Gazette* on the subject of the treatment of cholera, with, I rejoice to say, more or less success.

It is, nevertheless, a step in what, I venture to think, is the right direction.—*Dr. Francis in Indian Medical Gazette.*

Literature.

SPECIAL REPORT ON STUDENTS' TEXT BOOKS.

(Prepared expressly for the MEDICAL PRESS AND CIRCULAR, by Professors in Schools of Medicine.)

No. I.

THE Student who has digested the information and advice offered him in the last issue of this Journal possesses the necessary data from which to form an opinion as to the School of Medicine which will best supply his wants. In the present day, however, the printing press is doing more than ever to supplement and, in some instances, to supersede oral instruction. Manuals, class books, and other works specially adapted for students' use, are being continually multiplied; and as the choice is not unlikely to present considerable difficulty, the Editors of the MEDICAL PRESS AND CIRCULAR have determined to furnish a report on the best text books. This, they believe, may be as useful a guide as the Students' Number is acknowledged to be in other matters; and they beg *in limine* to thank those gentlemen who have so kindly aided them in carrying out their idea, and to say that any further information with which they may be favoured will receive full consideration from those engaged in arranging the report, and, if found suitable, incorporated in the parts that will follow.

It is undeniable that there is a growing tendency in influential quarters to restrict the number of lectures that the medical student is compelled to attend. This does not arise from a want of confidence in the value of such teaching or in the ability of our lecturers, which was never more conspicuous; but it is felt that the array of excellent books on all subjects affords a diligent student opportunities of acquiring theoretical knowledge of which he should be at liberty to avail himself as far as may suit his taste. No one questions the necessity of oral instruction of a practical kind, and in this respect the majority of medical teachers are keeping pace with the advance of opinion by making their lectures as practical as possible. It may fairly be added that the vast majority of young men will always find that they can learn more quickly and more agreeably from the living voice of an able professor than from the silent and unsympathising forms of type, over which it is far easier to nod than it is while an earnest lecturer is demonstrating to his class the salient features of a subject. At the same time, reading must supplement the lectures; the manual is the necessary complement to the professor. No teacher can impart his knowledge to an inattentive pupil. Bodily presence in the class does not of necessity imply mental attention, without which nothing is to be gained. So afterwards, the lecture heard should be thought over, the notes taken referred to, and the subject gone over afresh with the text book. Without reading it is scarcely possible to make due progress; and we would urgently press upon every student the absolute necessity of devoting some portion of each day to his manuals. The student's evening should not be frittered away in vain amusements or idle gossip. Not that we would wish him to deny himself occasional relaxation, nor that we would in any case sacrifice a proper share of out-door exercise, so necessary to health. Still, the student should never forget that his time is very short, that he has to accomplish much in a brief period, and has therefore great need to redeem the time. At least half his evenings should be consecrated to reading, and we are inclined to think he would gain most by devoting two hours every week evening to this purpose. From seven or eight o'clock till ten four or five nights a week ought not to weary a student, and then let him go to bed; for "early to bed and *early to rise*" is a wise maxim for students to follow.

The library of the student is necessarily, to a large extent, composed of the kind of books of which we now propose to speak; and the more varied it is the better. We should be sorry to discourage those whose means are limited. For a small cost they may obtain a library large enough to meet their absolute necessities. But we would advise everyone to make books the last item in economising. Be careful to buy *good* books; but in their number let there be no stint. We commend those who take pride in their libraries. Such pride may well take the place of many other more expensive tastes, and the study of two or three books on the same subject will give a variety to the work, the charm of which remains unknown to him who confines his reading to a single manual. To be a little more particular, a man who has plenty of money may by degrees possess himself of most of the best works for his purpose, and read them in turn with pleasure and profit. But most students have not so much money to spare, and we must therefore endeavour to assist their choice. Those who can only afford a single manual on a single subject should be very careful to buy the best, even if it cost more than another nearly as good. Those who can afford two works on each subject should take, as it were, one of each sort,—a small and a large one. The smaller is the genuine text book; the larger is a more complete treatise, not unfrequently founded on, or consisting of, a course of lectures. For example, one of the manuals on Medicine being selected, a larger work, such as Watson's inimitable Lectures, of which we hear a new edition will soon appear, should be purchased, or else Aitken's "Science and Art of Medicine," the most complete guide for students and young practitioners in the English language, and the one, therefore, which should be selected by all who desire to afford only one class book on medical practice.

So, again, in Surgery, the small manual *par excellence* is Druitt's "Vade Mecum," of which we hear a new edition will be ready next month; and in this particular instance we would advise every student to obtain this work, whatever others he may also add to them. If he can afford others he should certainly buy larger ones, such as Erichsen's standard Treatise, or he may with advantage resort to older works, to be easily got second-hand, of which Bransby Cooper's Lectures is a great favourite with us; but in such case he should be careful to compare each subject with the more modern doctrines of his new edition of Druitt. It is needless to multiply examples of this method of selection. A choice is offered on every subject. We have only to add that the student to whom expense is an object should confine his chief purchases to the subjects of the session. By this means he will, before his curriculum is over, accumulate many works which others have bought at an earlier period, and he will have had them at the time he most required them. He may also deem it advisable to select one of the works most in favour in the school at which he enters, as some teachers make their lectures accord with a favourite manual.

There are several modes in which our report might be arranged. It would be easy, for example, to group the text books used at each of the several schools. Again, we might make a division according to the publishers by whom they are issued. Another plan would bring together the several books on each subject. Lastly, we might treat of them according to the period when the student is called upon to take up the subjects. No plan could be complete; and we shall therefore content ourselves with a combination of the two last-mentioned modes of arrangement. This plan will enable us first of all to devote attention to the text books on the subjects of the first winter session; but as we cannot give an accurate estimate of every one of them in this number, we reserve the others for further notice. The subjects of later study will follow. Before proceeding to these manuals, however, we take the opportunity of mentioning some books which the majority of students will find useful before entering upon hospital study. Those who have not yet absolutely decided their profession, as well as parents and guardians, should consult our last number. They may also advantageously read Mr. Baxter Langley's clear account of the profession entitled "Via Medica" (Hardwicke), a book which is likely to serve at many later stages of the medical life. If desirous of dipping still further into the habits and government of the profession, we can also commend to them the two Carmichael prize essays :—1. "The Medical Profession and its Educational and Licensing Bodies," by Dr. Mapother. 2. "Medical Education and Medical Interests," by Dr. Isaac Ashe, both published by Messrs. Fannin. Reference to the leading article in our last issue—the Student's Number—shows that not a few, at least in England, pass a preliminary pupillage, or apprenticeship, before the curriculum proper. In that early period study is equally important, and certain books are of great value. Thus, at this early stage the pupil becomes acquainted with drugs and chemicals, as well as other appliances of the medical art. Everyone in such a position ought to have the "British Pharmacopœia" constantly by him. That book he should be thoroughly familiar with, and works founded on it are of the utmost assistance to him. In the old time of the "London Pharmacopœia," Nevins's translation with notes was invaluable. It has not, however, we believe, been adapted to the new "British Pharmacopœia," the only authorised standard. The pupil will, however, hear of Squire's "Companion to the Pharmacopœia" (Churchills), and almost certainly find that excellent book in the surgery. We advise him to make it his constant companion, to examine what it says of everything he sees prescribed, and refer to it for anything which suggests itself to his mind for inquiry.

Owen's "Conspectus" (Longmans) is also a very useful work. It gives a tabular synopsis of the Pharmacopœia and of many non-officinal drugs and preparations, and is interleaved with ruled paper for notes. The student should fill those blank pages with notes and references, and so accumulate for himself a fund of information which is sure to be useful. We have had for some time on our table Lescher's "Introduction to the Elements of Pharmacy" (Evans and Co.). It contains in tabular form the outlines, not only of practical pharmacy, but of the sciences on which it is founded, viz, materia medica, botany, and chemistry. Dispensing is taught in this work as well as it is possible to teach it in books; and the medical pupil or chemist's apprentice cannot err in following its directions. It is just such a book as we should have been glad of the first few months we entered the profession, and, further, it seems to us well adapted for apprentices to pharmaceutical chemists or to apothecaries.

We may now advance to the books required by the student in his first winter's session. He will hear the Introductory Lecture at the School he has selected, and each lecturer will also introduce his particular subject, and lay down his plans. The three leading subjects of the session, as laid down by all the corporations, are Chemistry, Anatomy, and Physiology. These are the foundations which are now to be laid, and that so broadly and well as to serve for future use. Surgery is also to be included in the course. First, as to Chemistry, inasmuch as many students know something of this fascinating science before entering a medical school. Those who do not should set to work in real earnest with the simplest and smallest manual, with a view of afterwards proceeding to a larger one. For this purpose none is better, if, indeed, any can equal, Professor Roscoe's "Lessons in Elementary Chemistry" (Macmillan). A new edition of this concise and accurate little text book has just appeared, and in it, for the small sum of 4s. 6d., the student gets all the important facts and principles of the science, and will have nothing to unlearn. It is so compact that it can be carried in the pocket continually without inconvenience. We should not recommend the pupil to proceed to the second portion on organic chemistry until he has not only mastered the earlier division—inorganic chemistry—in this volume, but has also gone over that part of the science in a larger work. Gentlemen who have not yet begun lectures and desire a book on Chemistry should get Roscoe's, which is also well adapted for schools where Chemistry is taught. Another very capital book for such a purpose, and one, too, that may be studied at the same time, is Galloway's "First Step in Chemistry" (Churchills), the last edition of which we reviewed on its appearance. It is particularly adapted for self-instruction. We hear that a new edition of the same author's "Quantitative Analysis" will shortly appear.

We now pass to the next sort of manuals. Those who can afford it could not do better than purchase Professor Allen Miller's magnificent work, now completed in three volumes, which have been successively reviewed at length in the MEDICAL PRESS AND CIRCULAR. Nor need the expense be all incurred at once, for the three volumes are sold separately, and the last on Organic Chemistry will not be needed for a long time. Dr. Miller's Magnum Opus contains all that is necessary to pass the various examinations, and to strive for honours in addition.

Many will, however, prefer a work that is more of a manual,—a single volume, not too large, and complete enough for all the medical student's wants. Fownes's "Manual of Chemistry"—one of Churchill's unrivalled series—has long held its ground as the favourite in many of the London Medical Schools, and it certainly fulfils the indications we have named. It is not, however, our most favourite volume of Churchill's series, every one of which we have successively purchased, keeping always a shelf of honour in our library to the most valuable set of medical text books ever issued by one house. This probably arises from our *penchant* for a small and a large work, instead of one medium one. The pupil who buys Fownes' should also get another volume of the same series, that on "Natural Philosophy," by Mr. Brooke, founded on the work of Dr. Golding Bird. It is most important for Physics to be thoroughly studied as the preliminary to Chemistry proper, and we therefore name this companion volume.

Of Bernays' "Notes for Students in Chemistry," a new edition is in preparation, so that we may reserve a notice of that work, no books needing more constant revision than those on Chemistry. It is also rumoured in well-informed circles that Dr. Meymott Tidy, joint lecturer (with Dr. Letheby) on Chemistry at the London Hospital, has in an advanced state of preparation a new chemical text book. It is likely enough to appear before next year; and we anticipate that it will be one of the best manuals.

Williamson's "Chemistry for Students" is one of the Clarendon Press series, published by Messrs. Macmillan and Co., and is worthy of the reputation of the learned Professor at University College. The many students at the Birkbeck Laboratory will naturally select this as their manual. It possesses one of the greatest recommendations of a class book,—it is not too large. Professor Williamson has compressed his text book into rather less than 500 small 8vo pages, and yet, with all this condensation, there is no obscurity. It is, then, one of the briefest, and yet one of the most lucid, of the more important chemical manuals. Dr. Williamson's method is to describe and compare facts so as to lead towards general principles,—a mode of exposition which it would be well, in a practical study like this, to more generally employ. Of course, with this plan and in so small a manual, the author plunges at once into his subject, the book opening with directions for the preparation of oxygen. It is necessarily not easy, and its use should be preceded by a more elementary work. The student may carry this book almost constantly in his pocket without inconvenience. The new edition only came out last October. Students will require, in addition to this, a manual on Natural Philosophy. We have already named one (Brooke's) which will be found suitable in every respect.

Practical Chemistry forms the subject of a course in the medical curriculum distinct from the general course on Chemistry, and books may be advantageously consulted, not only during such a course, but even before the hospital career begins. Great progress may be made by study at home, provided a trifle be expended in apparatus and reagents. We have before us a very simple and useful guide for such purposes entitled, "Laboratory Teaching; or, Progressive Exercises in Practical Chemistry." It is by Professor C. L. Bloxam, whose name is a sufficient guarantee for its accuracy, and is published by Messrs. Churchill and Sons. It is all experiment, so to say, is illustrated by many woodcuts, printed in type that is particularly clear, and the edges are cut. It does not suppose any prior acquaintance with Chemistry, so that the very beginner may, with its aid, set about laboratory work; and, if he follow out its directions fairly, and perform all the experiments, he will be sure to make rapid progress. Being thus purely practical, of course all theoretical discussion is avoided.

So much for chemical text-books. We have next to notice the other subjects of the first Winter Session—Anatomy and Physiology—but have not space in the present number for all. We may, however, open the subject by remarking that Physiology is already taught in a few schools, and therefore the pupil may have obtained some preliminary notice on the subject; if not, he cannot do better than begin with a work written for use in such schools as have introduced the subject. The best is one of Macmillan's School Series, called "Elementary Lessons in Physiology," and written by no less an author than Professor Huxley. It is an admirable illustration of how the greatest masters of a science may teach its elements in the most simple manner. As a matter of course, it deals only with the admitted truths of human physiology, the learned professor setting himself the task of presenting only such statements as are not likely to have to be unlearned; we would, therefore, strongly advise every one to make this the first book he reads on the subject. It is only necessary to read the first lesson to feel that the author has true teaching power in the highest degree.

The publishers have issued, in a separate form, a set of questions on Huxley's "Lessons," drawn up by Dr. Alcock, and which should be diligently used by the pupil. They will enable him thoroughly to digest his knowledge, and test his progress.

We must reserve our notes on the larger text-books on Physiology and on all on Anatomy to our next number.

(To be continued.)

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SCOTLAND.

THE VACANT CHAIR OF PATHOLOGY.

OUR contemporary, the *Medical Times and Gazette* endeavours to lay down the law in regard to the above Chair, giving out as its opinion that if the Chair is to be one of general medicine, Dr. Sanders is the man; but if of pathology and morbid anatomy, then Dr. Stewart is pre-eminently qualified. It so happens that the Chair is one of general medicine; it combines the teaching of morbid anatomy and the principles of pathology *ex cathedrâ*, with the practical application of these principles in the wards of the Royal Infirmary. So far, therefore, and for similar reasons, we agree with our contemporary that Dr. Sanders is the man. But not for these reasons only. Apart from his unrivalled skill in the application of the principles of physiology and pathology to the elucidation of clinical facts, and the instruction of the students in the diagnosis and treatment of disease, Dr. Sanders is a pre-eminent pathologist and morbid anatomist. For sixteen years he has had the charge of one of the largest collections of morbid anatomy in the world, and, as we have already pointed out, has, by his pathological writings, modified and enlarged the views of pathologists in every part of the world. All this is amply borne out by his testimonials, which, besides an overwhelming amount of testimony from his own immediate professional brethren, comprise a greater number from distinguished pathologists than those of either of his opponents, and amongst them names of much higher standing and wider fame. Besides being a most distinguished practical pathologist, Dr. Sanders is unquestionably also an eminent clinical physician. The qualifications for the latter supplement but do not interfere with those of the former. To hint that they do, as our contemporary does, is even more unjust than it would be to stigmatize Dr. Stewart as not a pathologist but a mere general practitioner; because, for the past few years, he has acted as such in partnership with one of our well-known physician-accoucheurs.

Professor Syme has forwarded the following reply to the Address of the Border Medical Association :—

1, Shandwick-place, Edinburgh,
Aug. 30th, 1869.

My dear Dr. Turnbull,—I have received with more pleasure than it would be easy to express the kind expression of regard from so many of my respected brethren which you have had the goodness to transmit. Nothing could be more gratifying to me, and I beg that you will express to the members of your Association my best and most sincere thanks.

Yours very truly,
Dr. Turnbull. (Signed) James Syme.

Singular Restoration of Sight.—A strange story has got abroad in Edinburgh recently in regard to an aged female pauper in the St. Cuthbert's Poor-house. The woman has been an inmate of the poor-house for a good many years, and, in addition to her other misfortunes, she had that of being afflicted with blindness. Not long ago she was attacked with a very violent pain, such as the medical officers could not understand, far less relieve. It lasted for the whole of the night and part of the following day, and was described as of such a nature that it threatened to "tear her eyes out." At last it reached a height; the poor woman for a time was left in a state of semi-prostration; but to her delight, as soon as the pain had passed off, she found that her eyesight had been restored. One can imagine the astonishment of one of the officers, when, shaking him heartily by the hand, she said—"I have often shaken hands with you before; I have often heard your voice and spoken to you; but never have I seen your face till this morning." The case has caused some astonishment among the members of the medical profession in the city.—*Inverness Advertiser.*

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OXYGEN.

Every method devised by which oxygen or oxygenized air may be cheaply supplied, possesses great scientific interest. Professor Graham, of London, has succeeded in increasing the amount of oxygen in the air by, as it were, filtering it through fine leaves of India rubber. By this treatment he has succeeded in adding thirty-six, forty, and forty-six per cent. of oxygen to the air. When air contains as high as forty-six per cent. of oxygen, it will reignite a glowing taper. This is a most important discovery, and, if practicable upon a large scale, must be of great service in the arts. Supply us with air containing forty-six per cent. oxygen, at trifling cost, and we have in our hands one of the most important agents of good it is possible to conceive of. With it we can add to our gaslights a high degree of illuminating power, and, by promoting more perfect combustion, save immensely in fuel in heating our buildings.—*Boston Journal of Chemistry.*

AN OVARIAN CYST CONTAINING HAIR.

The above was found by Dr. Paulicki, of Hamburg (*Wiener Med. Presse*, No. 40, 1868), in a woman of the town, aged twenty-three years. Her left ovary was found to be transformed into a number of cysts; one of which, on being opened, revealed a pale-yellow, fatty, glistening mass, of a pappy consistence, and a great number of brown hairs. The single hairs measured from two to five inches, and were somewhat thinner than the hair of the scalp. The cyst which contained these was of the size of a goose-egg. The left ovary had also numerous cysts; there were close adhesions between the uterus and rectum, and between the former and the ovaries and tubes. A radiant cicatrix was found in the vaginal portion of the uterus. Death had been caused by syphilitic erysipelas of the head.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 22, 1869.

HOSPITALISM.

The result of the interesting debate in the British Medical Association at Leeds has been to confirm us in the opinion we before expressed, that Sir J. Simpson has gained his cause; and that the system of large hospitals remains, after this, condemned by the verdict of all sound hygienic juries. There can be no doubt that Sir J. Simpson has proved, what indeed we might have early suspected, that superior skill avails but little against the baneful influences, whatever these are, which lurk within the walls of all large hospitals. The admirable operator, Nelaton, said once in our hearing in a lecture at the Hôpital des Cliniques, that he would not operate again that year in the hospital, since all his cases of amputations for some months had died of the effects of the wounds. Hence, we did not require much evidence in addition to this, to convince us of the truth of Dr. Simpson's assertions. We have, indeed, little doubt that large hospitals must be injurious also, to a great extent, in the treatment of fevers, or of any chronic medical disease, such as bronchitis or pneumonia; and we have no intention of invoking any of the various theories to account for the first, such as the propagation of germ cells, or the floating about in the air of pus cells, &c. As in most other cases in medical research, the *theory* is not what it is important to be certain about: it is the *law of nature* we desire to recognise. Now, it is clearly and incontestably proved, we believe, that, just in proportion as the hospital is large, so is the amount of mortality large, of course, *cæteris paribus.*

"Well," our objectors will say, "granting your data, does it follow that we are to have no more large hospitals for the sick?" We answer, "Certainly it does follow; there is no inherent necessity for any such large hospitals to exist, that we can see." The question of expense is a ridiculous one; as if there could be any saving in the idea of an establishment for the sick calculated to prolong their sufferings and convalescence. Such a supposition could only be tenable when the sick belonged to a hostile nation, whose tenor of existence we desired to make as weak and fragile as we could, by cunningly devised means. That we ourselves should talk about economy in questions relating to health and existence is, of course, an absurdity. At least, it will be seen to be so when this merely evanescent state of industrialism shall have gone by, and left us time to find out that to have a healthy and happy people ought to be the great religion of the State. The evils of the large hospital system have long been known even to many of the Parisian medical faculty, who have a far greater excuse than we have for ignorance of the evil effects of large houses, full either of sick or of healthy human beings. Has it not always been our boast, that we live, each one in our own houses; and that, following the saying of the immortal Socrates, our houses are "small and full of friends," whilst the French have been brought up in enormous *hotels* from their earliest years, and have never, indeed, known what it is, especially in Paris, to dwell in a moderately sized dwelling-house? We have long thought that the sole reason of the comparatively lower death rate of London resides in the unhygienic habit of the Parisians in living in such large and palatial edifices. And Levy, in his admirable work on hygiene, thoroughly recognises the superior advantages which our small dwelling-houses confer upon their inmates in the matter of ventilation, of convenience, and of privacy. And yet, with all this before us, we have, hitherto, so far forgotten all these considerations, as to heap together crowds of sick persons in our large hospitals, such as St. Bartholomew's, Guy's, or St. Thomas's, and Middlesex. The past is beyond our control; but in future let us hope that no more money will be wasted, as is being done at present in constructing palaces like the new St. Thomas's Hospital, or the new Hôtel Dieu at Paris, or the Poor Law hospitals. Such buildings but insult our ideas of propriety, instead of raising emotions of admiration. It is said, indeed, of the new Hôtel Dieu in Paris, that, if bedrooms were hired for the patients in the most expensive quarter of Paris, they could nowhere be so expensive as the estimate for this immense building shows that they are about to be. And then, after the new St. Thomas's Palace, and the new Palace Hôtel Dieu are built, we shall, of course, speedily hear of the ill-success of the operations in both of them; as we have long heard of the deadly character even of the Hôpital Lariboisière, with all its splendours. Our idea is that a street or two of ordinary small houses, of one or two storeys high, would be far more suited for the cure of patients, whether medical or surgical cases, than the present hospitals are. And, again, all that has been said in favour of placing hospitals in the neighbourhood of the poor people who require them, will never convince us that, except in the cases of very acute diseases and accidents, the majority of hospital cases would not do far better if removed a few miles out of town. Would not we ourselves, if suffering from any chronic complaint, infinitely prefer giving ourselves the chance of country air and tranquillity, instead of remaining in the midst of bricks, mortar, cabs, omnibuses, and barrel organs? The Prussian army's experiments settled the question some years ago. It remains only for us to carry out the system so admirably elucidated by that experiment, and by Sir J. Simpson's comparative statistics. We almost suspect, however, that so many professional interests are opposed to this new plan, that it is the public, not the profession, that will be the first to move. And we are going to prophesy—a most unwise action in all cases, but more especially so when it is based on any hopes as to sudden changes in British public opinion—that the form in which the alteration from large to small hospitals will be brought about, will be by the public becoming less ready to subscribe to the larger hospitals, and commencing to encourage small and suburban residences for the sick. The great triumph of the hydropathic practitioner has always ended in his withdrawal of his patients from the air of crowded cities; and there can be no doubt in the mind of any true physician that this has constituted a very great part of the acknowledged efficiency of that system of natural medication. Why should we not take a lesson from all these facts, and unlearn the lessons we have been taught, as to the necessity for walking large hospitals in order to learn how to cure the sick? Doubtless mechanical dexterity in operations is most rapidly acquired in such places; and the rapidity with which death succeeds death renders the study of dead-house pathology more easily obtainable; but surely, after all, even these must pale in importance before the grand object of all human science, the advancement of the health and happiness of ourselves and our neighbours.

One thing has lately struck us with sorrow, and that is that we have recently noticed in some parts of London a tendency to imitate the street architecture of Paris. The magnificent appearance of Paris is dearly purchased, in our opinion, by the enormous size of the houses recently built by the order of M. Hausmann. Those who have inhabited such houses, with their narrow courts in the centre, and have observed the want of air of the chambers built around their deep courts, especially near the basement storeys, will agree with us in our lamentations. Besides this, persons who inhabit the upper storeys in such lofty houses, especially women, generally far too fond of the house, are tempted to remain within doors incessantly, from the great fatigue necessitated by the dragging upstairs of all their articles of food, &c. As to "lifts," too, they are, we hold, always more or less dangerous, and not to be thought of as a substitute for small houses with their many conveniences. Underground railways have now solved the difficulties about removing persons into the country. In fact, there are now scarcely any objections against a change, and we hope a change may soon take place.

Notes on Current Topics.

Indigenous Foods in India.

Dr. Moore, the Superintendent of the Raj Dispensaries in Rajpootana, notes the following aliments in use among the inhabitants of that country during the late season of scarcity (1868):—

"Atta being scarce and expensive, I found the inhabitants of Rajpootana use the following materials, ground up and mixed with various proportions of flour:—The roots of a peculiar coarse grass called *Nagoo Moth*, found growing near tanks, jheels, and wells. Of this there are two varieties, one sweet and soft, consumed by the people; the other hard and pungent, and given to cattle.

"2ndly.—The long roots of a rush, or cyperus, also found in the beds of tanks. This contains a large mass of pithy substance, looking like coarse arrowroot.

"3rdly.—The kernels of the wild plum, where it grows, as, for instance, in Shekawatty.

"4thly.—The inner bark of the tamarind and neem trees. The two latter substances are not used except as a last resort.

"5thly.—When produced, the kurree or linseed cake, formed of the seeds after removal of the oil.

"Thus the country supplies a larger amount of aliment than could have been supposed."

The Contagion of Dog Mange.

The etiology of *tænia favosa* in man may be regarded as decided by M. St. Cyr, of Lyons, who put beyond doubt its transmissibility from animals to man.

The presence of mangy dogs in the Veterinary School at Lyons has produced a true epidemic amongst the mice. Three pupils of the school have submitted themselves to the contagion, and solution of corrosive sublimate in glycerine has been found to be almost a specific.

Deaths of Passengers on Indian Railways.

In the note prepared by the Government on the returns of accidents on railways during the year 1864, it was remarked—"There is a class of casualty to native passengers which, as it has nothing to do with the working of the trains, does not appear in these returns. The number of persons found dead in trains is very large, especially in the north-western division of the East Indian Railway. These casualties are attributed by the railway authorities to the hot winds and great heat, and to the pilgrimages to the Ganges being undertaken by persons physically unfit for the fatigue of travelling; but the suspicion of unfair play may not be without foundation, and the railway traffic establishment and the police may have a responsibility in the matter."

In the *Indian Medical Gazette* of the 1st March, 1869, the number of deaths of this kind on the East Indian Railway was prominently noticed, as also the insufficient means of affording medical aid to railway passengers at the Jumalpoor station.

The reply of the Government of Bengal establishes that the statements made in the *Indian Medical Gazette* are not altogether correct, but the number of deaths which actually took place on the East Indian Railway are quite sufficient to justify the object of the writer, viz., to attract attention to the subject.

The deaths, it is conjectured, resulted chiefly, if not entirely, from the very natural desire which natives, when ill and away from their homes, have of returning to them, although unfit to bear the fatigues of the journey.

As remarked by the Government of Bengal, such cases can scarcely be provided against, for when an intending passenger tenders his fare, the railway company is bound to carry him so long as there is room. If, however, it should appear on further observation that persons are frequently put into trains in a dangerous condition of health, this may afford an additional reason for adopting a suggestion recently received from the Government of Madras for providing, by an Act of the Legislature, that persons suffering from infectious or contagious diseases should be carried on railways in special carriages only. Such a power of controlling the traffic might very probably have the effect of reducing the number of deaths on railways; but, on the other hand, it is observed that of the classified causes of death given by the Government of Bengal, only five are due apparently to contagious diseases. It has to be noticed, however, that in a large number of the cases, 23 out of a total of 53, the causes have not been specified.

The larger number of deaths on the East Indian and Great Indian Peninsula Railways is certainly striking; on the former there were 105 deaths, and on the latter 74 for every ten million passengers during 1868. On the Madras Company's lines there were only 23, and on the Bombay, Baroda and Central India Railway, 24. The figures for the other railways are comparatively small. Taking them together, the corresponding number obtained is 22.

The Nerves of Deglutition.

Messrs. Walter and Prevost have communicated to the Paris Academy a note, of which the following are the conclusions:—

1.—The *glosso-pharyngeol* contributes nothing, in the rabbit, to the reflex function of deglutition.

2.—The *trigeminal* animates the *velum palati*, and is the principal sensitive presiding over deglutition; after the section of one of these nerves it is no longer possible to excite the corresponding half of the palate.

3.—The *superior laryngeal* contributes to deglutition by animating the mucous membrane of the epiglottis and the neighbouring parts.

4.—The *recurrent* also contributes by sensitive branches which it sends to the upper part of the œsophagus. Electric excitation of it produces rhythmical movements of deglutition and the arrest of the diaphragm in expiration.

Electrisation of the superior laryngeal has frequently produced cough in the dog and cat, but it has never caused vomiting, which is easily produced by excitation of the central root of the *vagus*.

The London Hospital.

Messrs. J. Macarthy, Sheffield, Davy, and Reeves, are candidates for the assistant-surgeoncies at this hospital. There have been many changes at the London of late years, and several are now on the staff who were not educated at the school. It is perhaps time that this liberality should be seasoned with a due regard to the interests of London Hospital men, who are at a disadvantage elsewhere, in consequence of the common practice of giving a preference to the pupils of an institution. We hope on this occasion the best London Hospital men will be elected.

While on this subject we may repeat what we stated a little while ago, that no hospital presents a larger field for acquiring practical knowledge. A pupil who enters there and is diligent is sure to have appointments—without fee—which he may both pay and wait in vain for at other schools. The work is, in fact, so large, that there is always employment for more than those gentlemen who are on duty. Really, with such enormous pressure the Governors should consider the propriety of effecting another increase in the staff. In the interests of the patients this would be a wise step.

Sanitary Condition of Calcutta.

A "Report on the Drainage and Conservancy of Calcutta," by Dr. Smith, the Sanitary Commissioner for Bengal, has been issued. It discloses the cloacal condition of the atmosphere, the filthy habits of the people, the want of drainage and of efficient conservancy, and is couched in language so strong as to have called forth unfavourable comment from a portion of the Calcutta Press. But whether the stinging strictures of the Sanitary Commissioner be received in a spirit of humility or intolerance, the facts must be accepted and laid to heart by Government and the Calcutta Municipality. These facts are, that Calcutta is an unsafe, unsuitable, and unhealthy place of residence; a hotbed of cholera, in consequence of defective scavengering, the accumulation of putrefying night-soil, and the filling up of "hollows, broken ground, and even tanks, with the sweepings and off-scourings of the city;" that "wilful pollution of the river Hooghly" above the shipping is practised by casting the night-soil into the stream;" that the compound closets are obnoxious and revolting; the Mehter Depots are almost unapproachable; and the private closets are built upon ground soaked with ordure, and surrounded by an atmosphere overpoweringly fœtid. That the sweepings are so disposed of as to contaminate the atmosphere for long distances on a line of traffic.

The Mortality of Cholera.

It is a terrible fact, that, of the steady increase of the rate of mortality among cholera patients during the last thirty years, from twenty-five to sixty-five per cent.—terrible, not merely in relation to this special disease, but because it must tend, more or less, to cast a doubt on our modern system of medicine in general. The *Indian Examiner* says, that the Profession are agreed that this increased mortality is due to our altered treatment, and not to any change in the type of the disease itself. And if it is beyond doubt that thirty years ago our treatment of cholera saved three-fourths of those attacked, and that since then we have been wandering gradually further from success, it seems incomparably the safest course to go back without hesitation to the treatment of thirty years ago, and begin our lesson over again. It cannot be a very difficult matter to ascertain how cholera was treated thirty years ago. Here is our known point of departure, and there is no difficulty in returning to it. It is nearer to our goal than our present position by forty per cent. It may be possible to discover the precise direction in which we have erred; but it is better to return, than to speculate on possibilities.

Dr. Murray is strongly of opinion that it is the use of alcoholic and other stimulants which has led to the increased mortality; and certainly his figures prove that our retrogression has been *pari passu* with this innovation. He is probably right; but this may not be the whole truth.

Dr. Murray's report seems to contain strong evidence of two definite and important facts: one, that of the mischievous effect of stimulants in the treatment of the disease already referred to; the other, that its characteristic symptom is paralysis of the sympathetic nervous system. With this knowledge to direct our experiments, we may surely hope to arrive at an intelligent mode of treatment.

Snake Poison.

The *Friend of India* says that Dr. Fayrer's prolonged and elaborate experiments on the influence of snake poison have resulted in the conclusion that, if an animal, and probably a man, be fairly bitten by a fresh and vigorous cobra or daboia, it, or he, will inevitably succumb, unless some immediate and direct method of arresting the entry of the poison into the circulation be practised. Two surgeons, accustomed to such operations, speedily applied both ligatures and cauterization, but in vain in each case. The moment of time that intervenes between the injection of the snake poison by the powerful maxillary muscles through the tube-like fang, into the minute blood-vessels of the part, and the application of the ligature and actual cautery, is sufficient to allow of the entry of the poison into the circulation, and this reaching the nerve centres, even in a small quantity, may prove fatal. Both, however, should be had recourse to. Dr. Fayrer remarks that to conceive of an antidote, in the true sense of the term, to snake poison, one must imagine a substance so subtle as to follow, overtake, and neutralize the venom in the blood, or that shall have the power of counteracting and neutralizing the deadly influence it has exerted on the vital forces. Such a substance has still to be found, and present experience of the action of drugs does not lead to hopeful anticipation that we shall find it. But where the poisonous effects are produced in a minor degree, or when the secondary consequences are to be dealt with, much may be done to aid the natural forces in bringing about recovery.

Chloral.

Dr. O. Liebrich's recent paper at the Paris Academy of Sciences on the action of *Chloral* says it is a trichloride of aldehyde, and is soluble in water, and as in this solution it exercises no irritant effect, it is very suitable for absorption into the economy. It takes its place between ether and chloroform as an anæsthetic.

Experiments made on rabbits have given the most satisfactory results. Profound and calm sleep has been maintained for eight or ten hours, and Dr. Liebrich adds that the rabbits on awakening have manifested none of the usual results, and have proceeded to eat with avidity.

St. Bartholomew's Hospital.

The lay Governors of this old charity have dismissed Dr. Mayo, an Oxford man, and Fellow of his College, from the office of House Physician. His crime is that he protested against the gigantic sham of prescribing for out-patients at the rate of forty seconds for each patient. To a mere complaint he received no answer. When he took further measures, he was referred to the contract he signed on taking office. When he took his stand on that contract, and refused to receive the orders of a paid official, he was dismissed.

This contempt of right demands the notice of the honorary staff. There are plenty of abuses yet subsisting, but we feel that the great leaders of the Profession who hold office at St. Bartholomew's, are bound to see that a junior but worthy member of the Profession shall not be insulted without the world knowing their disapproval.

When next the Prince of Wales goes round, and a lay Governor accompanies him, and glorifies all the arrangements, perhaps the surgeon or physician present will be good enough to explain that without gratuitous medical labour the work could not be carried on, but that those who really cure the patients may be badgered by any Jack in office. The students, as well as the outside Profession, see the grievous wrong that is being done, and will take but little more provocation to drive all pupils to other schools.

No doubt overwork may be met with elsewhere, but at Bartholomew's it is at last unendurable, and yet no step is taken to remedy the evil. Prescribing for hundreds per hour is a solemn farce.

Women's Medical Mission.

WHATEVER may be the aptitude or inaptitude of the female mind for the practice of medicine it is obvious that female medicine has established a certain position, and is gradually pushing its way into public recognition and toleration; and it is not, we consider, a subject for regret that it should do so, for in no other way can the capability of women to endure the hardest trials of nerve or to perform the sternest duties of man be determined. Woman's mission in this direction has, in truth, had little to contend with in the way of man's opposition. The Profession has wisely abstained from adopting an antagonism which might have been attributed to self-interest, and the public is just now in the innovating temper which tolerates such pretensions all the more easily because they have the smack of revolution about them.

We have never opposed Female Doctoring on any plea of the incapacity of women to learn certain branches of medicine or to practise them, on occasion. If women's mind-strength were equal to the masculine standard, or if her expectations, aspirations, and desires extended no further than the successful practice of a Profession, we see no mental inferiority which need disqualify women from medical science. But, after all, hardness and unfeminine self-confidence are *not* strength of nerve, nor can any woman unfrock herself, however hard she may try, of softer domestic and maternal instincts and hopes; and this mental constitution must, we believe, for ever disqualify the great majority of women, if not from medical practice, at least from anything like professional success.

Charing-Cross Hospital.

THERE is a vacancy at this hospital which does not seem easy to fill, and we therefore bring it thus prominently forward. The following advertisement has lately appeared a great many times in a daily paper :—

CHARING-CROSS HOSPITAL, WEST STRAND, W.C.—The Office of Physician for the Treatment of Diseases of the Skin to this Hospital being Vacant, gentlemen who may be desirous of becoming candidates for the same are requested to send their testimonials, diplomas, &c., to me not later than Tuesday, the 29th instant, at two o'clock.

The Physician for the Treatment of Diseases of the Skin is required to have a degree from one of the Universities recognized by the General Medical Council, and to be a Fellow or Member of the Royal College of Physicians of London.

HENRY WOOLCOTT, Secretary.

We must add that this vacancy was advertised several months ago, and we are informed that on that occasion a well-known physician was actually elected to the post, but that the Governors were induced to make this election conditional on his vacating all other appointments "*within a month.*" This condition was not complied with, and we are certainly glad to find some one in the Profession ready to resist the demands made by Governors on the gratuitous labour of medical men, when they are accompanied by such scant courtesy. For a small hospital like Charing-Cross to exhibit such ridiculous jealousy as to refuse to allow a physician to one of its scarcely formed departments to employ his talents elsewhere is simply suicidal. What may be the consequence to the School of this act of selfishness we have no wish to inquire. We can only say that, after the last pretended election being rendered void by straining a rule almost to the breaking point, the hospital does not deserve to obtain a physician of the standing it might otherwise have secured.

If, for the honour of serving in gratuitous offices, medical men are to be treated with less consideration than many *gentlemen* bestow on their footmen, and no one ventures to decline the honour, physicians and surgeons may some day be expected to black the boots of the lay Governors when they enter the hospital.

The Medical Officer of the Privy Council.

IN the new Blue Book of the Medical Officer of the Privy Council we are glad to observe that Mr. Simon is not ready to extend the Contagious Diseases Act to the civil population. As we have often had occasion to differ from Mr. Simon, and to criticise in him an apparent tendency to be led away by others, in spite of his own independent order of mind, we have the greater pleasure in observing that he makes a stand here. We trust that he will not be content with expressing an opinion once. We remember the sensation he made when he went to the Medical Teachers' Association and delivered the most liberal address that had been heard for years; but what has come of it? The matter has been suffered to drop. Here, again, is an exceedingly liberal utterance about the effervescence that has appeared concerning contagious diseases. Is it a single utterance, or will it be acted upon?

We are thus concerned to fathom Mr. Simon's opinions, as it is rumoured that his views on the Medical Council are totally at variance with the Profession at large. It is but a rumour, but a very prevalent one, that Mr. Simon favours the notion of a small Government-appointed Council, and a centralization, which would sweep from the Profession every chance of self-government, and reduce it to dependence on a Ministerial *bureau.* Such a scheme would rouse the anger of the most apathetic of professions. Its supporters would be denounced as traitors to their brethren. The perpetrators of such an outrage would be execrated by the army of medical practitioners who demand a voice in the existing Council, and have faith enough in their power of self-government to resist being handed over to the tender mercies of a subservient *bureau.* Mr. Simon should be aware that the incredible rumour as to his views is so general that the Profession would gladly hear it contradicted on his own authority.

The Newport Poisoning Case.

THE adjourned inquest on this strange case, where a boy charged himself with poisoning a child, the daughter of his employer, was held on Thursday. Dr. Taylor had made an analysis, but, failing to find anything, the jury requested that the case be referred to Dr. C. Meymott Tidy, of the London Hospital, for examination and analysis. On Thursday, Mr. Brewer was examined and stated that the symptoms were not those of poisoning, the boy himself asserting that what he had previously said was false. The Coroner then read the following letter from Dr. Tidy:—

"The Laboratory, London Hospital, Medical College,
Sept. 13, 1869.

"Re Emily Amelia Collier, deceased.

"SIR,—I received, Sept. 4, at the laboratory, through Mr. J. G. Huxtable, Chief Superintendent of Police—

"1. A small wooden barrel containing part of a fowl.

"2. An earthenware jar, corked, tied over with red tape, sealed with red wax, seal being unbroken, and marked with the letter T.

"It was labelled,—

"'Case of E. A. Collier, Newport.'

"Delivered to Superintendent Huxtable—Part of liver, part of heart, part of the lungs, the kidney, portion of intestines.

"1. The chicken was entirely dried up, and the greater part of it had been removed. I submitted portion to a complete analysis, but found no traces of any poison whatever.

"2. I cut open that portion of the intestines that were in the jar, but found nothing whatever unnatural; nor, so far as their state of preservation would admit of examination, did I find any peculiar after-death appearances in those portions of the viscera submitted to me requiring notice, each and all of which I examined.

"I then submitted (1) the intestines, (2) the liver, (3) the lungs and kidney, separately, to a most careful and systematic analysis, for both mineral and vegetable poisons, but with entirely negative results.

"My analysis therefore fails to prove that the deceased, Emily Amelia Collier, died from the effects of poison.

"C. MEYMOTT TIDY, M.B., F.C.S.,
Lecturer on Chemistry at the London
Hospital, Master in Surgery, &c."

The inquest was again adjourned.

Lunacy in France.

WE have often spoken of the apparent increase of lunacy as distinguished from the actual. It appears that the same condition of things prevails in France; for while the Census of 1851 gave a total of 4,625 lunatics, the number in 1855 was 60,290, and in 1861 the numbers had reached 84,214. In 1867 they were 90,739. It appears, therefore, that in 1861 there were 124 cases of lunacy to every 100,000 inhabitants of France, and that in 1867 there were 133 cases. According to the last annual report, the number of lunatics in England was 53,177, and this was an increase of more than 2,000 on the previous year. The explanations we have so often offered as to our own lunatics are, we do not doubt, equally applicable to those of France.

Outdoor Relief.

MEDICAL societies have often had their say on this subject. It is but fair, therefore, to record the opinion of the relieving officers, who see so much of the working of our laws.

The Metropolitan Relieving Officers' Association, in view of changes that are being made among the unions and parishes of London, have adopted the following recommendations, and forwarded them to the Poor-law Board:—

"1. That, in the opinion of this association, the relief districts of the metropolis should, as opportunities occur, be re-arranged; that no relieving officer should be required to administer relief to a district of which the average number of recipients during the preceding five years has exceeded 1,000 persons weekly; and that every relieving officer should have at his entire command the services of an assistant, who should be a young man of good character and education, with a progressive salary. Thus, a staff of officers would be efficiently trained to a service requiring as much wisdom, patience, and discrimination as any other necessary for the government, protection, and education of the people. 2. That the relieving officer should pay and administer the relief of all paupers in his district, as the appointment of other officers for this purpose destroys the proper weekly supervision necessary to keep up his knowledge of the circumstances and condition of the recipients. 3. That in the opinion of this association it is desirable, as opportunities occur, relief stations should be established in central positions in each district, and that persons in receipt of out-door relief should not be required to attend workhouses for that purpose."

The association believes that if these suggestions were carried out it would conduce to the benefit of the poor, the comfort and efficiency of officers, and ultimately to a diminution of the rates.

The Vaccination Question.

THE case of the little girl which excited so much sympathy at the police-court has been officially inquired into by order of the Privy Council. Dr. Seaton, after investigation, addressed the following letter to the magistrate before whom the case had come:—

"8, Richmond-terrace, Whitehall, Sept. 14.

"Sir,—The allegation of injury to a child's health from the use of improper lymph in the performance of vaccination, which was under your notice on Friday last, involves considerations of so much consequence that I offer no apology for writing to you to inform you—first, that whenever such allegations are made as affecting public vaccinators, or whenever intimation or suspicion of either malpractice or mishap in the conduct of public vaccination comes in any way to the notice of the Privy Council, official inquiry is always made; and, secondly, that inquiry has therefore been made into the particular case to which your attention was called. Acting on the general instructions I have in regard to all such cases, I, on reading what had taken place at Bow-street, went at once to Mr. Bennett's vaccination station, examined his books, and found entry of the vaccination of the child (Alice Hudson) said to have been contaminated, with due record also of the source from which the lymph employed had been obtained. The lymph source was a child between three and four months old, named Pratt, residing in Great Wild-street. I went to see this child, and found it as plump and healthy a child as could well be. It was entirely free from any cutaneous eruption or trace of any ailment whatever; and I was assured by its mother and by others that it enjoyed perfect health from its birth. It had on its arms the cicatrices left by normal vaccination. I then went to see the child Hudson—a very flabby and delicate child, who had been vaccinated along with another child at Mr. Bennett's station on the 19th August (not one of the regular vaccination days), by Mr. Bennett's assistant. It appeared from the mother's statement that Mr. Bennett himself saw both cases a week afterwards; that they were doing well, and had no eruption; that from one of the children (not Hudson) Mr. Bennett, took some lymph, but that from the other he declined to take any on account of the child's delicacy. It was not till ten days after this, and consequently not for a full week after the active phenomenon of vaccination had subsided, that (on September 4)—after a day or two of previous indisposition—an eruption came out on the child Alice Hudson. The eruption is apparently eczema, aggravated by the child's ill-nourished and chectic condition. These facts are, I think, sufficient to set at rest the notion of there having been any transmission of disease from one child to the other. Whether the vaccination may have had any part in evolving in the child Hudson an affection extant in its own system is another, and may be quite an open question. The events were in too close proximity not to raise the suspicion of it. On the other hand, these eruptions are constantly being met with in children who have not been vaccinated, and their most common cause—unsuitable diet—was not wanting in this case. But independent of this question, I must not withhold the expression of the opinion I formed that the child's state of health, when presented for vaccination, rendered it desirable that the vaccination should be postponed, and it is greatly to be regretted that the proper course of referring the parents to Mr Bennett himself, at the appointed time, was not adhered to, and that the assistant should, without authority, and contrary to regulations, but doubtless with a kind desire to save trouble to the parents, have proceeded to vaccinate the child himself. Four children besides Hudson were vaccinated with lymph taken from the child Pratt. Two of these have gone away and cannot be traced; the other two I have seen, and both went through the vaccination regularly. It has been said that the child living in the same house as Hudson had had, in a less degree, the same eruption; but this is a mistake—the fact being that this child, at the time the vaccination was at its height, had a sprinkling of what is termed 'vaccine-lichen'—an eruption of short duration, familiar to vaccinators, and referred to in the official instructions as not unfrequently occurring at that stage, especially when the weather is hot.—I have the honour to be, your obedient servant,

"Edward Seaton, M.D.,
"Senior Medical Inspector of Her Majesty's Privy
"Council.
"To James Vaughan, Esq., police magistrate,
Bow-street."

Dr. Pettenkofer's Cholera Theory.

The local Indian Governments and administrations have been instructed to institute experiments for testing, in some well-selected civil stations, Dr. Pettenkofer's theory regarding the origin and propagation of cholera. This theory is that the infecting matter of cholera is developed from a germ, which, as long as it remains a germ, is powerless to produce disease, but which is developed into infecting matter in the sub-soil, if this affords a suitable nidus. After development (if the superincumbent layers are permeable) the infecting matter ascends and the disease is evolved. The infecting matter may enter water and poison it, but the *germ* cannot be developed in water. The conditions in the subsoil which produce the infecting matter are a certain degree of moisture (a soil may be either too dry or too wet to favour the development of the germ, and thus increase or decrease of moisture, as the case may be, will produce the same result), and the presence of organic matter, which washes down through any permeable soil and accumulates in the sub-soil water. The chief point to be observed in testing this theory is the association of the occurrence of cholera in any locality with a change in the amount of sub-soil moisture. The mode of testing the increase or decrease of this is by ascertaining the variations of the water-level in wells reserved exclusively *ad hoc*, and this is easily done by means of a simple apparatus.

Cholera in India.

By the last India and China mails just arrived, it appears there is much sickness at Shanghai. There is also a painful report as to the health of troops at Lucknow. The 41st and 102nd Regiments suffer most. At Umritsur there were from seventy to ninety deaths from cholera daily. In the fortress at Gwalior cholera had also broken out, and by latest telegram it seemed that Dr. Hales, who had been unremitting in his attentions, was lying in a most dangerous state. It is stated that in some cases Dr. Young's proposal to inject ammonia subcutaneously had been tried, but no successful case is mentioned. Some who had rallied afterwards died from fever, said to be set up by the remedy.

Summonses have been issued against the Directors of the Albert on a charge of conspiracy. They are to be heard next Saturday.

A man has been fined £20 for employing meat unfit for human food in the manufacture of sausages.

The death is announced of Dr. W. J. Bradford, T.C.D. He lately had charge of the North London Post Office District.

The *Atrato* was placed in quarantine at the Motherbank last week, on account of yellow fever having occurred on board. She was released on Sunday.

The death of Professor Graham, F.R.S., is announced, in the sixty-fourth year of his age. The learned gentleman was Master of the Mint for the last fourteen years.

Mr. Dehane, F.R.C.S., of Wolverhampton, expired from heart disease on the 8th September, after a useful career of forty-three years in practice. He was Surgeon to the Infirmary, and held other appointments.

At the Lyons University last week a Madlle. Caroline Sibert, of Vienne on the Rhône, took a Bachelor of Arts degree. Out of a list of twenty-two candidates this young lady came out first in French and Latin composition, and second in Latin translation.

Dr. F. W. Gibson, formerly senior Resident Medical Officer at St. Pancras Parochial Infirmary, died on the 24th June, on board ship. He had set sail in hopes of restoring his health, which was shattered by his devotion to his duties at St. Pancras.

The *Indian Daily News* says, "An annual loss of revenue of sixty lakhs of rupees is entailed on Government by the smuggling of Malwa opium. The Government of Bombay is about strengthening its preventive police on the Kattywar Coast, to stop the export of smuggled opium."

A Paris letter says that three female doctors—one French, one Russian, and the other American—have just passed successful examinations before the Faculty of Medicine. The American lady was the most brilliant of all, and astonished her judges by her profound knowledge of anatomy, dissection, pathology, and hospital practice.

Orders have been issued by the Indian Government directing that whenever cholera assumes an epidemic form in the bazaars of Indian military cantonments a temporary hospital is to be erected in the outskirts of the cantonments, where, as far as possible, all cases among natives are to be treated, the necessary establishment being entertained for the purpose, and kept up as long as the epidemic lasts.

Professional visitors of all nations to the Medical Congress of Florence, which began its sittings on the 20th inst., will, on leaving that city by any railway, have the privilege of travelling free to the utmost limit of the kingdom, and of a free passage from the coast to any kingdom in Europe by any Italian steamer. This graceful compliment of the Italian Government has just been intimated to the public journals by Dr. Bos, the Florence member of the committee.

THE Street Commissioner of New York has announced an intention to enforce strictly the following ordinance:

"No person shall place or post, or cause or permit to be placed or posted, in any street in the City of New York, any hand-bills or advertisement giving notice of any person having or professing to have skill in the treatment of any disorder or disease, or giving notice of the sale, or exposure to sale, of any nostrum or medicine, under the penalty of twenty-five dollars for every such offence."

The enforcement of such a measure as this would be of great value in stamping out quackery in this country.

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By EVORY KENNEDY, M.D., F.K.Q.C.P.

(Continued from page 215.)

Sir, in my ignorance I had imagined that in a large mass of calculations such as the preparation of my paper necessarily involved, errors in transcription and typography, and even oversights in calculation, might be expected to creep in. I further imagined that in a discussion for the benefit of science and humanity, such as this purports to be, an honourable seeker of truth would have shrunk from making use of such accidental oversights as weapons with which to damage his opponent. However, I have lived to learn. But, Sir, I am too old to learn much. Therefore I cannot undertake to benefit to the full extent intended by the lessons I have had in arithmetic.

Be that as it may, I may say this much, that should I be required to advise a course of education to qualify a man for a similar encounter to that in which I have been engaged, I should be disposed to take a lesson from the schooling I have had, and advise his being educated upon the excellent system so admirably laid down by Mrs. Malaprop, and which you, no doubt, recollect she so judiciously insists upon in allusion to her female pupil. "I should not allow her to meddle with logic, algebra, simony, fluxions, paradoxes, or such inflammatory branches of learning; neither should I let her trouble herself with mathematical, astronomical, or diabolical instruments. But she should be taught a supercilious knowledge of accounts; sent to school to learn a little ingenuity and artifice, and as she grew up she should be instructed in geometry, that she might know something of contagious countries, but, above all, she must be a true master of orthodoxy, in order that she may not pronounce her words so shamefully as people usually do, and that people may reprehend the meaning of what she was saying."

The pleasing duty now devolves upon me of commenting on my friend Dr. Beatty's paper, which I look upon as one of the most valuable read to the Society throughout this debate. He took up one idea, he never lost sight of it throughout, and he exhausted it so completely that every commentator who has dealt with his subject has been feeble in comparison to him upon it; I allude to the identity of puerperal fever and erysipelas. His arguments, cases, and reasoning leave nothing to be said upon this subject, if, indeed, further evidence was required to confirm the views propounded by Dr. Sidey thirty years ago, and sustained by almost every hospital physician who had possessed an opportunity of observing upon those diseases since. Dr. Beatty is equally strong upon the contagious nature of this, according to him, common disease, erysipelas and puerperal fever, and his observations upon this branch of his subject merit our deepest attention. In fact, Dr. Beatty's support of my views is conclusive, and merits my warmest acknowledgment. Nevertheless, it was necessary that he should also attack me; but I am puzzled to know why he of all my commentators, should have been the person to read me and this Society a lecture upon the waste of time occupied in vain attempts to discover the nature, origin, and best means of preventing metria, and to prohibit speculation on the origin and common nature of zymotic poisons, in the very same breath that he advocates and insists upon the identity of two of these poisons, erysipelas and puerperal fever. Dr. Beatty asks this Society, in his own innocent manner, if any one is a bit the wiser after reading a passage which illustrates common poison on the principles of isomerism, as advocated by Dumas, for ignorance of which and its application to the subject in hand, any enlightened physician might justly have been condemned.

Dr. Beatty brings a charge against this Society of "*one-sidedness* as applicable to their recent proceedings, their speeches, and their arguments in contravention of my paper." This is his language, not mine. Sir, I should have scorned to bring such a charge against our common profession, whatever insinuations Dr. Beatty, or even the all-powerful press of this country, may make to the contrary. Well may his congeners say—had an enemy done this thing, but that it should have been done by our own familiar friend with whom we had taken sweet council together; and he adds, that not one single voice has been raised in favour of my paper. Why, Sir, Dr. Beatty himself is a living instance to the contrary; his facts, his arguments, and his reasoning go most strongly in favour of my positions. I could not have wished for a better advocate, or more conclusive evidence than he adduces for my views—and he possesses this great merit that he is perfectly unbiassed towards me. I can, therefore, only explain the hostile line he has taken by his labouring under this strange hallucination that all the speakers on my paper are "one-sided," and conclude, that his national tendencies so predominate that he must strike a blow on the one side even whilst his arguments go to support the other, on what he so naively designated this "one-sided discussion."

Dr. Beatty sets out by another rather sly cut at his friends in telling them that *their statistics have so well answered the purpose for which they were used*, that he will not weary the Society by any allusion to that dry subject, further than by giving a table of his father, the late Dr. John Beatty, and his own statistics in private practice. Their total combined deliveries were 7,680; deaths, 30; being a mortality of 1 in 256. I believe this death-rate to approximate much more nearly to the true general rate in private practice than the examples given in Dr. M'Clintock's or Dr. Churchill's tables.

I, therefore, accept them as far as they go as confirmatory of my views and calculations.

Dr. Beatty then passes to the support of my views upon a common poison, and succeeds in establishing the identity of two at least, indeed I might say three, ranking pyemia as one. This is a first step towards the accomplishment of what may eventuate as a more general recognition of this principle. He modifies this statement when he says we know that zymotic diseases, but more especially measles and small-pox, are not convertible the one into the other. But, it will be in the recollection of the Society, that Dr. Stokes met this difficulty by admitting the occurrence of *mule diseases*; therefore, on these nicer points, we may safely leave Dr. Beatty and Dr. Stokes to fight it out.

I might here take an exception to the pathology of Dr. Sidey and Dr. Beatty, and state that the great variety of tissues engaged, and the not infrequent absence of peritonitis, and other serious inflammations, in metria, do not quite justify the conclusions that "puerperal fever is merely an erysipelatous inflammation of the peritoneal covering of the pelvic region, or other serous membrane, extending, as the disease advances, over the abdominal cavity, and the body of the uterus accompanied by true erysipelatous fever." Dr. Beatty says that when erysipelas is epidemic, metria is sure to appear, and that when erysipelas subsides so will metria, "if *separation* for a time be enforced, and the disease not perpetuated by contagion."

This latter admission is valuable, and the Society should not allow it to escape their notice, that on Dr. Beatty's authority, the condition upon which this common disease subsides is separation, which condition not being complied with, it does not subside. Could this gentleman have used a stronger argument in favour of isolation and the establishment of cottage hospitals? I think not.

Dr. Beatty next attacks my statement, that metria approaches more nearly to a constant quantity in great lying-in hospitals; and asks me why it is not always present in such institutions? and why it is more intense when the greatest numbers are collected together? which he answers is notoriously not the case.

Now, Sir, is it really necessary for me, with the statistics of all the great hospitals of Europe before you, and with those of your own hospital at your door, to go back and prove to this Society what Dr. M'Clintock has denominated, "*the great excess of metria cases in hospital*?" If language expresses facts, or facts are capable of expression by language, what language could more accurately express this state of facts than that metria approaches more nearly to a constant quantity in a great hospital? But, indeed, the tenor of Dr. Beatty's own paper goes to prove this, although he explains the excess of metria on different grounds.

I may here mention, in addition to the dread array furnished in my former paper, that in the Maternity at Turin, where 700 or 800 women are annually delivered, the mortality for the last ten years amounted, according to Professor Faye, to 1 in 25, or 4 per cent. in the students' department. In the department for midwives it is said to be still greater, which fact, together with the more recent experience of the Vienna hospital, would appear to lead to the conclusion that too much stress may have been laid upon the extension of contagion through dissections. However, as this is a step in the right direction, we shall not dwell upon it.

In the lying-in hospital in Dresden the average mortality amounts to 2 to 3 per cent.

The lying-in institution in Copenhagen, according to Dr. Stadfeldt's report, gives 1,237 deliveries in the year, with 41 deaths, 1 in 30, or 3·3 per cent. This approaches very near to the mortality in the Dublin Lying-in Hospital as it does in the number of deliveries. This report, however, is stated to be, on the whole, more unfavourable than that of the preceding year.—*Med. Chir. Rev.*, Jan. 39? T. 26?

(To be continued.)

◆

VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The *vox et prœterea nihil* discussion, occupying the pages of the *Pall Mall Gazette* and *Lancet*, respecting the exhausted subject of vaccination, having evidently a *Jenner redivivus* in the Editor of the latter journal, that gentleman might have summed up his replies in answer to the *Pall Mall*, by quoting the case of the Yankee, who had no sympathy with Public Vaccinators, "I don't believe it's any use, this vaccination," said the American, "I had a child vaccinated, and he fell out of a window a week after and got killed." Four columns of a leading article in the *Lancet* amounts to this, "to the withering of the children!" operated on.

Yours, &c.,
Crom a Boo.

RETENTION OF URINE.

Dr. J. H. Curtis, of Kansas City, Mo., relates the following singular case in the *Chicago Med. Examiner*:—

Kate H., 14 years of age, lives near Wyandott, Kansas; brought to the office September 3, 1868; has pale, sallow complexion; tongue pale, flabby, and heavily coated; pulse regular, and not too rapid; abdomen but very little enlarged, and without tympanitis, and without tenderness or pain. But complains of some pain, with a curious feeling in head; has never menstruated; bowels regular, but without any desire to micturate. There is a very considerable increase of size about the pelvic region, with a spreading of the hips like a woman in the last stage of pregnancy, but without any evidence of dropsical effusion, either in the cavities or cellular tissues. Declares positively she has not voided a drop of urine for four weeks and four days; her statement is corroborated by her mother, who has been with her constantly, watching her closely when she would go out to stool, and asserts it has been absolutely impossible for her to have passed any urine without her knowing it; and for thirty-two days not one drop of water had passed from her as urine. Has been under treatment a number of weeks from three or four doctors in their neighbourhood, but without any benefit; catheterism having been tried twice without any result.

I gave her immediately fl. ex. hydrangea, ℥iss., to be repeated every three hours, and to be followed in one and a-half hour with a powder of calomel, grs. xx., to be repeated at the same intervals after each dose of the hydrangea, until the bowels should be well moved. In fourteen hours after she had taken five doses of the fl. ex. and four powders, and before the bowels had moved, after suffering the most intense pain for an hour previous, she passed three and a-half quarts of very clear, colourless urine; the bowels were well moved in an hour or two afterwards, and in six hours she again voided four quarts more of the pellucid-looking water, by which she was entirely relieved. In two weeks complete convalescence was established, by the use of pil. hydrarg. every third night, and the use of nit. potass. and soda bicarb. solution every three hours during the daytime.

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THE INFLUENCE OF COLD, IN PREVENTING THE ANÆSTHETIC EFFECT OF CHLOROFORM.

When administering chloroform, whether in hospital or private houses, one seldom has to take into account, in any great degree, the subject of *temperature*; and it is generally overlooked that chloroform acts very imperfectly when inhaled in a temperature below 65° F. Some of the other anæsthetics, I believe, as bichloride of mithyline, have effect at somewhat lower temperatures, but none of them will produce insensibility in a very cold atmosphere.

This property of chloroform was very practically forced on my notice last year in Ladak. In the month of May, when the thermometer never rose above 45° F. in the shade, I was operating for the removal of some stumps of fingers from a man whose hand had been severely frost bitten. The operation was performed under the shade of a tree, where the air was warmer than in the house, and the thermometer stood at 45°. I first attempted to produce anæsthesia by chloroform, and having warmed the bottle, gave it in the usual way, on a handkerchief, but without any effect whatever being produced, although more than one ounce was administered. I noticed that the chloroform had hardly any smell when poured out, at the same time it evaporated rapidly enough; not even intoxication was produced, and I had to perform the operation when the man was fully conscious. I was partly under the impression at the time that the chloroform was bad, especially as it had been previously warmed, or else that the man was constitutionally insusceptible to its effects. A few weeks afterwards, however, when the temperature (in the tent where I operated) was over 70° F, I again administered the *same* chloroform to the *same* patient for a corresponding operation on his other hand, and insensibility was produced rapidly and completely, thus proving that the failure on the previous occasion was due to the coldness of the air. This fact is worth noting by any one likely to be called on to perform operations in a cold climate, where there are no conveniences for producing artificial warmth as in hospitals, &c., in civilised countries.—*Dr. Cayley, in Indian Medical Gazette.*

DANGER OF GIVING STRONG DOSES OF CAMPHOR.

A case illustrating the above has recently been brought under the notice of the Société de Medecine et de Pharmacie de Grenoble. An enema consisting of five grammes of camphor dissolved in the yolk of an egg, was given to a child three years of age, suffering from typhoid fever. Symptoms of poisoning at once manifested themselves; convulsions, lividity of the countenance, stupor, arrest of the urinary secretion, &c. The employment of coffee sufficed to restore the child.

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Medical News.

The Military Secretary, India Office, presents his compliments to the Editor of the Medical Press and Circular, and begs to enclose a list of the Candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea in February 1869, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.

India Office: September 8, 1869.

C. W. Calthrop, London, 5,753 (obtained the Herbert Prize*): A. Wood, Aberdeen, 5,668; R. C. Sanders, London, 5,455: E. Sanders, London, 5,015: B. Franklin, London, 4,895; F. P. Edis, London, 4,888; R. T. Wright, Edinburgh and London, 4,886: G. McB. Davis, Ireland, 4,856; K. P, Gupta, Edinburgh, 4,553; J. A. Howell, London, 4,501; H. J. Linton, Edinburgh and London, 4,255; C. T. Peters, Edinburgh, 4,177; H. P. Roberts, Edinburgh, 4,138; G. Colson, London, 4,070; C. W. Mockary, Edinburgh, 4,025; M. E. Murphy, Ireland and Edinburgh, 4,021; W. Price, Ireland, 3,938; S. M. Tyrrel, Edinburgh, 8,921: W. H. Booth, London and Glasgow, 3,863: J. Backhouse, Ireland, 3,703.

* Maximum number of marks, 6,900.

Pauperism.—The return of the Poor Law Board shows that in the first week of September there were 128,344 paupers in the metropolis, in the proportion of 95,101 indoor to 33,243 outdoor. This was a decrease of 182 on the figures of the corresponding week last year.

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NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

M.D., M.R.C.P.—The wealthy man who offered you four guineas for your services must be an unusually shabby fellow. Your M.R.C.P. does not, since the Medical Act 1868, prevent you suing for your bill. It is only the Fellowship which can be pleaded in bar. It is, therefore, open to you to enter an action and produce evidence of the value of your professional services and the usual rate of remuneration. A guinea per mile is the old fee, and many London physicians still exact it. For long journeys the majority now take less, and £2 2s. for three miles is a common fee. With railway facilities half a guinea a mile might be as much as would be allowed. Apart from such an action you are at the mercy of a mean man. It is the penalty of your respectability.

Large Families.—W. C. draws our attention to the following extract from the letter of a clerical correspondent in a daily paper, and says, "After all, are the late doctrines really so diabolical as some people assume." "A word to the 'Old Clerk' who comes forward with the fact of his family being eleven in number. If this means he has nine children, I have no respect for him. He knew what his income was and would be. What right—I boldly say—what right had he to have so many olive branches, and then come moaning as though they had been forced upon him? A man who brings himself to poverty through drink is justly reprobated—why not one who chooses to have his quiver full of arrows which must be useless, as he can neither start them off nor give them feathers to direct their flight, nor yet tip them to make them of service. I beg to refer him and others who plead for charity on the strength of a large family to 'Mill's Political Economy,' People's Edition, Book II., chap. XIII."

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Deaths.

Burke.—On the 21st ult., at Hermitage Villas, Richmond Surrey, Juliana, the wife of Joseph Burke, Esq., Deputy Inspector-General of Hospitals.

Christie.—On the 7th inst., John Christie, M.D., F.R.C.S.Ed., of Union street, Aberdeen, aged 51.

Dehane.—On the 8th inst., suddenly, at Wolverhampton, Edward Francis Dehane, F.R.C.S.E., aged 64.

Gibson.—On the 24th of June, on his voyage to Australia, for the benefit of his health, F. W. Gibson, M.D., late Senior Resident Medical Officer of St. Pancras Workhouse Infirmary, aged 33.

Giraud.—On the 4th inst., at Faversham, Mary, widow of Frederick Francis Giraud, Surgeon, aged 58.

Greaves.—On the 8th inst., at Stretford road, Manchester. George Greaves, M.R.C.S., L.S.A., aged 63.

Groves.—On the 4th inst., at Lincoln, Edward Keet, the son of Edward Groves, L.R.C.P., M.R.C.S., L.M., aged 3 weeks.

Spurgin.—On the 1st inst., at Sidmouth Villa, New road, Hammersmith, Emily Sidney Spurgin, aged 10 days.

Advertisements.

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,,	O'Brien, Johnstown Bridge	0	5	0
,,	Sullivan, Charleville, Cork	0	5	0
,,	Falkiner, Spring Gardens, Naas	0	5	0
,,	Goodisson, Enniscorthy	0	5	0
,,	Robinson, Fintona, Tyrone	0	5	0
,,	Fulton, Saintfield, Down	0	5	0
,,	Marshall, Dromore, Tyrone	0	5	0
,,	Sandyford, Castlemartyr, Cork	0	5	0
,,	McMunn, Port Royal, Dromard	0	5	0
,,	Gelston, Limerick	0	5	0
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,,	Harrison, Roscommon	0	5	0
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,,	Briscoe, Gardnereagh, Pilltown	0	5	0
,,	Cuppaidge, Castlerea, Roscommon	0	5	0
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G. MORROGH, M.D., Secretary.

1 Belvedere Place, Sept. 17th.
Friday Evening.

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Doctor	Percival, Stradbally	1	0	0
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G. MORROGH, M.D.

1 Belvedere Place,
Mount Joy: Sept. 17th.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 29, 1869.

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ON PAIN AT THE HEART AND IN ITS NEIGHBOURHOOD—CASES AND APHORISMS.

By HORACE DOBELL, M.D.,

Senior Physician to the Royal Hospital for Diseases of the Chest, &c.

(Continued from page 116.)

IN my last paper I concluded with this aphorism, "The conjunction of pain at the heart and pain in the left arm is a most important symptom of heart disease, and is never to be disregarded." This is illustrated by the following cases.

CASE 7.—John R., æt. forty, ill two years. Two years ago first felt a sense of direct pressure on the epigastrium (not under the nipple) on taking exercise, but not after food. Cessation of exercise for a few minutes removed the pain. But the pain has been gradually getting more severe and more easily produced ever since. During the last ten months food as well as exercise has brought on the pain, and now either food or exercise *bring on, also, pain and numbness of the left arm, and of the thumb, and all the fingers of the left side*, lasting about an hour after food, but more severe in character after exercise than after food. Has frequent attacks of hard throbbing palpitation of the heart. He cannot now walk a hundred yards without pain; but five minutes' rest will take off the chief distress. After a glass of hot water can walk further without pain, and anything which expels wind always gives relief. During the pain, feels great languor, but no vertigo. *While the numbness lasts, the hand and arm are deadly white.* For several months, about eight months ago, the left leg used to get partly numb at the same time as the hand. Never had rheumatic fever or any other illness except inflammation of the bowels in childhood, and sixteen years ago slight pains in the arms, possibly rheumatic. Sallow complexion, pale mucous membrane. Pulse 70, regular, both sides alike, soft, jerking, without *vis a tergo*. Heart's dulness normal, impulse strong between fifth and sixth ribs. First sound accompanies impulse and is normal; immediately followed by a long, soft, rather high-pitched, blowing bruit, replacing the short pause and the second sound, heard in greatest intensity at the base, also heard up to both right and left clavicles. At the base nothing is heard but the systolic sound and this long bruit; but at apex a separate much less distinct bruit immediately precedes the systolic sound. Blister to the epigastrium, powder of soda, ginger, and calumba before food, abstinence from malt liquor and cheese; rest. After three weeks, pain not now produced by food if he remains quiet; but directly he walks the old pains come on, only with this alteration, that they are less felt at the epigastrium and more under the left breast.

This patient was watched for six months, and a variety of treatment directed to his heart symptoms. He was much benefited by losing the dyspeptic complication, so that his distress was no longer produced by anything but exercise, and he said he was as well in health as he ever was in his life. But his physical signs remained the same, and the *slightest exertion* brought on the *pain at the heart and down the left arm*, with palpitation and short breath.

CASE 8.—Frederick E., thirty, ill twelve months. Pain of aching character in the middle of the sternum, above the level of the nipples, produced by exercise. If the exercise is continued *pain goes down both arms to the wrists*, but never to the fingers. If exercise is still further continued, pain gets worse and worse in both chest and arms till he is obliged to stop. After a few minutes' rest the pain goes, but returns as before with renewed attempts at exercise. These symptoms have been coming on twelve months from no assignable cause, except overwork. Taking food does not affect the pain, and never produces it. Never had rheumatic fever. Pulse the same on both sides, resistance very deficient. Heart's impulse strong, and diffused widely. Slight but decided increase of cardiac dulness above, and to the right, at the line of the nipples, dulness extends over the mesial line. First sound loud, no bruit, base or apex; second sound loud, and at base, down mid sternum, and up to right and left of base, but not at apex, a peculiar "cluck" is heard at the end of the sound, giving the impression of a small jet of fluid jerked through an opening. He was sent home in a cab, and ordered to be kept perfectly quiet for a week—on no account to do anything which excited pain—and to be brought in a cab for fresh examination at the end of the time. It was afterwards ascertained that instead of obeying these orders, on the day after his visit to the hospital he walked, with great difficulty, from Islington to Parliament-street, Westminster, at the corner of which he dropped down dead, and that those who saw him fall said he was "dead at once." No further information.

Case 9.—Mary P., forty-one, married; ill, more or less, two years. Had rheumatic fever fourteen years ago. Pain at the heart, and *in the left shoulder, and down the left arm to the elbow, and to the little and ring fingers* whenever the heart palpitates—that is when she is flurried, or ascends, or hurries; not produced by food. When the pain comes she turns giddy. Sleeps heavily, without pain or distress. Loud diastolic bruit at apex. First sound clear of bruit, but feeble; second sound at base, very loud and clear. Ordered rest.

Case 10.—Henry L., fifty-five; ill, more or less, eight years; worse of late. For eight years subject to dull pains over lower part of sternum, extending across chest, and accompanied by *numbness of both arms.* The pain begins a quarter of an hour after food, and is relieved by eructation; no cough, but some dyspnœa on exertion, and on taking exercise, a pain comes in the centre of the lower third of the sternum, and both ascends and descends from this spot *affecting the arms*, and if exercise is continued the oppressive pain goes down the abdomen in the direction of the large vessels. He cannot walk five minutes without the pain coming in the sternum; if he then rests he can go on without pain so long as he walks very quietly, but if he hurries, the pain returns and stops him as at first. Had rheumatic fever four years ago—no other history. Cardiac dulness at fourth costal cartilage extends a little over mesial line to right. A very soft low-pitched systolic bruit, heard most distinctly in the centre of sternum between the fourth costal cartilages, descends a little to the right, fades away on ascending. Powder of ginger, calumba, and soda, blue pill, and compound rhubarb occasionally, iron and quinine daily; rest. After four weeks, no pain from any cause but exercise; after eight weeks the pain ceased to extend into the abdomen, and he had learnt to manage himself so as to return to his business, and to take exercise moderately without pain; but any attempt to hurry or push on, when pain threatened, still produced it.

In all of these cases the physical signs show the existence of incurable organic disease. The principal points of practical interest are as follows.

(To be continued.)

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ON THE USE OF CARBOLIC ACID IN THE TREATMENT OF DIPHTHERIA.

By William Waugh Leeper, M.D., Loughgall.

In the month of July of this year the district of which I have medical charge was visited with diphtheria. Six years ago a similar visitation occurred here, and several children, and even one grown person, died from the disease. I was very apprehensive of a similar result this year, and the first case was so severe and so rapidly fatal that I had the greater cause to be in dread of a like result. Early in July I was asked to see a little girl, aged six, whose parents told me the child had been ailing two days, but that they did not know what was the disease farther than there was some swelling of the neck. On my arrival at their house I found the little patient almost moribund. The face was pale, and the lips of a livid hue; there was some difficulty of breathing; the nasal passages were obstructed by dark-coloured discharges, and the inside of the throat was covered with the same greyish, pulpy-like exudation; and the breath had a most offensive gangrenous smell. I had no hope to offer the afflicted parents. The child fell rapidly into a state of stupor, and died in a state of *prostration* two hours after my visit. I felt greatly disheartened by this first case, and dreaded I should have to deal with other cases of this terrible malady. I had not long to wait. In the same house, out of a family of five girls, four became affected; but fortunately every case was mild, and each terminated favourably.

The treatment in each case was supporting from the first, giving beef-tea and moderate quantities of wine, and a mixture consisting of tinct. ferri hyd., chlor. potassæ, syrup and water, &c., &c.; and touched the tonsils and parts on which there appeared any exudation with *sulphurous acid*, mixed with seven parts of glycerine. I conceived that in this treatment I had discovered a valuable, if not a certain remedy; but the next case disproved my idea. The case was as follows, and occurred in the week following the foregoing cases, and in the house of one of the first families in the county:—

M. C. was seized with pain in the throat and difficulty of swallowing on the 16th July. When I saw her, on the following day, there was sub-maxillary enlargement; a feeling of much depression; the tonsils and pharynx were red and dry, and on the left tonsil was a filmy patch of a whitish gray colour, as large as a fourpenny piece, which I at once recognized as the beginning of diphtheritic exudation. I had my patient put to bed, so as to preserve her from chills and to conserve strength, and commenced with the iron and chl. pot. mixture, and touched the spot with the sulphurous acid solution in the following strength: one drachm of the acid, and five drachms of glycerine.

On my next visit the false membrane, which I thought had been destroyed on the tonsil, had reappeared, and covered not only it, but the other tonsil and a small portion on the back of the pharynx. Again I applied the lotion, and just after the application I looked at the throat and conceived the whole false membrane was removed, as every part looked clean, though still red and inflamed.

Next day the appearance of the throat was *worse* than before. The whole of the tonsils and uvula, and, to some extent, the pharynx, were covered thickly with the ashy exudation. Fortunately, there were no croupy symptoms present, so I concluded the disease had not as yet invaded the larynx. I now lost faith in the *sulphurous acid* application, and, as I never found any benefit from the nitrate of silver in these cases, I applied a lotion freely, consisting of—*glacial carbolic acid*, one part; glycerine, six parts; and ordered a gargle of carbolic acid (one to twenty) to be used frequently, and assiduously continued the nourishment, beef-tea, champagne, ice, &c.

At the next day visit the appearances in the throat were more favourable, though the general symptoms were worse. The tonsils were free of the exudation, but it still existed on the velum and pharynx.

There now existed extreme prostration; the face pale, and the pulse very quick and feeble; and during the night there had been bleeding from the nose. There was also some excoriation at the ali nasæ; the urine was albuminous. I reapplied the carbolic lotion, directing the sponge above and behind the velum, and increased the nourishment by the "*brandy* and *egg mixture.*" During the next twenty-four hours I remained in dread of a fatal collapse, the little one's strength seemed so entirely gone. Her feet were cold, and the pulse scarcely to be felt. We persevered, however, assiduously with nourishment, and she submitted willingly to another swabbing with the carbolic solution. From this time (the sixth day of the disease) the cloud of danger began to disperse. The membranous exudation was no longer reproduced, and the swelling at the sides of the jaws began to disperse; the countenance became more animated, and the extremities warm, and she took her nourishment well. Suffice it to say that she slowly and steadily recovered, and is now quite well.

This was the first case in which I used the *carbolic acid* treatment. I have used the same in four more cases, and in each it has proved, to my judgment, a valuable remedy. I shall not relate in detail all these last cases, as they were all very similar, excepting one, to that of Miss M. C., and have terminated in recovery. The last of the four cases to which I have now alluded was, indeed, by far the most severe and most alarming of any, and only a few days ago I was able to pronounce my patient out of all danger.

In the last week of August, Andrew Wallace contracted diphtheria from his little son and daughter, both of whom had died of the disease a few days before without any medical man being in attendance. The family did not suspect the nature of the ailment which had invaded their clean cottage, but when the second child was dying they sent for me, too late to do anything to save its life; but the father, a man over sixty years of age, was ill. I directed my treatment to his case. He had, at first sight, all the appearance of a man in typhus fever; but on examining him carefully I discovered that his throat was what he complained most of. A white diphtheritic exudation existed on each tonsil. I ordered the mur. tinct. of iron and chlor. pot. mixture, and began the carbolic acid swabbing, also nourishment consisting of the very best beef tea, the egg mixture, &c. The disease invaded the *whole throat, tonsils, velum, roof of the mouth and gums.* Night and morning I visited this sad case, and most thoroughly applied the carbolic acid lotion.

At the end of the seventh day hiccough set in and diarrhœa, and the friends lost all hope; but a perseverance with the lotion and all the other remedies crowned our efforts. About the ninth or tenth day the throat was clean and the hiccough ceased.

From this period he steadily recovered, and is now (18th September) going about pretty well.

I had the advantage of showing this case to a medical friend, and he is convinced that this remedy has a decided effect in checking the reformation of this exudation. I ascribe to it in a large measure the recovery of Miss M. C., as, previous to using it, I had tried other agents, all of which proved futile to arrest the spread of the disease. I consider it a very valuable remedy used in conjunction with suitable internal treatment, and believe the strength in which I used the lotion just such as will destroy the tendency to fresh exudation. In two cases there existed a croupy cough and some dyspnœa, and yet, under the treatment above detailed, they got well, though I cannot be certain that any part of the lotion reached the larynx. The fits of suffocation were so severe in attempting to apply it that I always had to desist before I was satisfied that the sponge had come in contact with the laryngeal opening. I recommend a trial of this treatment by the profession. If by its aid we can arrest the exudation when commencing on the tonsils, uvula, or pharynx, we may succeed in some cases in preventing its spread to the more vital organ, the larynx, and so snatch some patients from the grasp of this terribly fatal disease. I say, if such a result can be reached in any case by this treatment, we shall have discovered a remedy of great value.

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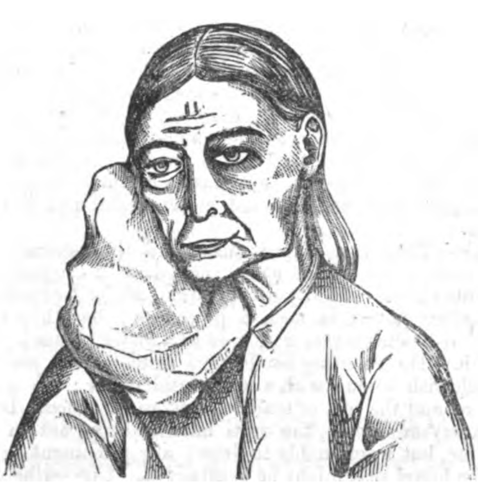
SURGICAL MEMORANDA.

By J. Waring Curran, L.K. & Q.C.P.I., L.R.C.S.I.

EXTENSIVE TUMOUR OF THE FACE.

The rapid progress made in the practice of surgery in late years makes the case whose history I am about to relate exceptional, whilst it proves the importance of surgical interference at the right time, or the subsequent living disgrace apparent to every eye, professional or otherwise, of the want of proper skill in the treatment of a simple disease, which must of necessity follow, that must be attributed to ignorance or to apathy, and but little calculated to add to the honour and credit of that branch of the Profession which, of all others, has advanced most in our own time.

A. B, the mother of a large and grown up family, about fifty-seven years of age, sought, a few years ago, the advice of a country surgeon regarding a small growth of a moveable nature, which she first remarked at the angle of the right jaw-bone. She was informed that it was an indurated gland; as such, I understand, it was treated. The health remained good, and the woman persisted with the remedies or nostrums for swollen glands, but the growth gradually increased, and the following illustration, which I have made from the patient before me, demonstrates the present state of matters.



The tumour—an irregular nodulated mass, with a feeling of elasticity, and upon poising it the impression that it must consist at least of twelve or thirteen pounds weight—extends behind the ear as high as the tip of its helix, engages the parotidean and sub-maxillary spaces, passes forward under the inferior maxillary bone for three-quarters of an inch to the left of the symphisis menti, whilst the great mass or body of the tumour hangs down, resting on the right clavicle and the parts for four inches beneath it.

From the irritation of such a growth—a blot upon our art—the annoyance of such a weight, although suspended in a silken receptacle, the woman, to kill care, has become a confirmed opium eater or laudanum drinker. She is very much emaciated. This condition of system, combined with the extensive and deep-seated attachments of the tumour, render surgical interference at this stage out of the question. Accordingly, the best part of a life is made miserable, and a whole family wretched, which, so far as the growth was concerned, might have been very different had judicious and timely operative interference been had recourse to.

INTESTINAL OBSTRUCTION, PRODUCED BY A RENT IN THE GREAT OMENTUM, THROUGH WHICH A PORTION OF THE BOWEL SLIPPED, CAUSED BY THE FRIGHT OF A DOG.

Annie Sabin, twelve years of age, enjoying good health, was sent by her mother to carry her brother's dinner a short distance from their residence. In order to do so it was necessary that she should pass the house of a man who kept a ferocious dog, which was the terror of the village children. The child had passed the house when the dog ran out. She was very much frightened, and flew from the fierce animal a considerable distance, the dog following, but not succeeding in biting her or tearing her clothes. When in the act of running she felt a violent pain in the belly, and when the dog ceased pursuing her trembled very much, vomited, and had her bowels relieved twice in rapid succession. This is an outline of the history obtained from the child's father, who came to fetch me.

Upon visiting my patient I found her lying on a sofa, suffering great pain, referred to the epigastrium, accompanied by constant vomiting and by depression. Upon careful examination, I could discover no hernia, nor other abnormal appearance. Accordingly, I directed warm fomentations to be applied, and to be frequently renewed, and prescribed an ordinary mixture to allay the sickness or control the vomiting.

August 5th.—The vomiting continues; the child suffers violent pain; the pulse, small and regular, is 132; and there has been no passage through the bowels since immediately after the fright. Directed that an aperient enema should be thrown up at once, and repeated if necessary in two hours.

Evening visit.—No fæcal matter has come away with the enemata; the pain is not so constant, more of a colicky character; the vomiting, which continues, and is produced by the slightest movement or change in position, is of a greenish colour and watery character. There is great tenderness, the seat and extent of which is mapped by a circle with a radius of an inch and a quarter surrounding the umbilicus. Ordered the application of three leeches over the site of pain, and directed perseverance with the enemata.

6th.—There is no improvement, and the general symptoms are the same as upon yesterday. I suggest to the parents the advisability of operation, whilst I explain the hazardous nature of such a procedure; but they refuse consent to such a resource, even as a *dernier ressort*.

7th.—The vomiting has become stercoraceous, assuming a yellowish colour, with a most fœtid odour; the pain is severe, and the seat of tenderness more extended. During a paroxysm of pain, the recti muscles stand out in rigid outline, but I am unable to detect any prominent portion of the bowel that might be constricted. I prescribe nutritive enemata of beef-tea, port wine, and cream, with ten drops of tincture of opium in each enema, and paint the belly with extract of belladonna rubbed down in glycerine.

8th.—There is great feebleness, the pulse running at 140. The belladonna locally applied affords relief, in addition to which I direct a suppository, containing half a grain of opium, to be passed up the rectum twice a day.

9th, 10th, 11th, and 12th.—Patient continues much in the same condition, and is kept alive by enemata.

13th.—The pain is less severe, but the tenderness more diffused. The fœtor from the vomiting is such that the people can scarcely remain in the house. There is hiccough, the face is pinched, and the pulse is scarcely to be felt. However, in this condition she lived. The suffering alleviated by opiate suppositories and the local application of belladonna, and strength sustained by the most nutritious of enemata until the 20th, when dissolution came to the release of the patient, and the relief of all about her.

Autopsy.—Thirty-six hours after death I made a *post-mortem* examination. Upon opening the abdomen, a quantity of fluid escaped. What forced itself upon us was a rent in the great omentum behind the umbilicus, with a good sized knuckle of intestine protruding, which was in a gangrenous condition. The opening was circular, and bound the intestine like a bony ring, but such a stricture as operation would have proved most successful in relieving, and, most probably, in permanently curing; however, this was only to be detected after death. Nevertheless, the operation would have been performed by me had the parents given consent. There was also general peritonitis.

At a coroner's inquest subsequently held, it was proven by witnesses that the dog which frightened the child was a most ferocious beast, having caught, shortly before the present accident, one of the witnesses by the throat; but, as the Coroner directed the case to be brought into another court after the verdict of the jury, I forbear commenting on the legal bearings of the case.

Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

A RECENT CASE OF LATERAL LITHOTOMY.

By Mr. Robert St. John Mayne.

William Joseph Penrose, aged four years and nine months, first came under my observation early in last July, at which time his condition was the following:—He suffered great pain during and for some time after micturition, which took place almost every hour, and the call for which he could not for a moment resist.

The urine, which usually flowed in a good round stream, at times became most unexpectedly arrested, and again as suddenly re-appeared upon a change of position, or a slight alteration in the attitude of the body. He experienced considerable uneasiness referrible to the extremity of the glans penis, at which he pulled so continually that the prepuce had become elongated, and the index finger and thumb of the right hand were perceptibly soddened. He laboured also under prolapsus of the anus, accompanied by paroxysms of the most distressing tenesmus. As these symptoms naturally pointed to the existence of stone in the bladder, it was determined to sound, and an instrument was accordingly introduced. On the interior of the cavity being carefully explored, a calculus was detected lying, not in the ordinary situation (at the inferior part), but behind the pubis, a site most unusual in so young a subject, and one in which it was thought to be fixed. According to the most careful measurement, its size was estimated at that of a marble, but owing to the very small proportions of the viscus, such examinations were necessarily conducted with the greatest difficulty. The patient was admitted into the Meath Hospital upon the 4th of August, and on the morning of the 9th, having first had his bowels well cleared out by an enema, he was brought under the influence of chloroform, and firmly secured in the lithotomy position. The staff, laterally grooved, and not upon the convexity, as is usually the case, was introduced and held by my colleague, Mr. Wharton, well drawn up under the pubis. By this proceeding, considerable space was obtained, and the urethra was removed as far as possible from the vicinity of the rectum—a matter of great importance where the parts were so very diminutive. At this juncture, the urine escaped by the side of the staff, a circumstance which caused considerable embarrassment at a subsequent stage of the operation.

The first incision was commenced on the raphe of the perinæum, midway between the scrotum and anus, and was carried downwards and backwards, increasing in depth as it advanced, to a point between the anus and tuberosity of the ischium, but somewhat nearer the latter and well *beyond both.* Upon the latter point I wish to lay particular stress, as I consider that thus the greatest room can be obtained at the least risk of injury to the patient.

The intervening structures having been divided by a few touches of the knife, the groove in the staff was sought for and distinctly felt, but, owing to its position (viz., upon the side of the staff), some difficulty was experienced in fixing into it the point of the finger-nail. After a slight delay this obstacle was overcome, and the knife, firmly pressed into the groove, was steadily thrust onwards towards the bladder. Here, however, arose the most trying part of the operation, for, during the introduction of the staff as above mentioned, the urine had entirely escaped by its side, and the little viscus having completely collapsed, and constantly retreating before the finger, rendered its entrance exceedingly difficult. The absence also of the gush of urine, so reassuring and encouraging to the operator, naturally tended to increase the uncertainty of the moment.

Under these circumstances I requested my colleague, Mr. Porter, to explore the wound, and he having agreed with me that the deep incision should be extended, this was done, and the interior of the bladder at length reached. The staff was now withdrawn, and the stone having been discovered behind the pubis, as anticipated, was from thence readily hooked down by the finger. The remaining steps of the operation were speedily performed; viz., the gorget was introduced, and through it, as a director, the closed forceps, care being taken not to divaricate the blades of the latter (lest the mucous membrane should be entangled), until the stone was distinctly felt. In this no difficulty was experienced, and the extraction was effected with the greatest facility of an oval calculus, weighing 35½ grs., and measuring in its long diameter about three quarters of an inch, and half an inch transversely. The microscope revealed its exterior to be composed of prisms of triple phosphate.

A canule *à chemise* having been placed in the bladder, the child was removed to bed. After thirty hours this was withdrawn, as the surface of the wound had now become sufficiently glazed. The urine continued to flow through the perinæum for six days; upon the seventh morning, however, it for the first time appeared by the urethra, gradually relinquishing the abnormal course until the tenth day, from which time micturition was perfectly performed by the regular channel. The patient left the hospital quite recovered upon the 21st day.

Subjoined are three analyses of the urine, for which I am indebted to my friend, Dr. J. W. Moore. The first, made before the operation, shows the condition of that fluid uninfluenced by the operative proceedings. The second and third exhibit the modifications produced by the presence of the inflammatory process.

Analysis No. 1.—August 7th, 1869.

Urine pale, slightly opaque, faintly acid. No albumen, no sugar. Not a sufficient quantity to ascertain spec. grav.

Microscopic examination reveals the presence of epithelium, mucus, and amorphous phosphate of lime. After standing for forty-eight hours, prisms of triple phosphate formed.

Analysis No. 2.—August 19th, 1869.

Urine pale, turbid, alkaline. Spec. grav. 1010; contains a considerable quantity of albumen. Urea obtained as nitrate on concentration to one-third, therefore in fair proportion to the density. Deposits phosphates in abundance.

Microscope:—A viscid mass, thrown down on standing, is found to consist of many prisms of triple phosphate, amorphous and crystalline phosphate of lime, mucus, a large quantity of pus, and some epithelium.

Analysis No. 3.—August 26th, 1869.

Urine faintly acid, pale, and slightly turbid. Spec. grav. 1019; contains a good deal of albumen, no sugar.

Pus present, a ropy mass being formed on adding an alkaline fluid. In eighteen hours the urine had become strongly alkaline, an iridescent film had formed on the surface, and a white glairy deposit had fallen down.

The film, when examined under the microscope, was found to be composed of prisms of triple phosphate, and spherules of urate of soda. The deposit contained vibriones, urate of soda spherules, prisms of triple phosphate, pus, mucus, and epithelium.

Upon a careful consideration of the circumstances above recorded, I am inclined to think that the difficulties incidental to lithotomy are greatly augmented by using a staff grooved upon the side. There is more uncertainty in ascertaining the exact situation of the groove, and from the cramped position in which the guiding finger is unavoidably placed, a considerable loss of steadiness must invariably ensue. In striking, moreover, the staff (which should be done as vertically and as far backwards as possible, so as to get behind the base of the triangular ligament, and thus to avoid the artery of the bulb), the groove may be entirely missed, or, having been successfully entered, may be subsequently lost, in consequence of the knife's point not being as securely fixed as by the staff grooved upon the convexity. The only real advantage to be derived from this method is the safe and sufficient amount of lateralization that the blade necessarily experiences in the procedure.

REMOVAL OF ADENOID TUMOURS IN AXILLA.

Under the care of Mr. Wharton.

On the 30th of July, Mr. Wharton removed from the axilla of an otherwise healthy woman, aged twenty-four years, a number of tumours, which microscopic examination afterwards showed to be of the adenoid variety.

The patient had been married for about five years, and was the mother of three children, the youngest twelve months old. She always enjoyed good health up to the period of her first confinement, when she suffered from an abscess in her left breast. Shortly afterwards, about three years previous to her admission, she perceived a swelling in the left axilla, which continued gradually and painlessly to increase up to the period of her entering the hospital. The mass, which, except from its size and position caused her little inconvenience, was irregular in form, and consisted of three or four lobulated tumours.

The woman made a rapid recovery after the operation, the wound healing readily without a bad symptom.

WESTMORELAND LOCK HOSPITAL.

On Tuesday, the 7th of September, we had the advantage of seeing a female patient in the above hospital, on whom Mr. Mc Dowell had on the previous day performed the operation of laryngo-tracheotomy, to relieve the asphyxia dependent on acute idiopathic laryngitis. The patient, who had ceased to respire at the moment of the operation, was, when we saw her, progressing most favourably, and still continues to do so.

We will publish a detailed account of the case in a later number.

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 257.)

On the other subject, the mortality in proportion to the numbers, Dr. Beatty offers a very simple, but to me inconclusive denial, that "it is notoriously not the case." The Society might not, perhaps, be quite satisfied were I to answer Dr. Beatty in his own language, and simply assert that it notoriously is the case, as I have proved by the statistics of the lying-in hospital, and it notoriously has been the case since its foundation. On no occasion in which the hospital was crowded was not the crowding succeeded by metria, and the metria was not banished until the numbers were lessened, and separation, as insisted upon by Dr. Beatty, carried out. I explained this upon a principle, which must attract more attention than it has hitherto done, in the investigation of zymotic diseases; namely, the principle of cumulation. The duration and development of zymotic disease generally will acquire much elucidation by the study of the habits of metria, and the application of the principle of cumulation in our great lying-in hospital. Dr. Beatty asks, "Why have there been long intervals of years, sometimes when the largest number of women have been confined during which no metria has occurred?" In the first place, I deny the long intervals of years. The tables of the Dublin Lying-in Hospital prove directly the reverse. Let us test this by Dr. Collins's death-rate, calculated from the one solitary instance of four years of freedom from the disease, which stood at 1 in 184. Now let us see how many years of the 111 that the hospital has been open for, have ranged above, and how many below this death-rate. Out of the 111 years, 104 have ranged above it; therefore, we might insist upon 104 years out of the 111 having exhibited metria; but, as this would include some years that approximated too closely to the limit, we shall strike off thirty from Collins's average mortality, and calculate that metria was present in the hospital every year that the mortality arose to within thirty of his average death-rate for his four successful years—a calculation that cannot be objected to. Now what is the result on this calculation? that out of 111 years of the hospital's existence it has only been free from metria for eighteen years, and has been haunted by it ninety-three years, or more than five-sixths of the time that has elapsed since its opening. Again, let us test the assertion of the long intervals of years without metria, when the largest number of women were, as Dr. Beatty says, confined; an assertion in which he by no means stands alone, as Dr. M'Clintock, Dr. Atthill, and several other learned doctors, too numerous to mention, make the same assertion. If we abstract Dr. Collins's exceptional period of four years' freedom from metria, which providentially affords us a sufficient duration of healthiness to base sound sanitary calculations upon, in analysing its history, for no period, throughout the existence of the institution but one has it been three years free from metria. That was from 1781 to 1782 inclusive. Only twice has it had two years' freedom, namely, 1807 and 1808; and, in the fourteen years of the eighteen for which it was free it was only for one year at a time that the immunity existed. No long time for the cumulative process to develop its poisoning principle.

So much for the assertion of the long intervals of years in which no metria has occurred, and for Dr. M'Clintock's joke of the long period of gestation.

Let us now turn to the appendix, cast our eye over the tables, and test the effect of crowding by showing the relation in which increased numbers have stood to mortality, from the foundation of the hospital to the present day. I regret delaying you with this, but it is imperative.

Let my readers also examine the table of curves, which indicates this relation at a glance, for which I am indebted to my friend Dr. Wrigley Grimshaw, our authority upon this admirable plan of illustration. If this, with the detailed enumeration set forth in the appendix, fails to satisfy the most sceptical of my opponents of the relation between crowding and mortality, and of the Dublin Lying-in Hospital having been for 97 out of 111 years of its establishment the habitat of metria, as well as of its being now a persistent endemic in that institution, it only remains to decide whether the failure results from want of proof, or from wilful blindness and their being incorrigible.

I have, in the appendix, gone into the details of each year of the last or altered period of the hospital, since the disease became truly endemic, to show that even in this period a further increase was added on each occasion to its permanent high rate of mortality by increasing the number of women delivered under the same roof, in the same manner exactly as was the case when the disease assumed more of the epidemic character in its attacks; I mean in those periods of the history of the institution when occasional healthy years cropped up, with alternating outbreaks of metria more or less severe.

This brings our annual analysis of the hospital to its conclusion, and confirms with a confirmation, "strong as holy writ," our two positions, the fourth and fifth, that have been so much attacked, and which we submit are now placed beyond the possibility of cavil.

Dr. Stokes states, in his observations upon my paper, that there are two elements in the production of a disease from poison, such as metria, receptivity, and poison. Now, with great deference to my learned friend, if he will read my propositions correctly, he will find there are three. The first is the being a parturient female. This may be defined as the condition precedent. The second is the existence of circumstances favourable to its imbibition; and the last is the existence of the poison.

Dr. Stokes overlooked the second altogether, and disregarded his logic by the substitution of a middle term different from mine when he put such language into my mouth as—"That a natural process, such as parturition, should be *of necessity* coupled with a tendency to develop a fatal poison."

My language, my ideas communicated, and my logic are exactly the reverse of this. My proposition stating—"That this poison *may* be generated *by any* parturient female, and *where* the *circumstances* are *favourable* to its imbibition it *may* be absorbed into the system of the generator, or that of any other parturient female exposed to its influence."

From this it is patent that my intention was not to convey such an extravagant or erroneous idea, as that a natural process, "such as parturition, should *be* of *necessity* coupled with a tendency to develop a specific and fatal poison," which, no doubt, would have been, as Dr. Stokes characterizes this creature of his own fancy, "a startling proposition." But to convey what *is* conveyed as plainly as language can convey any idea, *ipsissimis verbis*—"That this poison is not of necessity generated by every, but *may* be generated by *any* parturient female *where* the circumstances are *favourable* to its *imbibition*, and absorbed into the system of the generator, or that of any other parturient female exposed to its influence."

I am not, then, placed in the position that Dr. Stokes had designed to land me in, of proving that the "natural process that secured the existence of man upon the earth is necessarily coupled with a tendency to develop a specific and fatal poison."

Dr. Stokes next lays down a very sound rule in philosophizing that we should, where there are two methods of explaining a certain phenomenon, accept the most probable. Now, let us test his own views upon this principle. He says, I myself have not the slightest doubt that "contagion is less the cause of the spreading of puerperal fever in *hospitals* than epidemic influences. What these epidemic influences are no man can say," &c. Again, one of the most remarkable instances with which I am acquainted in favour of the epidemic influences in producing puerperal fever as distinguished from contagion in lying-in hospitals "is the great fact that women are simultaneously affected by puerperal fever in the hospitals where they have been entirely separated, and where even the attendants have not been the same."

Now, let us apply Dr. Stokes' test of probability to this position. Is it possible, let me ask him, to find the state of things he describes in the lying-in hospital without a case of puerperal fever in the district outside of it, a state confirmed by my own experience as well as that of most other masters of the hospital; and yet to persevere in ascribing this disease to epidemic, not endemic, and contagious influences as the more *probable cause*?

Is it more probable that a disease that has haunted the Lying-in Hospital of Dublin, as I have proved by its statistics for 97 out of the 111 years it has been opened, should be more due to endemic and contagious causes, or to epidemic causes, when the districts surrounding the hospital, taking all the years it has prevailed epidemically in Dublin would not amount to a tithe of those in which the hospital has been scourged with it? Is it more probable that a disease existing, and repeatedly existing *in* the hospital and *not* appearing *outside* should be due to causes operating within the hospital, and not to causes operating without?

But Dr. Stokes begs the question in his proposition. He says the women are simultaneously affected. This is not my experience of even what we term an outburst of puerperal fever. On the contrary, patients are consecutively attacked. Unlike the occurrence of influenza—the best specimen of epidemic disease—which often spreads to hundreds of cases in the course of one day or night, and depends, as we often observe, upon sudden atmospheric changes, metria begins usually by a dropping case, then in a few days another, then the plot thickens as the atmosphere becomes pervaded with the poison, and fresh victims are in the state of receptivity. Again, the influenza disappears or dies out with the alteration of the physical or atmospheric causes that produced it. Not so metria in hospitals, as we have had too painful evidence in what has preceded. Is it, therefore, *more probable* that with this state of consecutive development of the disease, it should not be more ascribable to endemic and contagious than to epidemic causes?

But Dr. Stokes again begs the question. He says, "Where they have been entirely separated in hospitals the disease has spread." But have they been entirely separated? This is the very point I have been devoting all my energies to accomplish. This is the very question at issue—Whether they are to be entirely separated?—and this is the very view of the question that I regret my friend Dr. Stokes has thrown in the weight of his great influence to prevent. If he will join me in this one point—namely, the entirely separating the patients, I shall hail him as an advocate of the cause I have so much at heart. But what is the fact? It is impossible, and I know it by painful experience, "to entirely separate" a number of people living under the same roof, and who must necessarily breathe the same atmosphere. I have tried it, and I might just as well, to use a homely adage, have attempted to stop the tide with a pitchfork.

But Dr. Stokes alludes to the selection made in patients being attacked or contaminated in different parts of the same building, and looks upon this as incompatible with contagion or endemic influence. Why, it is the very essence of its nature that contagion, that the pestilence that walketh in darkness, should charge an inclosed atmosphere and hang about or haunt it, moving from room to room with the currents that invade the building, resting for a time in one from stagnation, and then moving away to another. And here Dr. Stokes's receptivity comes into play in explaining the selection of its insidious attack. The circumstances are favourable to its imbibition, and the victim is struck. What can be more probable than all this? Contrast with it the probability of an epidemic metria, which *does not exist outside*, permeating the hospital, selecting one victim after another, within its walls, say even in distant chambers, and never going beyond the hospital, the disease dying out after a time on the law which regulates these strange variations, returning in the same manner; and this often occurring, again and again, as I have known it to be the case, before selecting some cases for attack in the district. These cases frequently traced, as I have done, to the patients of the same practitioner, who was at the moment attending the infected hospital, and thus dying out in the district only to crop up in the hospital again at a short interval. And then let us repeat the question, to which cause, epidemic or contagious and endemic influences, are we to refer hospital metria as most probable? Surely there can be no hesitation, to use Dr. Stokes's own language, that of these two methods of explaining the phenomenon, metria, we should accept that which is most probable, and which, with much deference to him, I submit I have thus, on his own test, established to depend upon endemic and contagious, not epidemic, influences.

But, Sir, before leaving the subject of epidemic, the derivation of the word implies that it is a generally prevalent and atmospheric pervading influence, operating physically upon man, animals, and plants. It may be by alteration in the physical properties of the atmosphere simply, as sudden changes from heat to cold, from drought to moisture, or the reverse; or from changes either thus indirectly or directly produced in its electricity. Under this class of cases may be mentioned as epidemic, influenza, rheumatism, facial paralysis, dropsies, produced by checking the insensible perspiration, &c. It may be from the loading of the atmosphere with a noxious or poisonous exhalation of a vegetable or earthy nature, such as ague or those fevers of tropical climates, pervading certain localities, and from which our soldiers suffer on too near approach to the coasts. Or it may be from the atmosphere being loaded by animal poisons or exhalations, such as we observe from defective sewage in cities, when typhoid fever, diphtharite, and typhus prevail. Or, lastly, it may be a disease requiring contact or approximation of the diseased with the person to be affected, and ascribable to the direct communication of a poison from the one to the other. Whooping-cough, the exanthemata, mumps, furnish us with such examples.

But why do we dwell upon these truisms? Because there is a great scientific distinction and a great practical lesson to be learned from their recapitulation and study. The first group described should be classed as quite distinct from the others, as all pervading, and not necessarily depending for its production upon the contamination of a poison. It is non-preventable, and in its attacks all are susceptible to its influence. Nevertheless, some of the diseases of this class, as influenza, are capable of transmission subsequently by a poisonous influence generated in the person attacked.

(To be continued.)

Literature.

SPECIAL REPORT
ON
STUDENTS' TEXT BOOKS.

(Prepared expressly for the Medical Press and Circular, by Professors in Schools of Medicine.)

No. II.

In resuming our Report on Students' Text Books, we are brought at once face to face with the intimate association between Anatomy and Physiology. The two may almost be looked upon as one, and yet for the purposes of the medical student they are very properly divided, and even subdivided.

If we regard only the scientific aspect we may consider physiology as the crown of the whole, and yet if we spoke for others than medical students, we should recognize how little anatomy they learned for the sake of the physiology. The devotion to anatomy, the practical acquaintance with it which medical men possess, will always give them, as a class, an advantage over all other physiological inquirers. It is this which places them in the position of artists, where non-medical physiologists can only rank as amateurs. Even the very brief but clear and excellent "lessons" of Professor Huxley, which we noticed last week, recognize the importance of anatomy. We cannot do better than quote that great author's words to enforce this truth. In his preface to the second edition he writes, "It will be well for those who attempt to study elementary physiology, to bear in mind the important truth, that the knowledge of science which is attainable by mere reading, though infinitely better than ignorance, is knowledge of a very different kind from that which arises from direct contact with fact, and that the worth of the pursuit of science as an intellectual discipline is almost lost by those who seek it only in books."

This lesson from a great master needs no further confirmation from us, nor need we proceed to follow him in encouraging others by showing how the butcher's shop may be called upon to provide the organs of inferior animals for practical anatomical study, though we may remark that the same resource may advantageously supplement the dissection of the human frame which the medical student is called upon to perform.

As anatomy is the basis of physiology, so is osteology the foundation of anatomy. Without a knowledge of the bony framework it is impossible to acquire a full appreciation of the whole body; and the study of the bones is still further to be inculcated, inasmuch as a knowledge of them is directly required in practical surgery.

A much more minute and accurate acquaintance with osteology is required of the medical student than is necessary for physiological studies, and than would be expected for degrees in arts or sciences where physiology is required. The first portion of the student's anatomical study is therefore devoted to this. Many teachers advise their pupils to give up the first half of their first winter to this division, and on no account to begin dissecting until after Christmas; and we think the advice is sound. There are some, indeed, who in apprentice days have made considerable advances in this, being possessed of a good skeleton, or a part of one, and studying it with a book. This can easily be done, and we certainly commend all who do it. Plates alone, beautiful as some are, will not suffice, and the skeleton must be studied bone by bone. It must be felt and handled and minutely examined for the purpose of the medical student.

Most of the anatomical manuals contain descriptions of the bones with engravings, and point out the main facts. to be remembered, every one of which should be sought out in the skeleton, the fingers thus aiding the memory in this, the driest part of anatomy. Other books are devoted solely to osteology. There is a small book of Mr. South's, "A Description of the Bones," which may be picked up at any old medical book shop for a few pence; this will be found very useful to young students and apprentices. The engravings are good and the descriptions concise. We have a very lively recollection of "South on the Bones," which was at one time our pocket companion, and by the aid of which, and an imperfect skeleton, we made much progress before commencing our hospital career. We owe the veteran surgeon whose severity at the college examinations we afterwards tested and found it nothing to fear, thanks for the help of his little book in long past days; and we hereby discharge our debt.

Mr. Luther Holden, of St. Bartholomew's Hospital, has brought out a magnificent work, entitled "Human Osteology." It comprises a clear description of all the bones, illustrated with a large number of lithographs, drawn by the author, delineating the attachments of the muscles and other points in a manner that has never been excelled. The fourth edition of this artistic work will be ready next month, and no doubt Mr. Holden will have revised it with his usual care, so that we may possibly have another opportunity of speaking of it. Judging of the first edition, the only one we have personally used, we cannot too strongly impress upon students the great value of Mr. Holden's book, and we predict that the new edition will be eagerly purchased. The same author's excellent "Manual of Dissection" is naturally much used at St. Bartholomew's, just as Ellis's "Demonstrations" is a sort of recognized book at University College, Gray at St. George's Hospital, and Wilson's "Manual," and the "Dublin Dissector," at many other schools. Gray's "Anatomy" is one of the very best for home reading, only to be rivalled by the still larger work of Quain and Sharpey, which few students will like to begin upon. In the dissecting room, Ellis, we think, is tedious from its excessive minuteness; and students naturally rebel against too fine descriptions of cutaneous nerves. Only Holden can compete with the "Dublin Dissector," a book that has maintained its repute as the best dissecting room guide through five editions, and is now revised by the learned Professor of Anatomy in the University of Dublin (Mr. J. Harrison). Of Heath's "Manual," we are informed that an enlarged and revised edition will shortly be out, and we have not yet mentioned Ledwich's "Practical and Descriptive Anatomy," nor the beautiful account of the "Anatomy of the Arteries," by Professor J. Hatch Power, both of which deserve full notice; so that it will easily be observed that we may fairly postpone the completion of our remarks on anatomical text-books.

Freshmen will confine their first purchases to the osteological department, and can thus hear what we have to say on other books before purchasing them. They will, however, be asking for more on physiology. Of the larger works on this subject what shall they buy? What are their several distinctions? There is a choice. Marshall's, Kirkes's, Mapother's, Carpenter's large work, and his Manual, as well as some others, can be relied upon, and numerous books may be perused in addition. To these important text-books, then, we now turn.

Marshall's "Outlines of Physiology, Human and Comparative" (Longman's), is, as the title conveys, a very comprehensive work. It consists of two thick volumes, profusely illustrated by first-class wood-engravings, and was published at the end of 1867, so that it is brought down to a very recent date. Mr. Marshall treats physiology as dependent, to a large extent, on chemistry and physics, as well as anatomy. This we think quite right, and as he has not overdone this, but expects the student to know the elements of chemistry and physics, so far as to understand his descriptions, he has produced a text-book which may lay claim to completeness for the medical student, and will also admirably serve the purpose of intending graduates in arts and sciences, or of students of Nature generally. How important this is may be seen by looking at the description of any organ,—its structure, its physical and chemical properties, and the conditions, whether mechanical, physical, or chemical, through which, or in conjunction with which, its physiological functions are performed; all these are carefully described, besides which the distinctions between the functions in man and the animals in each case are fully illustrated. Here, then, is a work abounding in information, arranged in due order, and only wanting careful study to enable any one to learn all that books can teach concerning physiology. It is encyclopædic in its mass of facts, but these are all classified, moulded into one homogeneous whole for the reader's benefit. It contains all the medical student needs, and is, moreover, just the book for all other persons who desire a comprehensive work on the great subject of which it treats. To justify our recommendation we will sketch briefly the plan of Professor Marshall's book.

The first volume opens with an introductory sketch of anatomy, giving a general plan of the body, and an account of the textures of which it is composed, the microscopic structure, physical properties, and chemical composition of these tissues included. Next follows general physiology, under which are sketched the vital properties of the tissues, and an account of the functions of the living animal. Pursuing the comprehensive plan laid down, Mr. Marshall now enters on the relations of man to other animals. This involves a sketch of the animal kingdom as a whole, and a comparison is then drawn between this and the vegetable and mineral kingdoms. It will thus be seen how broad a base Mr. Marshall proposes to build upon, and how extensive is the field of knowledge he brings under cultivation. More than 150 pages are occupied with this preliminary portion, and then we enter upon special physiology, in which the animal functions are successively described. Animal motion is the term applied to muscular contractility and ciliary movement. The various movements of animal bodies are treated of separately, in the following order:—Locomotive organs; mechanics of the body; forms of progression; locomotion on solids, in fluids, and in air; prehension and manipulation; expression and gesture; voice and speech. Under the last head we have the anatomy of the organ of voice, a sketch of the mode in which sound in general and the voice in particular is produced; the difference of voice in man and animals from speech, and so on. This carries us past the 270th page and introduces the next section, that on sensation generally, and the functions of the nervous system. Then follows a sketch of each of the senses, every organ being fully described. This brings us to the close of the first volume, which contains 607 pages.

It will be seen how much remains to be treated in the second volume, which, in some Manuals, is taken up at a much earlier stage. That part of this valuable work treats fully all the functions of so-called vegetative life. Digestion, absorption, the circulation and respiration, sanguification, nutrition, secretion, excretion, &c.—all these are fully and clearly described, and we have further embodied in the book what the student requires to know about animal heat, light, and electricity, and their relation to chemico-vital action.

There is a separate division on "Animal Statics and Dynamics," in which are discussed the specific gravity, stature, and weight of the body and its organs, the balance between the ingesta and egesta, the forms of force exerted on the body, and their relations to the food and air consumed and the chemical processes in action. The subject of reproduction in the animal kingdom is treated fully, the evolution of the chick in the egg being taken as the groundwork for the description of the embryo. The second volume is brought to a conclusion with a concise description of the growth, decay, and death of the body. We should add that there is, what every Manual should possess, a copious index, which makes it a very valuable work of reference in any of the many subjects included in it.

We have been thus particular in telling the reader what he will find in Marshall's "Physiology," as we desire to encourage the careful study of such a comprehensive yet well-knit work. It will be seen that while the author has made physics, chemistry, and anatomy, the triple foundation on which he builds the science of physiology, he has so thoroughly finished his work, that we have, as it were, presented to us one harmonious whole. Such a book as this cannot fail to be of immense value to medical students, and those who possess and use it will make their physiological studies pleasant, while they need have no misgivings about examinations to come. For students in other faculties, teachers in schools, intending graduates in arts and sciences, and all who enter upon the study of Nature in earnest, we know of no book to be preferred to Mr. Marshall's. Still, as we have already said, we advise all to precede this by a briefer and more elementary work, and we would also repeat our recommendation to read other works. There are a number of books that may advantageously be read by way of varying the study, by those who make this their text-book. Moreover, for medical students, there are other Manuals which may claim to rival this, whether for the popularity they have obtained, the position of their authors as physiologists, their general use in certain schools of medicine, or their exact adaptation to the wants of the medical student. To them, therefore, we now turn, with a view of pointing out their chief features.

(To be continued.)

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HYPERTROPHY OF ONE HALF THE BODY.

Prof. Samuel Logan (*New Orleans Journal of Medicine*) reports the case of a girl, with the following history: age four years; well grown for age; parents, as well as self, are natives of Louisiana; has seven brothers and sisters, all of whom are healthy. The parents are both healthy in every respect; the mother has borne twins three times, the child who is the subject of these notes not being, however, one of the twins. The family history as regards health is excellent, except that one of the mother's brothers has two out of six children deaf and dumb, but the mother of these children is delicate and in no way related by blood to the family of this child. About ten days after birth, the right half of the person of the infant was found to be larger than the other, and since that time the disproportion has seemed steadily to increase. She is now a strong, hearty child: but the disproportion is marked in every particular, more so, however, when the opposite extremities are compared. One leg is about an inch larger than the other, causing a peculiar gait, and the foot requires a shoe at least one and a half or two sizes larger, and the two arms and hands show a corresponding disproportion. The difference is, of course, not so marked, but can be readily seen, in the head, the eyes, the nose, the tongue, and the trunk all the way down. The only very serious atttack of sickness from which the child has ever suffered, she experienced in September, 1867, when she was very ill with yellow fever, having had black hemorrhage by the bowels. I am informed that her recovery from this attack was tedious, and that, about ten days after convalescence was considered established, a portion of the alveolar process of the lower left maxillary bone, containing one incisor and a canine tooth, the latter embryonic, sloughed off. Since this she has been restored to her usual good health.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 29, 1869.

VACCINO-PHOBIA.

No. II.

THE spread of vaccino-phobia deserves some attention from medical men, for the public mind is easily alarmed, and the fanatics who have set themselves up to oppose the prevention of small-pox are by no means scrupulous as to the means they employ. Some of them actually set up a periodical, in which anti-vaccinators may have their silly effusions printed; and it would seem that there are people so far gone as to subscribe for the gratuitous distribution of this compilation. We would by no means impugn these people's honesty of purpose; but we do feel saddened at the utter ignorance they display, the sublime defiance of logic they evince, and with all their pretence of doubting the inexplicable credulity of which they are the victims.

They rave over the terrible eruption that here and there they declare a child has had after vaccination, oblivious of the fact that the same eruption might have come out if the child had not been vaccinated—nay, that such eruptions do occur every day in unvaccinated infants. It is always so; *post hoc ergo propter hoc* is the one argument that the ignorant employ, without seeing its fallacy; the simple means of exciting the fears of the anxious, the time-honoured weapon of quackery and superstition. How should it be met? It is easy enough for one case produced by the vaccino-phobiacs in support of their statements, to find a dozen on the opposite side, or to find still more cogent cries to prove a different cause. So far as logic is concerned, the man who disbelieved in the efficacy of vaccination because his child, after the operation, fell out of window, was as reasonable as many of these noisy agitators against a beneficial practice. So it may just as reasonably be maintained that the alleged evils imputed to vaccination are really due to other causes—to diet, to cold, to change of weather, to eating fruit or plum-pudding, or drinking milk or beer. It would be well for every professional man who may be asked about the dangers of vaccination to explain the fallacy of the one argument relied upon by the vaccino-phobiacs.

We think, further, that too much has been admitted by some in their eagerness not to overstrain the matter. The talk about the conveyance of various dire diseases is utterly unjustifiable. The cases that have been brought forward, if carefully examined, prove nothing of the kind; and all accurate observation goes to show that the alleged propagation of disease does not occur. Why, MM. Heim, Taupin, and Cullerier tried a number of experiments, and were unable to propagate disease with vaccine lymph, though they tried their best to do so. We need not repeat such experiments—they are scarcely defensible according to our notions—but as they have been made, we may take them into account. If, when *unhealthy* children were selected for the express purpose of trying if disease could thus be propagated the experiment failed, surely when lymph is taken from only *healthy* children, and every precaution is used to prevent any evil, we cannot credit that vaccination really is a common means of inoculating diseases.

A great deal has been made of the candour of many thoughtful men, who are too ready to admit doubts where they are not certain. The recent letter of Dr. Seaton was, to our minds, far too weak. It admitted that of which there is no proof, and yet asserted that which would be excessively difficult to prove, and was, on the whole, a very unsatisfactory performance. It would surely have been easier to say something far more to the point. Even if serious evils did occasionally result from the operation, we should say that vaccination was worth the cost. How much more, when doubtful temporary inconveniences are alone in question?

The public should be informed that Jenner's discovery has almost banished one of the most loathsome pestilences. We know nothing of small-pox now in comparison to what our forefathers knew of it. In each of the three years, 1838-40, before there was any provision for gratuitous vaccination, small-pox slew on the average 11,944 persons in England and Wales. In the nine following years, during which gratuitous vaccination was provided, the annual average was 5,221. In the next ten years, when it became to some degree obligatory, the average was 3,351, and with compulsion it is sure to rapidly decrease. This last number represents 171 deaths per million of the population, as against 304 and 770 in the preceding periods named. Dr. Lettsom and Sir G. Blane estimated that the number was at least 3,000 per million, as the annual average of thirty years prior to the introduction of vaccination. Can figures speak plainer!

In Ireland, as Dr. Cameron has last week exclusively shown, small-pox has been almost stamped out by the careful and systematic manner in which vaccination has been carried out. He tells us that "during the ten years ended in 1841, no fewer than 58,006 persons perished from small-pox in Ireland, and three times that number were disfigured for life by the ravages of the disease. During the decade ended in 1851, the deaths from small-pox numbered 38,275, and in the following decade the deaths from this disease amounted to 12,727. In the year 1866, 186 deaths occurred, and in 1867 only 20 persons lost their lives from small-pox. Last year 19 persons died from small-pox."

Dr. Cameron remarks that "in studying the statistics of small-pox in Ireland, it is impossible not to be struck with the fact, that just in proportion to the efforts made by the Poor-law medical officers to carry out vaccination, so have the cases of small-pox diminished."

We leave these figures to speak for themselves. The Profession has only sought to banish small-pox. The vaccino-phobiacs in their ignorance would set up some trivial inconveniences, which they imagine are produced by vaccination, as enough to counterbalance the benefit of delivering us from the greatest scourge of modern times. When they would bring back small-pox as it was in preference to these alleged petty complaints, they can only be excused because they know not what they say.

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THE LUNACY REPORT.

The first heading of this important Blue Book[*] is statistics. We find that there are at present in England and Wales 6,224 private and 46,953 pauper lunatics, making a grand total of 53,177 of our number. This shows a slight increase of 2,177 insane persons over the total of 1867. The total weekly cost per head of these, it appears, averaged in county asylums 9s. 2½d. a head. In the Report preceding the one before us, the Commissioners brought under special notice the pressing want of additional asylum accommodation for the pauper lunatics of the County of Middlesex. The visiting Commissioners, in 1869, found that at Colney Hatch, in the space of little more than twelve months since their previous visit, no fewer than 562 distinct and separate persons, all of them pauper lunatics belonging to parishes in the County of Middlesex, had been refused admission into that asylum, the entire number of vacant beds at the time of their visit being five; so that, supposing the number first stated to represent only those for whom admission had already been sought at Colney Hatch, this would yet leave nearly 600 Middlesex patients, in the course of less than one year, turned from the doors of one of its asylums alone.

The excuse for this inaction seems to have been, that the magistrates felt themselves under the necessity of waiting "until it could be ascertained to what extent the asylum clauses of the Metropolitan Poor Act might prove to be available for supply of the desired accommodation." The Poor-law Board, however, it appears, observed that not only they held that the Legislature had intended, by these asylums, to provide for such harmless and imbecile cases only as could by law be retained in workhouses, and that they had never contemplated the removal and reception into them of persons who could not properly be treated in workhouses. The Commissioners on this seem to have explained this matter clearly to the magistrates; but they are obliged, in their Report, to declare themselves to be again disappointed by the inaction of these gentlemen. The Commissioners, therefore, it appears, were obliged to call in the assistance of the Secretary of State, to compel, by the authority vested in him by the Lunatic Asylums Act, 1853, the magistrates of Middlesex to erect, without delay, a third asylum for at least 1,000 patients. The consequence of the crowded condition of Hanwell and Colney Hatch Asylums has been, that several most dangerous cases have been found to be living in several of the workhouses. For example, in the workhouse of St. George's, Mount street, Grosvenor Square, there was found a woman in acute mania, restrained by a strait jacket in bed, and who threatened the life of one of the two pauper nurses in attendance upon her; and a woman was retained at Westminster for six weeks in a state of violent mania, strapped to her bedstead for several days and nights together. Again, the Commissioners visiting the workhouse of the Holborn Union, found two women, the urgency of removing whom had become so great that, during the week before, applications had been made, without effect, to no less than nine asylums, public and private, in London and the provinces. "With wearisome frequency," say the Commissioners, "the application has come to us, 'we have now another lunatic inmate who ought at once to be removed, but the county asylums and all the metropolitan asylums are full.'" It seems, too, that it has now become a perfectly hopeless thing to expect admission for any pauper paralytic patient into any lunatic asylum in Middlesex.

The Commissioners complain that there is very great want at present of hospitals in which the insane of the middle class who, though poor, are not reduced to pauperism, may be received at small sums, varying from 5s. to 10s. and 15s. a week. So inadequate is the charitable aid afforded to this class at present, that the pauper asylum is the only resort for them; and daily increasing numbers are sent there as ordinary paupers, the parishes being partly, or in some instances wholly, reimbursed for their maintenance.

To such an extent is this practised in county asylums as to be frequently matter of formal complaint by the visitors, imposing, as it is argued, a burden upon the ratepayers which they are not legally called upon to bear. To the patients themselves, also, it is no less a hardship and an injustice; and painful cases are constantly coming under observation in which persons of education and social position—clergymen, barristers, medical men, and others who, from reduced circumstances, are unable to meet the lowest charge at which admission can be obtained into licensed houses—are, as a last resource, driven to associate with paupers. The weekly cost of patients in lunatic hospitals, it seems, varies from £1 1s. 9d. to 11s. 3d. In the case of the Bethel Hospital, the establishment charges are very low. The cost in the Lincoln Hospital of 17s. 7d., and in the Retreat at York, the Warneford Hospital, and that of St. Thomas's at Exeter, of little over £1 a week, represents, probably, with sufficient accuracy, the amount at which patients may be maintained in lunatic hospitals not receiving to any great extent those of a high or remunerative class, and yet obtain every care and accommodation. The Commissioners think it important to state, as a general rule established by much experience, that the erection of large and expensive buildings is neither desirable nor expedient. We are glad to see that these gentlemen agree with Sir J. Y. Simpson in their department.

In reporting upon St. Luke's Hospital, the Commissioners observe that the Resident Medical Officer, who, according to the Lunacy Act and the uniform practice in similar cases, ought to be the Superintendent, is not so in fact, but is substantially deprived of that paramount influence which it is most important should be vested in such an officer. St. Luke's is not the only hospital in London which might be complained of on the same score. On the 1st of January, 1868, there were 79 patients in St. Luke's paying at the rate of £1 3s. 4d. each per week; the charge to the paying patients *now* is £1 1s., but 38 are on the old list, and pay less than 10s.; 41 pay the guinea. But there has also, it seems, been much vacant space in the hospital for some time past. The wages of the attendants seem to be very low in St. Luke's, as evinced by the frequent changes in the staff. The disadvantages of the site and structure of St. Luke's Hospital are frequently alluded to by the Commissioners; the difficulty, too, of getting walks beyond the walls, and the gloomy nature of the rooms occupied by sick or bed-ridden patients.

The Commissioners observe that they think the Governors of Bethlehem Hospital ought to have sold their hospital some years ago to St. Thomas's Hospital. They fear that there is little chance of this hospital being now removed to the country. The whole of the criminal lunatics are now, it appears, removed to Broadmoor. The condition of the hospital and patients was found in 1867 to be quite satisfactory. During the autumn, about 44 of the patients were taken to Brighton and Ramsgate, where three houses were rented for them.

With regard to Earlswood Asylum, the Commissioners praise the conduct of the asylum very highly. Epidemics of typhus and scarlatina seem, as one might expect, to have occurred. We have always doubted the advisability of any kind of children's hospital, and this the more confirms us in our prejudice against them. The water supply at Earlswood has been bad in quality, and it is likely that some change in the source will be made. Dr. Down resigned his appointment in 1868. The York Retreat is favourably spoken of by the Commissioners; ample means are afforded for walking and driving out. There are now 139 patients in it, and a large amount of charitable assistance is dispensed by this hospital; as many as 61 patients in the hospital on January 1st paying under 10s. a week, and 11 others from 10s. to 15s.

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[*] Twenty-third Report of the Commissioners in Lunacy, July 14, 1869. Pp. 403.

With regard to the insane in the workhouses, the result of the yearly inspections has been unquestionably to produce a gradual and general improvement in the condition of the insane inmates; but there are still great deficiencies. The dietary is often, it seems, very meagre, and notably so in Lancashire. The Commissioners think that the insane require more food than healthy persons do. The practice of retaining in workhouses cases requiring asylum treatment is very general. Among the cases most frequently retained are those of melancholia, when the disease is frequently of recent origin and curable form, but where, because the patients are not troublesome, and are not deemed to be dangerous, they are allowed to drift into a chronic and incurable state, and their chances of recovery by early removal and appropriate treatment, only possible in an asylum, are entirely sacrificed. The most fertile source of the evil complained of, however, and an indirect cause of much chronic insanity, is neglect of the duty imposed upon relieving officers by the 67th section of the Lunatic Asylums' Act, which requires that they shall, within three days of every case of insanity coming to their knowledge, give notice to a Justice, in order that due consideration, as contemplated by the Act, should be given as to the propriety of the removal of the patient to an asylum.

The Commissioners state that their experience more and more convinces them that the cost of an inquisition remains still excessive, and that it would be a great advantage, in cases where a lunatic's property does not exceed £2,000, and its annual income is below £100, no formal inquisition were required. Not a few persons are deterred, they think, from applying for an inquisition by the expense. An instance is given of a female lunatic, who was sent to Hanwell as a pauper patient; in her passage through a London workhouse £86 was found upon her, and was taken by the Guardians. This the Guardians retained, because she could give no legal receipt; and the Commissioners were obliged to advise her father not to proceed against them under the Lunacy Act, as such a proceeding, if successful, would probably absorb a fourth of the property. They recommend that some intermediate and easily applied protection should be found, limited in character, and procurable, as well as terminable, without undue delay, difficulty, or expense, for the property of persons who have been placed under certificates of insanity in asylums. It would seem advisable, they say, that, as soon as insanity is actually established, some *ad interim* and official, however limited, protection of his property should be accorded upon terms easy of compliance by his friends.

The first complete return of private and pauper lunatics, it seems, was made in January, 1847. The numbers detained under private care at that date were—in licensed houses, hospitals, and county asylums, 3,574; and as single patients, 130; which numbers in 1869 have risen, under the former head, to 5,900, and under the latter, to 324. Of lunatics belonging to the pauper class, there were, in January, 1847, 9,652 in asylums, and 5,987 in workhouses—total, 15,639; whereas, in January, 1869, these numbers are, under the former head, 28,785, and in the latter not less than 11,000, or a total of nearly 40,000. The great increase began to be felt when the Commission, having then existed eight years, first came to its present offices in Whitehall. Since that date 20,000 persons, at least, have been added to the number of lunatics who are placed under control and constant supervision by the Commissioners. Such is a brief comment on this sad picture of human infirmity, the Commission on Lunacy. Byron, who has lately been accused of all sorts of offences against the Decalogue, called the human species that "bitter draught." Alas! when we read over this record of our frailties and our miseries, we cannot fail to admit that there was some truth in his epithet. Poverty, madness, and consumption seem to dog the footsteps of civilization, and to be rather on the increase with us than the reverse. Let us hope that Science may ere long do a little more for us than it hitherto has done.

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SCOTLAND.

THE LATE DR. CHRISTIE.

John Christie, M.D., F.R.C.S. Edin., has been at Aberdeen since 1846, and enjoyed the confidence of his Profession. His skill in obstetrics brought him a large consulting practice in that department, though for the last two years his health had compelled him to do less and less. He died of heart disease, at the age of fifty-one. For some time he was Professor of the Institute of Medicine at King's College, Aberdeen, and he filled a number of other offices.

THE LATE DR. SIDEY.

James Sidey, M.D. Edin., of Elgin, has passed away, at the age of sixty-four. The *Courant* describes him as a man whom all "not only respected, but loved." He had been in the Army, where he had gained the good will of his commanders and the friendship of his companions in arms.

THE INFIRMARY.

Dr. Andrew Wood and Mr. Syme have expressed an opinion that, if Watson's site be built upon, the old Infirmary might be utilized for the administrative departments.

At the Glasgow Dispensary, Dr. A. W. Smith succeeds Dr. McCall Anderson, who has been promoted to the Infirmary. Dr. Cameron is the new extra-surgeon to the Dispensary.

The death of A. D. Brandes, Esq., Surgeon, of Forres, Morayshire, at the age of seventy-eight, is announced.

The election of Examiners to the University of Aberdeen excites some interest just now. There is a difference of opinion as to whether the present Examiners should be re-elected.

Mr. Syme has written a letter in defence of large hospitals, which deserves, as all Mr. Syme's utterances do, the serious attention of all, and which must be carefully considered by those who have given in their adhesion to the "small hospital" view.

Royal College of Surgeons of England.—The calendar has just been published; it states that the income from all sources during the collegiate year amounted to 10,852*l.* 14*s.*, derived principally from fees for diplomas, viz., 8,506*l.* The disbursements during the same period amounted to 10,669*l.* 15s. 4d.

Notes on Current Topics.

The Cause of Heart Disease in the Army.

PROFESSOR MACLEAN reverts in the new Blue Book to the cause of heart diseases in the Army, and emphatically reasserts that a large proportion of cases arise from the soldier's dress. In a word, that the so-called "soldier's spot" is a pathological fact.

Since the Royal Victoria Hospital was opened in 1863 up to last March, 22,625 invalids have been admitted from abroad, the vast majority being from India. Of this number 1,635 were sent home unfit for duty from disease of the heart. Of the cardiac cases, 24 died at Netley, 1,322 were discharged the Service, 276 returned to duty, and 13 remained on the 10th of March, 1869. The greatest number of cases returned to duty proved to be functional derangements due to a general anæmic condition, the result of service in malarial localities, the abnormal sounds and irregularities disappearing under an improved state of the general health, brought about by change of climate, rest, good diet, and the use of the preparations of iron.

It should be explained that many cases of palpitation have been classed with diseases of the valves. In all subsequent returns under the new nomenclature they will be differently recorded.

Palpitation is often a greater disability for military service than even valvular disease. It often happens that soldiers have loud heart murmurs without being conscious of much or any inconvenience, except under severe exertion; but palpitation causes distress, and at once disables a soldier from the performance of his duty.

This condition is almost invariably attended with dilatation of the right side of the heart. It is observed chiefly in delicate lads, and is often established in an extreme degree after a few years', sometimes after a few months', service. Once fairly set up, Dr. Maclean doubts whether it is ever cured, for he has kept young men under observation for months, under the most favourable conditions as regards rest, diet, and medicine; but on causing them to resume their ordinary dress and accoutrements, or to walk about the corridors of the hospital, distressing palpitation immediately returned, making further exertion impossible.

Many cases of palpitation are sent to Netley from all parts of the world under the head of carditis. Under the new nomenclature return this extremely inaccurate heading will disappear.

Taking 151 cases of heart disease from the Netley clinical records, 82 were under 30 years of age, and 39 between 30 and 40, the two extremes being 16 and 40; only 6 had had acute rheumatism; 22 had a distinctly recorded history of syphilis, and in only one case was there evidence of a gouty diathesis.

In 72 the aortic valves were diseased, with more or less hypertrophy of the left ventricle, where the disease was aortic obstruction.

The mitral valve was affected in 54 cases; in 25 the cause of disability was palpitation, often with dilatation of the right side of the heart.

93 cases of aneurism of the aorta have been admitted into the hospital. Seven died and the remainder were discharged the Service.

Between the 1st of April, 1867, and the 1st of April, 1869, 36 cases of aneurism of the aorta were under treatment at Netley. 26 were from India, 8 from North America, 1 from the Cape of Good Hope, and 1 from New South Wales; 18 were under 30 years of age, and 18 between 30 and 40. The youngest was 16, the oldest 40 years of age. The former was a lad invalided from India for headache following sunstroke; he fell down one of the hatchways of the transport, and to this he attributed his chest symptoms. The Medical History Sheet showed a rheumatic history in 5, and a distinct syphilitic history in only 3 of the cases. In 25 the disease was in the thoracic, and in 11 in the abdominal aorta.

Having summarized the facts thus presented, we come now to the inferences to be drawn from them, and here we are desirous of laying before our readers the exact words of Professor Maclean. He says:—

"A very notable fact in the above figures is the early age of the patients affected both with heart disease and aneurism of the aorta, I doubt whether, out of the Army, so many cases of organic disease of the heart (not having a history of rheumatism), or of aneurism of the aorta, could be found at the above ages out of a proportionate sick population in any civil hospital in this country. I do not think there is now much difference of opinion among Army Medical Officers who have inquired carefully into the causation of this large amount of suffering and loss by invaliding. The evidence furnished from this hospital, and the careful inquiries of the Pack Committee, point unequivocally to dress and accoutrements as the active agents in this distressing amount of mischief. The Pack Committee have, I believe, solved both the mechanical and physiological problems submitted to their consideration. So long as it is thought necessary to make the soldier carry what he is new required to do, I believe it would be impossible to dispose of it to more advantage. As the new system of accoutring the soldier can only be introduced gradually into the Service, it will be some time before we can expect to see any marked diminution in the number of cases of heart disease. I have thought it advisable, therefore, to place the above facts and figures, collected in the largest invaliding hospital in the kingdom, on record for future comparison."

Professor Maclean then proceeds to do an act of justice to the memory of the late staff-surgeon, R. H. Hunter, formerly of the 2nd "Queen's" Royal Regiment. This officer was the first to direct attention to this cause of diseases of the heart and great vessels in the Army. In the 1st volume of the "Transactions of the Medical and Physical Society of Bombay," there is a paper by this gentleman, entitled "Cases of Cardiac Disease and Tubercular Phthisis occurring in the Queen's Royal Regiment." In this paper Dr. Hunter thus expressed his views:—

"Ever since I joined the 2nd, Queen's Royal Regiment in Colaba, in 1831, I have been struck with the frequency of cardiac and aortic disease. At first I thought it might be connected with the same morbid state of the blood which gave rise to purpurea, so frequent at that station; but it afterwards prevailed to an equal extent in Poona, where no such cause could be assigned. Neither does it appear to be altogether connected with rheumatism, though certainly most frequently so; but whether or not rheumatism be the first link in this morbid chain, a more sufficient cause for hastening its progress, I am convinced, is the active duty a soldier undergoes whilst buttoned up in his accoutrements. These, by compressing the neck and chest, obstruct the circulation to such a degree as to excite the heart to inordinate action, and cause great hypertrophy in the strong and muscular, or to dilatation in the weak and sickly. Again, in the former the natural resiliency of the aorta, being overcome by the inordinate force of the circulation, that vessel yields, dilates, and finally gives way, giving rise to aneurism.

"It seems extraordinary that now the effects of tight lacing on females are so well known, a soldier, intended for the most active and long-continued exertion, should be placed in a similar predicament when that very exertion is required. Is it possible he could be placed under more unfavourable circumtances?"

The Late Dr. Roget, F.R.S.

P. M. Roget, whose M.D. Edin. diploma was obtained in 1798, died on the 13th inst. at Malvern. He became L.R C.P. Lond. in 1808, Secretary of Medico-Chirurgical Society in 1811, and reached the presidency of that society in 1829. In 1814 he obtained the F.R.S. He was at one time physician to the Spanish Embassy. His Bridgewater "Treatise on Physiology," and his "Thesaurus of English Words and Phrases" are both well known to the public.

Scarlet Fever.

The prevalence of this disease lends a somewhat painful interest to all that may just now be written about it. In reply to an appeal in the *Malvern News* for a "simple remedy, generally available and easily carried out, for preventing the spread" of scarlet fever, Mr. Frederic Smith has issued a very useful pamphlet, in which the duties of parents, nurses, schoolmasters, and local authorities are precisely laid down. We need not go particularly into the recommendations offered by Mr. Smith, which are such as will meet with the approval of all qualified to judge. We should, however, note that he supports the views of Dr. Wm. Budd on the value of inunction both as a remedial and preventive agent. The only objection we have ever heard against the inunction is, that it is a "nasty plan," and in private practice almost impossible to persuade people to try it. We quite agree with Mr. Smith that too many are suffered to return to the family too early, and that twenty-five days is certainly the minimum time during which the patient must be isolated. Even then he ought only to come after all the clothes have been completely disinfected. Mr. Smith proposes a "Scarlet Fever Conference, composed of the head masters of our public schools, assisted by such eminent men in the Medical Profession as they might deem it expedient to associate with themselves."

This Conference, like the Cholera Conference, would investigate everything relating to the origin and spread of disease, and agree upon a code of rules by which to hold it in check. There can be no doubt that much might be done by such union to prevent some of the ravages of this pestilence, and to spread a knowledge of the danger of propagating it. Those who have been able, as we have, to trace the outbreak of epidemics to single acts of carelessness or rashness, know well that upon those who have charge of schools devolves a terrible responsibility. We should, however, be rather disposed to place our confidence in a conference of medical men having the care of schools. Each would then explain to all the masters the details of what is needful. At the same time, the vigilance needed is so great that it is impossible to keep out scarlet fever unless all interested will join in the attempt.

The conference of masters could do no harm, and might do much good by taking measures to point out to parents and guardians the excessive danger, and consequently the wickedness, of sending to school children who have only just had the disease, who have not been long enough secluded, or whose clothes have not been thoroughly disinfected. We have known such a case spread the fever through a school. Means should be taken to let parents know this danger, and then, if they risk it, the law should hold them responsible.

The Scandal at St. Bartholomew's Hospital.

The students at St. Bartholomew's Hospital are not disposed tamely to submit to the high-handed wrong perpetrated in the dismissal of Dr. Mayo, and old St. Bartholomew's men sympathize. The squabble now brought to a crisis has been long enough on hand, and it is felt that, without some unmistakable expression of opinion, tyranny will for the future be triumphant, and the Profession set at naught. We have heard some remarks that lead us to believe that some of those who have approved the act we condemn were induced to do so partly from the tone of the published appeal of Dr. Mayo to the Governors; but such persons ought not to forget that when a conscientious man is labouring hard to do his duty in an office for which he receives no pay, months of impertinent interference with his work, or contemptuous indifference to his complaints, naturally goad him into energetic and pointed language. See what these people have done. They dare not have the usual Introductory Lecture on the opening of the Session; and so this old School, alone in the metropolis, is to be opened without the usual greetings.

The students and former pupils feel that such ought not to be, and we hear that they will assemble formally and hold a meeting, in which the mismanagement and oppression complained of can be fully discussed. Of course they will not be permitted to hold such a meeting in any building belonging to the Governors; hence the necessity for the place of assembly being an outside one. We wish the meeting success, and trust all St. Bartholomew's men who can will go and hear the statements, and form their own opinions. We hope, too, the honorary staff will be represented there. They ought to keep silence no longer. Either a younger professional brother—with no crime but too conscientious a desire to do his duty to the patients entrusted to him—has been insulted by the lay Governors, and in him the whole Profession; or some strange facts have yet to be disclosed. The great physicians and surgeons of the hospital should know the truth, and surely they will be true to their Profession. If they suffer a knot of tradesmen and placemen to set at naught the higher feelings of professional honour without remonstrance or sign of protest, it augurs ill for all who come after them. Let it be known to all that the medical men are not paid servants; that the charity could not be carried on without them; and that professional services freely given to the poor are not only shamefully abused, but that the givers are liable to insult. What will the public then say? If we tamely submit, they will say it "serves us right."

There is much involved in the great issue to be fought out, and we most sincerely hope that at the meeting the mode of carrying on the contest may be discussed in all its bearings with the utmost calmness. Nothing would be worse, nothing would do more harm, than violence of language or an approach to unseemly conduct. Let those gentlemen who take up the cause of their Profession and of hospital reform remember how ready their enemies will be to exaggerate the least disturbance, and endeavour to brand their proceedings as ungentlemanly. Much may depend on this meeting. It may possibly lead to those reforms in hospital management for which the few have so long been working, and the many so long sighing. If all who see the evils that exist, who witness the farces daily enacted under the pretence of charity, who have found their desire to do good paralysed by the ogres that batten on the Profession; if these would all join the little band of reformers who still cry in the wilderness, there might be accomplished such a change in hospital administration, and in the social relations of the Profession, as would prevent for many a long year the recurrence of that state of things which is a disgrace to a civilized nation, and a mockery of the holy name of charity. Bartholomew's men to the front! The army of reformers has work to do, and will go on recruiting till all abuses are swept away.

The London Hospital.

THE contest for the vacant Assistant-Surgeoncies may be looked upon as over, as the candidates have agreed to abide by the selection of the Committee. The Committee, after consultation with the Staff, recommended Mr. Macarthy and Mr. Reeves. The former is a pupil of the hospital, whose diligence has placed him in such a position that he would have almost certainly been elected under any plan. The latter is not a London Hospital man, but a Demonstrator at the Middlesex. The London Hospital men passed over would, no doubt, have been preferred, but that they were considered rather young for such a post. They can afford to wait. We hope the plan of referring claims to the Committee and Staff may be considered a precedent. If voluntarily adopted by candidates, it would soon be seen if it worked well.

Charing-Cross Hospital.

BESIDES the vacancy we noticed last week at this hospital, there are two Lectureships in the School to be filled up, those on Botany and Midwifery. No doubt there will be found gentlemen ready to accept these offices, and perhaps some one may condescend to attempt the organization of the Skin Department; but candidates should at least be aware beforehand of the restrictions to which they will have to submit. It would be a healthy sign if the Governors should be unable to fill the appointment. Men who work hard for charities should, at least, not lose all their liberty; but the system of gratuitous medical labour has made slaves of the Profession.

Dissecting Room Fees in Trinity College, Dublin.

NOTIFICATION has been issued that students entering for demonstrations and dissections in Trinity College are required to pay seven guineas before the 1st of December, and for dissections only four guineas, and for demonstrations only three guineas. Students of more than three years' standing in the dissecting room are privileged to use the dissecting room on payment of the sum of one guinea on entrance.

The Development of the Cerebellum in the Insane.

DR. MEYNART has recently reported at one of the last sittings of the Psychological Society of Vienna, that the brain of insane persons presents a remarkable development of the cerebellum, and that, on the other hand, its excess is much more considerable in women than in men, other circumstances being equal.

Snake Poisons.

M. DUMERIL has presented to the Paris Academy of Sciences a work on snake poisons. He quotes Dr. Brainard, of Chicago, to show that death from the bites of venomous serpents is less rare than may be believed. Thus, Dr. Brainard has collected 49 cases of death. In 10 of them death supervened twenty-four hours after the bite; in 22 the fatal result followed between the second and sixth days; and in 12, between the seventh and twenty-first days. The poison acts quite as vigorously on adults as on boys or children. Dr. Brainard has collected 15 cases of death in children of fifteen years of age; 13 in boys from fifteen to twenty; and 18 in men from thirty to sixty.

As an antidote to serpent poison, iodine and iodide of potassium have been indicated.

Transmission of Disease by Vaccination.

THE prolonged debate of the Imperial Academy of Medicine of Paris on this important subject is at last approaching its conclusion, with the result, it would appear, of almost completely disproving the allegation that disease is frequently propagated by vaccination. The *Union Médicale*, in its issue of the 9th inst., says that M. Depaul, the exponent of this theory, "finds himself at this moment completely isolated in his doctrines." If our readers have followed with the attention which they merit these debates, they will have learned—

1. That the degeneration of Jennerian vaccine matter is anything but proved.
2. That not a single authentic example of vaccinal syphilis, properly so called, has been shown to exist.
3. That the very rare cases of syphilis inoculated by vaccination are explained by conditions which exonerate completely the vaccine of any impurity.
4. That a great number of cases of supposed syphilis supervening on vaccination leave the most reasonable doubt as to their genuineness.
5. That other modes of vaccination may be encouraged, although they present no real and sensible advantage over vaccination from arm to arm.

Compulsory Vaccination in Bombay.

THE Governor-General has issued an order in Council in reply to the reports for 1868 on the Indian vaccination system. His Excellency congratulates the Service that the recent arrangements by which the department has been put on a better footing in respect to pay, are producing such good results.

In the year under report there were 280 vaccinators employed throughout the Presidency, and the total number of vaccinations in civil life amounted to 426,253, giving an increase of 34,838 over the number shown in the preceding year's report. Of these operations 93·5 per cent. were successful. The total cost was Rs. 111,524, which gives annas 4 and pies 2 for each vaccination.

The suggestions for having recourse to legislation for the suppression of inoculation, and for making vaccination compulsory within the limits of the town and island of Bombay, have been and are engaging the attention of Government, and we earnestly trust that the Indian Government, having at hand the amplest opportunity of determining the beneficial results of compulsory vaccination will not permit itself to be deterred by the ignorant and foolish craze to which certain home newspapers have lent themselves, from providing for India a protection which is there even more essential than elsewhere.

The Collapse of the European Life Office.

SCARCELY has the public got over the shock of the fall of the Albert, upon which we have already commented, when another failure, probably still more disastrous, comes before the Courts.

The European had absorbed thirty-three other offices, and its manager was hailed as "the great amalgamator." Now, with prospective liabilities of some ten millions, there is a talk of £6 odd per cent. as the possible assets to be realised with a favourable liquidation! Policy holders have lost their money, annuitants find their income gone, and widows and orphans despair.

No wonder there is a crisis in the insurance world, and a prevailing opinion that several other offices must follow. And yet assurance business is not speculative; it ought always to be safe. Recklessness and robbery combined will, of course, compass the downfall of any such association, and in the crash that is impending we repeat our hope that every effort will be made to bring the wrongdoers within the meshes of the law. Compromise is to our minds absurd. We have seen such attempts, and in the end have noted their folly. The first loss is the least, and lives who need protection should at once transfer themselves to sound offices, and pay their premiums due to the provisional liquidator, by way of keeping up their claim upon all who may be liable. It is strange that no office of standing has, as yet, offered to take over the policy holders in the fallen concerns. If one could not, surely a combination of first-class offices might be able to take them over on favourable terms. Here are thousands of lives ready to insure,—to get them would be better than to squander money in trying to get those who are not so disposed. Why, it would pay to start a new office for the mere purpose of taking up these lives. To offer the usual discount allowed to agents would be an inducement, but we believe that a larger reduction could be afforded. Will no office—no two or three combined—try?

Convict Labour.

IT would appear that after all that has been said, hard labour is not agreeable to convicts. Some feign insanity to escape it, others attempt suicide, and other forms of malingering exercise the faculties of the surgeons in charge of convict establishments. At Chatham, some produced ulcers and other appearances by putting splinters or threads under the skin, and covering the parts with lime. At Portland, worsted and silk had been similarly employed; washing powder and ivy juice had been put in the eyes; black tongues were counterfeited by the simple device of ordinary blacking; more than once convicts have severed the tendo Achillis with pieces of glass. It would seem to be considered rather a sharp thing among their comrades to do the doctor, so that it has been thought well to isolate the prisoners. With this proof before us that the convicts hate work, and will undergo much to get off it, may we not hope that punishment may be found more deterrent? The best of it is, that the labour in these establishments has enough pecuniary value to make them at length self-supporting. It would be well to give up such wasteful engines as the treadmill, and make all convicts contribute to the expense they entail on the country.

Cheap Ice.

THE spinal ice-bag has recently added one more demand for ice at an economical rate to those which our hospitals have experienced hitherto.

A new machine for this purpose, invented by Mr. Reece, has been under the investigation of the Society of Arts.

The principle of the apparatus is, to take advantage of the high latent heat of ammonia and of the other physical characters of that substance, with the object of abstracting heat from water or any other materials, so as to effect a considerable reduction of their temperature. The result is attained by allowing liquefied ammonia to vaporise in a close vessel, surrounded by the water or other material to be refrigerated, so that the heat requisite for the vaporisation of the liquefied ammonia may be taken from the material cooled. This operation is rendered continuous by applying the absorptive power of water for gaseous ammonia, so that the gas is dissolved as fast as it is produced, and the resulting solution of ammonia is pumped into a vessel, where it is brought in contact with steam at a high temperature, so that the ammonia is again separated from the water it was dissolved in and passed to a condenser, where it is liquefied, and then serves to replenish the refrigerator. One of the chief features of this apparatus consists in the use of liquefied ammonia, free from any admixture of water, with the object of rendering the ammonia more effective than it otherwise would be.

The result of experiments showed that the cooling effect produced by the consumption of 1·lb. of coal in the furnace of the generator was equivalent to the melting of 9¾ lbs. ice, independently of the consumption of fuel requisite for the pumping of brine, ammoniacal liquor, and condensation water.

The mean rate of refrigeration, during the two days' experiments, amounted to a cooling effect equivalent to the melting of 128 lbs. of ice per hour.

The mean of the work done in the liquefier was at the rate of about 20 lbs. of liquid ammonia produced per hour.

It was resolved to report as follows:—

"It is the opinion of the Committee that the machine, as at present constructed, cannot be recommended for adoption. Mr. Reece has declined to make arrangements for carrying out the further experiments proposed by the Committee. They are, however, of opinion that, with certain modifications, the apparatus might be usefully employed for refrigerating purposes."

The German Scientific and Medical Association.

THE forty-third annual meeting was opened at Innsbruck on the 18th inst. The statutes of the association, embodying the object of its formation, were read, and these stated that "the main object of the association is to afford means of making the scientific men of Germany mutually acquainted with one another."

The Governor of the Tyrol, his Excellency Baron Von Lasser, then made a speech, welcoming the association in the name of the Emperor of Austria, and he was followed by the Mayor of Innsbruck, who gave a similar welcome in the name of the town.

Professor Dr. Helmsholtz, Privy Councillor, of Heidelberg, was then called upon to deliver his address. The subject he had chosen was "The History of the Development of Science in Later Times." Beginning with the discovery of the laws of gravitation, he traced out the progress of scientific discovery till the most recent date. The address was received with much applause. Professor Helmsholtz was followed by Dr. J. R. Mayer, of Heilbronn, whose discourse was scarcely audible to a large number of the audience.

After these addresses, the members of the association distributed themselves to their various sections. With true German love of detail, no less than eighteen sections have been made.

All the sections are accommodated in the various classrooms of the university, and as there is so great a subdivision of subjects, no large rooms are required.

Each section proceeded to elect its president, and the order of the papers for Monday, the 20th instant, was arranged. At one o'clock there was a general dinner, and in the afternoon a promenade to Berg Isel, a hill south of the town, which commands a lovely view of the surrounding neighbourhood.

Sunday was devoted to an excursion over the Brenner, which is really a trip worth making. The scenery is fine, and the engineering difficulties of crossing this Alpine pass have been most successfully overcome.

On Monday there were sectional meetings; on Tuesday sectional meetings and a second general meeting. The afternoon is to be devoted to a promenade to the Lanser Köpfe, two hills on the east of the town. On Wednesday the geologists make an excursion to the salt works of Hall, and there is to be a concert in the evening in the assembly-rooms. On Thursday and Friday the sections continue their sittings, and the final general meeting will be held on the latter of these days. This will conclude the work of the Association for 1869.

In the journal of the Association there were about 750 names, but as the names of the lady associates are not printed, the list does not show the total number of members and associates. In all it will probably reach about a thousand.

The Germans certainly bear away the palm from us with regard to early rising. The sections sit from 8 a.m. to 10 a.m., and have, therefore, finished their work before we begin ours in England. What is to be done for the rest of the day is a problem to be solved. The lodgings committee has done its work well, and there are no complaints about quarters or excessive charges.

Indian Cholera.

Advices from Akyab to the 1st August received in Bombay state, that cholera was raging to an alarming extent in that town and the districts, driving the population of whole villages from their homes, and preventing immigration from Chittagong, without which the cultivation of the rice crop has become an impossibility, and thus a large area of ground, formerly under cultivation year after year, is now lying waste. Official statements go so far as to state that there would be no rice for export at all next year, and that the whole of the grain sown would barely suffice for home consumption of the country. This is rather an exaggerated statement; but there is no doubt that from the above causes that, so far as Akyab is concerned, the export of rice will be on a smaller scale than for several years past. The rains have been plentiful, but the effects of cholera, and consequent want of labour, have quite neutralized their effect.

The *Lucknow Times* says that some companies of the 62nd Regiment were sent away to Alumbagh under canvas, but regret to learn that even there several men were attacked by cholera, and succumbed to the attack.

In consequence they are being moved further on. Some six or eight persons of the same regiment were buried on the 6th ult., and about the same number the day before. Fortunately no other corps in the station has yet been touched.

Hospital Subsidies in France.

In striking contrast to the attitude of the English Government in respect of our Hospitals, is the record of the improvements effected by the French authorities. In London it is true that private benevolence has relieved the country of the necessity of caring for its charitable institutions; but we believe it would not be an exaggeration if we were to assert that outside London almost three out of every four hospitals are restricted in their usefulness by heavy debts.

In Paris considerable sums have been spent by the town, by the administration of the Assistant Publique, and from the funds of the hospitals, in the following undertakings:—

1. The completion of the Laribosière Hospital, commenced under the Government of July.
2. The construction of the Hospital for Sick Children (St. Eugénie); a hospital at Berck-sur-Mer; the Maison de Rétraite, at Chardon-Lagache, and the foundation of the general hospital stores.
3. The re-construction of the Hôtel Dieu, now in course of execution.
4. The purchase of land for the new hospital at Menilmontant.
5. The removal and re-construction of the Maison Municipal de Santé, in the Faubourg St. Dénis, and St. Pierre, at Auteuil; the hospital of Villas, at Issy, and another for incurables at Ivry.
6. The hospitals of St. Antoine and La Charité have been enlarged by the building of new wings, and a building for lying-in women has been added to the Hospital de la Piété. Baths have been added to the hospital of St. Louis, and the hospital of Bicétre and of La Salpetrière considerably enlarged. A flour-mill and stores have been added to the Boulangerie Centrale.
7. A considerable number of old buildings have been restored.
8. The furniture, linen, and clothing at the various hospitals have been renewed and increased.
9. Twenty-eight new *maisons de secours* have been established, chiefly in the suburbs.

The number of beds in the various hospitals, which in 1852 was 6,743, is now 9,820, an increase of 1,077, without taking into account the 500 supplementary beds which are ready to be put up in case of emergency. In 1867, the number of sick persons who received medical attendance in these hospitals was 63,398.

The number of gratuitous consultations was 648,610, of which 329,521 were given in the hospitals, and 355,089 in the *maisons de secours*. The number of the beds in the asylums has also been largely increased, and are now 11,260. A special service has also been organised for attending sick persons at their own houses, and in 1867 1,137 persons received attention, namely, 427 men and 710 women.

Students are reminded that they must register at the General Council, Soho Square; and as the London College of Surgeons declines to receive such registration, those who mean to take that diploma must further register at Lincoln's-inn Fields.

Typhus prevails at Berlin and Vienna.

The death of another centenarian was recorded last week.

The foot and mouth disease prevalent in Middlesex has now spread to pigs.

The Royal Hospital for Chest Diseases received last week a donation of £,1000 from W. P. D.

Cholera has carried off Senior-Assistant Surgeon Hale, of the Bombay Fusiliers ,at Morar, Gwalior.

Relapsing fever has appeared in London. Cases have been admitted into the Fever Hospital, and into King's College.

It is expected that the accouchement of the Princess of Wales will take place late in November or very early in December.

The attendant of the unfortunate lunatic who was lately scalded to death has been committed for trial on a charge of manslaughter.

The *Essex Standard* records in feeling terms the death of Dr. Allan Maclean, a really scientific man, sometime physician to the Colchester Hospital, but who had retired from active practice.

The London Hospital College dinner takes place on the 1st October. That of University College on the 4th. The old students of St. Bartholomew's are to dine together on the 1st, Mr. Holmes Coote presiding.

Henry Ewen, Esq., F.R.C.S., of Long Sutton, Lincolnshire, after forty years' active practice, died on the 5th inst. He suffered very much, organic disease of the stomach being the cause of death.

The *Nottingham Express* announces the death, at the age of twenty-nine, of Mr. Forbes Watson, a surgeon who had gained the esteem of all his fellow-townsmen. The *Express* gives a feeling biographical sketch of the deceased practitioner.

At the Mansion House last week, A. Bell, who said he was a surgeon, but whose name is not in the register, was fined 40s. for employing a man to post handbills in urinals. Cannot we put an end to this advertisement nuisance in this way?

The Rev. Wm. Clark, M.D., nearly fifty years Professor of Anatomy at Cambridge, died on the 15th inst.

When he resigned his Professorship three years ago, a subscription was raised for the purpose of honouring the veteran Professor by placing his bust in the University.

Messrs. James, Roberts, Gilbertson, and Jones, surgeons of Aberystwith, have written to the *Times* in vindication of the health of their pleasant town, about which, it appears, false reports had been circulated by those interested in keeping intending visitors at other places. In a letter signed by all four, they pledge their professional repute to the healthiness of Aberystwith.

Dr. Richardson's Lectures on Experimental and Practical Medicine, to which we have so often directed the special attention of our readers, will recommence on Tuesday, the 5th of October. The first lecture will be on the Physiological and Therapeutical Properties of Chloral.

At the suggestion of many who have attended and who wish to bear part of the expense of the experiments the very moderate fee of one guinea has been fixed for the course of six lectures. We can only wish the lecturer a larger class than ever.

At an inquest last Thursday, held by Dr. Lankester, the jury returned a verdict in accordance with the medical evidence, that the deceased, a young woman of nineteen, who had fallen down dead in the street, died from "effusion of blood on the brain, caused by a fatty heart, accelerated by compression of the chest, produced by tight-lacing." How annoyed the *Lancet* must be at having missed this glorious opportunity for a sensation note on the "Waist of the Period!" We pity our contemporary, but then the young lady could not choose her time to die. Would next week be too late?

Correspondence.

ON THE CAUSATIVE AGENCY OF THE SKIN AND LIVER IN THE INDUCTION OF PHTHISIS AND OTHER SCROFULOUS MALADIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reply to the criticisms of "Constant Reader" in your issue of September 1st, I beg to say that, in the present state of our knowledge of phthisis, I do believe we are warranted in resorting to the trial of any remedy not harmful in itself. I do say that up to the present year of grace, 1869, consumption is one of the "opprobria medicinæ;" and well assured am I that the cheek of your correspondent would grow pale if he were to learn that anyone near and dear to him was attacked by phthisis, even though he could summon to his aid the most skilful and scientific physicians in Europe.

My critic informs me that lemon-juice has been tried, and found only to hasten the progress of phthisis, for which information I am duly grateful. Had I suggested its use on the ground that oxygenating agents were the remedies "*par excellence*" for consumption, I might have been mortified by this contradiction to my theory, since lemon-juice and citric acid are rich in oxygen; and, if I mistake not, Barlow, in his "Practice of Medicine," ascribes the utility of lemon-juice in acute rheumatism to its oxygenating properties; but it is Dr. Mulvany who asserts that oxygenating remedies cure phthisis, not I.

Your correspondent says that Dr. Pavy has shown the glycogenic function of the liver to be a myth. Now, my paper, or at least that part of it in which I speak of the glycogenic functions of the liver, was printed in the *Dublin Quarterly Journal of Medicine* for August, 1863, two years before Dr. Pavy's denial of the glycogenic functions of the liver.

But, though Dr. Pavy denies the glycogenic *function* of the liver, that is to say, that the liver makes sugar under its ordinary physiological or healthy conditions, he does not deny that under certain pathological or morbid conditions, glycogenesis does take place in the liver, "the sugar being," he says, "formed by an unnatural transformation of amyloid substance in the liver."

In my paper, I presumed that a morbid action of the liver preceded phthisis, which is probable, and that excessive, or, as Dr. Pavy would term it, "unnatural" formation of sugar took place. If Bouchardat's statement be correct, that "diabetes always precedes phthisis," I am probably right in this conjecture.

But it is rather unfair of my critic to talk of my building up a theory upon the glycogenic functions of the liver, as if that was the substance of my paper; whereas, alluding to the significant presence of fatty liver in phthisis, always mentioned by pathologists, but not even sought to be explained, I suggest that it impedes the secretion of bile, and causes either constipation or diarrhœa, according to the degree of intestinal congestion induced, and that it hinders or perverts the manufacture of liver-fat, possibly rendering the fat formed unfit for deposition in the cellular adipose tissue, aiding in cytogenesis, calorification, &c.

I dwell much upon the acidity of the blood; and, after enumerating its many other mischievous effects, videlicet, preventing oxydation, hindering the absorption of iron into the blood, favouring congestion, and the deposition of lymph, and transudation from the blood-vessels, I remark that it would hinder the saponification of fat which takes place in healthy blood, and call attention to the fact that the blood is loaded with fat in phthisis, whilst the patient is emaciated.

I *have* endeavoured to account for this production or rather presence of acid by suggesting that it is due to imperfect action of the sudoriferous glands, whose function it is to eliminate acid.

I do not say that scrofula and tubercle are identical, but I do regard one as the fruit, of which the other is the tree. Some trees are barren; and the scrofulous diathesis may exist and yet no tubercle be formed.

A true appreciation of the pathology of disease will be the best guide to the treatment. Do the results of Dr. Mulvany's or Dr. MacCormack's treatment of phthisis show that they, beyond other members of the profession, have attained this true appreciation of it?

I have re-perused Dr. Mulvany's brilliant and gracefully-written paper on the "Rational Treatment of Consumption," in the MEDICAL PRESS AND CIRCULAR for April, 1867, but I cannot say that I am convinced of the truth of his theory, or satisfied with his proofs of its successful application.

To quote the words of Dr. Savary, "Many drugs, rich in oxygen, have been given under the idea that they would furnish this element to the blood. But it need hardly be said that this idea, which has arisen out of a misconception, is, for the most part, purely visionary. In the first place, it has not been shown that these compounds yield free oxygen in the blood: and even if they were so decomposed, the amount of oxygen they could furnish would be trifling to that always taken in by respiration."

The permanganate of potash, which is the remedy of all others, according to Dr. Mulvany, is so readily decomposed by contact with organic matter, that I think it would, given in the doses he directs, be decomposed by the fluids of the mouth, pharynx, and stomach, and, if so, become disabled from conveying oxygen to the blood.

Dr. Mulvany says, "After four days, I recommended half an ounce of cod liver oil to be taken three times a day, *with* the permanganate of potash." This may be only a slip of the pen, as of course Dr. Mulvany would not, wittingly, repeat the blunder of a late eminent physician, of exhibiting oil or sugar or any organic substance with the permanganate, which they at once decompose.

The two cases reported by Dr. M. as cures effected by the permanganate, seem to me to have been probably cases of chronic phthisis, such cases often improve under any simple treatment, or none at all; but they are liable to relapse, and eventually merge into chronic bronchitis. The first patient is said to be cured in one month! The second having been sufficiently recovered from a first attack to be discharged to duty, is cured of a second attack by the permanganate, in addition to other remedies nevertheless required to be invalidated from the service!

With regard to Dr. MacCormack, who considers pre-breathed air as the *fons et origo malis*, and who, following up his theory, directs the bed-room windows of phthisical patients to be kept open at night, I have to remark that birds, whose respiratory apparatus is very perfect, and who consume much oxygen, put their heads under their wings at night, shewing that such pure air is not required by night as by day, and that warmth is necessary to promote sleep. Whilst admitting that good ventilation is very desirable, I think the admission of night air to the bed-room of the phthisical patient (unless in very fine weather) likely to be attended with bad consequences.

I am, Sir, your obedient servant,

Sept., 1869. FRANCIS M. LUTHER, M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I thank you for your opinion on the *character* of the wealthy *gentleman* who offered me a fee of four guineas for a consulting opinion, *after* travelling eighty miles, at special telegraphic request.

It is, certainly, open to me to enter an action, but time and money would be thrown away in the matter. I think most members of the profession, holding certain positions, are perfectly well aware what *value* judges, lawyers, and juries, as a rule, estimate us at.

I do not hesitate in saying there are, in my opinion, and sorry to say so, plenty who would have jumped at four guineas, where I expected at *least* forty. I shall suggest to the wealthy gentleman the *saving* the next time when he wants plenty for *his* money, should *he* be sick. Truth is a libel, or I would give the profession the public name and address of the wealthy city merchant trader as a caution.

Yours truly,

22nd Sept., 1869. M.D., M.R.C.P.

P.S. It is a great pity the profession have not a legal scale of fees for operating surgeons, general practitioners, and consulting physicians. Any fee over should be accepted as a compliment to the professional man himself, and if all agreed not to take less, union would strengthen, and the public would respect us.

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Gleanings in Medicine, Surgery, and the Allied Sciences.

DIAGNOSIS OF DISEASE OF THE SPINE.

Dr. Chas. F. Taylor contributes to the *N. Y. Med. Journal* an instructive paper on the above subject, based upon an experience of ten years and upon a systematic record of all cases under prolonged observation since May 1, 1866. This record shows 382 cases of Pott's disease of the spine. Dr. Taylor desires to impress upon his readers the advantages of early diagnosis, before the occurrence of deformity—"the necessity of always keeping in view that the deformity is not the disease —that the disease must have existed long enough to cause a certain amount of destruction before deformity can occur." The disease is usually inflammatory, not more than one case in fifty or a hundred being of tubercular origin. If not stopped it may eventuate in caries and perhaps in tubercular deposits also. In no one instance of the entire number of cases recorded, was there any hyperæsthesia along the spine, therefore palpation and percussion of that region is useless. The first symptom, if the disease exist in the lower dorsal or lumbar vertebræ, is persistent pain in the abdomen—gastralgia; if the dorsal vertebræ are affected, there is pain in the chest and a peculiar cut-off respiration. A very important point to observe is the attitude of the child. This is characteristic. He does not always lean to one side or the other, though frequently doing so; but there is an expression inimitable and easily detected, an effort to get as many springs under him as possible; a letting down of each joint of the body so as to avoid shock. When the child comes to his mother's lap he will fall heavily upon it, and wish to bear his whole weight on his elbows. When in the cervical region the disease may be taken for torticollis, contraction of the psoas muscle may cause it to simulate hip-joint disease, but in the former the body is drawn down, the patient inclining to support himself with his hands on his knees, while in the latter the thigh is flexed on the pelvis. Again, in the former, when the patient is placed on his back both legs may be rotated, abducted, &c., without pain. Another symptom of Pott's disease is paralysis, which in the early stages may last but a few days, but later, continue one or two years. The so called "spinal irritation or *backache*," so common in delicate adult women, is nearly always due to other causes than spine disease. In fact, the presence of hyperæsthesia is generally a

good sign that there is no inflammation of the vertebræ. After illustrating the points of diagnosis by two cases, Dr. Taylor says: "I wish to impress all those within the sound of my voice and all those whom my words may reach, with a sense of their responsibility in these premises. Cases are coming to me from this city, and from all over the land, which can never be anything but miserable deformities, because the disease which gave early, persistent, and painful warning of its existence, was never detected."

EXCESSIVE SECRETION OF THE LIQUOR AMNII, PRODUCING PREMATURE LABOUR.

Dr. R. W. Dunlap reports (*Richmond and Louisville Medical Journal*) the case of Mrs. H———, age 38 years, the mother of eight children and previously enjoying good health, whom he found breathing with difficulty, pulse 100, tongue covered with a white coat, bowels rather torpid, &c. The abdomen was distended seemingly more than at full term, and was slightly tender. The patient stated that she was not more than six months pregnant, that everything had gone well with her until three weeks before, when she began to enlarge rapidly, and that she found it difficult to breathe when lying down. Palpation and percussion gave no sense of fluctuation. Dr. Dunlap's treatment was directed to the bowels and kidneys, to increase their action, notwithstanding which the symptoms became aggravated, and in the night of the fifth day while sitting at stool, the water suddenly gushed forth, filling the vessel, then a large washbowl, which finally overflowed, wetting the floor for a great space around. The amount of liquor amnii was estimated to be between four and six gallons. In a few minutes two fetuses were born, weighing two and a-half and three pounds. They had apparently been dead several days. The placenta was single and excessively large. There were no after pains, nor was there any flooding. Dr. Dunlap refers to several cases mentioned by writers, in which there was an excess of liquor amnii even amounting to forty or fifty pints. Contrary to what might be supposed, in no instance did he find that flooding followed delivery. On account of the overwhelming probabilities against the fetuses being born alive, he agrees with Ramsbotham and others, that when a correct diagnosis has been arrived at, the membranes should be punctured and the superabundant fluid evacuated.

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RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS, NORTH BRUNSWICK-STREET, DUBLIN.

These Hospitals contain 312 beds, always available; and we regret that they should have been inadvertently omitted from the list of Dublin Hospitals in our "Students' Number."

The particular advantages of this Institution may be learned by reference to the Advertisement, page xxv. of the "Students' Number."

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Medical News.

Strange Sentence of Death.—The Home Secretary has a good opportunity of reprieving the sentence of death which has been passed on several innocent persons by simply exercising his functions in a useful and unobjectionable manner. At a late meeting of the St. Luke's vestry the medical officer reported, under the Artisans' and Labourers' Dwellings Act, that certain huts or shanties in Wood's place, Chequers alley, were unfit for human habitation; and the vestry clerk remarked that the vestry was empowered to shut up the premises and keep them closed until they were put in a proper state of repair. Thereupon it was pointed out by several vestrymen that if they carried out the provisions of the Act they must employ several additional officers; and that if they put the premises into a proper state of repair an expensive machinery would have to be put in force. The clerk, however, explained that if the vestry failed to carry out the provisions of the Act, the Home Secretary would cause them to be carried into effect and charge the expenditure to the vestry; and Mr. Adams remarked that if after the receipt of the medical officer's report an outbreak of fever occurred in the neighbourhood, the vestry would most certainly be held responsible to a great extent. Some of the vestrymen were in favour of proceeding under the Nuisances Removal Act; Mr. Daniel suggested hat the matter should be allowed to stand over for a month, and that meanwhile each member of the vestry should be furnished with a copy of the Act, so as to become master of its clauses. After a long discussion the matter was referred to the sanitary committee, and copies of the Act were ordered for the vestrymen. It does not seem to have struck this enlightened Board that perhaps the threatened fever may not consent to "stand over for a month," and may become master of the neighbourhood while the vestrymen are mastering the clauses of the Act referred to. We are well aware that the victims of this delay have no real claim on the Home Office. They have not murdered each other under circumstances of peculiar atrocity. If such had been the case, no appeal would be necessary. It is only a poor neighbourhood threatened with mortal illness and afflicted by a vestry; but if the law gives the Home Secretary power to help them, perhaps for once he will kindly do so, notwithstanding their innocence and the indignation of Bumble.—*Pall Mall Gazette.*

Tobacco.—It is satisfactory to hear that M. Armand, a French savant, has stated to the Academy of Sciences that he has discovered a sure antidote to nicotine in the common watercress. It destroys the poisonous effects of nicotine, and yet does not alter the aroma of tobacco. A solution of watercress may therefore be employed for steeping the leaves of tobacco, and would thus divest them of their noxious properties, and, moreover, a draught of the same will act as a sure antidote to nicotine. In the face of this important discovery, anti-tobacco societies will no longer have any excuse for the affectionate interest they have hitherto displayed in the health of smokers, or for the lavish abuse they have so freely bestowed upon their victims. Instead of tracts, the anti-tobacconists should now distribute watercresses, and we feel sure that Dean Close will be the first to set a good example by encouraging the growth and promoting the circulation of this now truly valuable plant.—*Pall Mall Gazette.*

Royal Orthopædic Hospital, 315, Oxford street.—The half-yearly Court of the Governors was held at this hospital yesterday, Mr. Henry Walker, V.P., in the chair. The statistical report, read by the secretary, stated that the number of patients admitted during the last half-year was 985, being 276 more than in the preceding half year, and making the total number benefited since the opening of the hospital 44,256.

Royal Medical College, Epsom.—St. Bartholomew's Hospital, Charing-cross Hospital, and University College Hospital have awarded free medical scholarships to the Royal Medical Benevolent College, Epsom. The two former are without endowments, whilst the latter (University College) has one scholarship endowed with 50*l.* a year, and tenable for four years. Other endowments are to be established as soon as the necessary funds can be obtained. The trustees to this Free Medical Scholarships' Fund are Dr. Carr, Dr. Ringer, and Mr. John L. Propert, who will receive contributions. The principal contributors, so far, are, Sir James Clark, Sir Thomas Watson, Sir Charles Locock, Sir W. Jenner, Dr. Burrows, Mr. James Paget, Mr. Simon. Dr. Carr has given 1,000*l.*

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NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

"On a new Preparation of Pepsine, by Edward Long, L.A.H.," received.

Dr. John Martin.—Your "Notes on some Cases of Erysipelas" are in type for an early number.

Dr. Luther.—Certainly.

Dr. Drysdale's letter from Paris is unavoidably postponed.

Dr. Palfrey's concluding Lecture has been unfortunately delayed from indisposition. It will shortly appear.

A London Hospital Man.—There will be a dinner after the Introductory on Friday.

Studens (St. Bartholomew's).—The question is treated in another column. The students will meet on the first. You should attend.

Chemicus.—See the special report on Students' Text Books (No. I.) in our last issue.

Author.—We have not seen your book. If forwarded in the usual way it will be noticed.

Large Families.—F. L., in reference to the extract forwarded by W. C., and inserted last week, wishes to express his concurrence, and to an indignant protest against the use of such terms as "diabolical," the substitution of which for "dialectical" he considers as "devoid of wit," as it is a "breach of good manners." He adds that "a professional *gentleman* should be above personal abuse and misrepresentation."

Dr. Moore.—If possible in our next.

Several Letters are unavoidably held over.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 6, 1869.

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Introductory Lecture

DELIVERED AT THE

LONDON HOSPITAL MEDICAL COLLEGE,

October 1st, 1869.

By C. Meymott Tidy, M.B.,

Joint Lecturer on Chemistry at the London Hospital.

To-day, Gentlemen, is a day for old and young to meet, though the one turn his back upon the other; for old to look back, for young to look forward. Age may look back, indeed; to-day—sad, serious, sober; how long it has laboured, how steep and up-hill its path, how weak and nerveless its mightiest effort, how small its reward has been! Yet, maybe, it is not all so sad. Strong, deep marks it may see left behind it—steps which its own hand has cut—a ladder for its sons. No formless, shapeless grooves, but a mould of beauty, passion, and of strength; and though its hand tremble now, and its eye be dimmed, yet a good conscience is its joy, and a faith in the future its possession.

Nor is it a little joy for the old to turn back in love and sympathy for his sons, to tell his children of the rough rugged paths which have been made plain, of the old hard fight which is victory now, of the struggle whose crown is triumph. Nor does he envy the son who begins where he left off; for the child of Science is begotten at his father's grave.

It were a happy meeting here to-day if it did nought but cherish the love of a father and the worship of a son. We may be quite sure of this, that it is only as bowed down in reverence before the spirit that is past and dead that we can become the children of a living progress in the future.

And so we cluster around to-day as it were a life's halting-post, according to good old custom, to renew old acquaintanceships and old recollections of times gone by, to recount to old fellow-students our failures and our triumphs, to be spurred on to greater activity by the recital of an old friend's successes, or to be warned of thorny and treacherous paths, perchance, by the recital of an old friend's mistakes; and not the least pleasant part of to-day is to see once more the familiar faces of those from whom, years ago, we learnt many a good lesson that has played, and is playing, its part in the work of our life.

Do not our thoughts travel backwards to-day to recal those great names once associated with our School and Hospital—men who have left their foot-prints on the sands of time, indelible marks on a page of the history of medical science? And it is right on these occasions to recal them. We scatter the seed and plant the ground, but they tilled and raked it; though dead, yet they speak. We can never forget what our science owes to men like Richard Headington, Sir Wm. Blizard, Thomas Davies, and Jonathan Pereira. Having fought a hard-won battle, having run their course and done their work, and having trained others to take the place they so successfully filled, they laid down their weapons, tired of the load; and it may be they are with us to-day, hovering about this very theatre, approving our doings, and, in some strange manner, lending a helping hand.

And, again, there are those, too, present to-day who are preparing to follow them, but are content to wait a little while, until the summons arrives for them to leave a life of toil and labour for the land where the weary are at rest.

And, again, there are those present who are in the thick of the battle with those terrible foes of our race, Death and Disease; constantly on the watch for any new mode of attack—for, alas! how constantly do they vary their tactics—and then ready and eager to adopt new plans and fresh measures for counteracting their cunning manœuvres; day and night facing the foe in the chamber of the sick, and, if baffled in their efforts, and conquered once by death and his legion, counting no cost too great or labour too severe to hunt out, if possible, its strength and their weakness by cautiously examining the ground, step by step, in the *post-mortem* room, lest he try the same devices again, as, having been successful once, you may be sure he will.

Again, some there are amongst us to-day who join us for the first time, and, in the name of the Council and Lecturers of this School, I earnestly and cordially welcome you to our midst. It is good for you to be here; and yet we trust you have not come by any mere accident to commence what I must honestly tell you is a laborious career, which you had better never have chosen unless you come with the plain straightforward object before you of fitting yourselves to bring all that science can possibly suggest for the relief of a suffering humanity. A day of retrospect will come in this world, and a day of reckoning in the next; and let me say, if you fail to administer that relief from any lukewarmness on your part, or from any neglect in noting the practical business of your Profession, it were far better that you had never known to-day; for you will have to bear the brunt of a conscience that will be constantly telling you that lives, more precious than silver and gold, have been lost through your want of skill; that misery has been brought on many a family as the result of your previous neglect; that the enormous capabilities fortune has entrusted to you of doing good have been actually converted by your own most grievous fault into opportunities of doing evil. Oh! it were ten thousand times better that you had never known to-day unless you are determined to lay aside all that would divert you from honestly fulfilling those engagements—those *sacred* engagements you are now making to be bound with more than marriage ties—ties which death, and death only, can sever—to that Profession which will have no divided allegiance, but the man and the whole man. For to-day you put your hand to the plough,—it will be a sorry day for you if you ever dare to look back.

It is this medley assembly I see before me to-day that has suggested one thought to which I would desire to draw your attention, deeply regretting that the task of dealing with it falls, not by my own seeking, but at the request of the Council, on one who cannot claim your attention on the ground of experience, and has, therefore, to trust, though with considerable diffidence, to your kind and courteous forbearance; and, what is most unfortunate of all, I have of necessity to travel over ground that has furnished, times out of number, materials for eloquence and for powers far more forcible or commanding than any I can possibly pretend to lay claims to.

And do you not think it right and proper that we should now and then try to see the influence of past investigation on present discovery? That we are wiser than the ancients I admit; but only wiser because the knowledge they amassed served as a nucleus for our work. If we had to commence anew, we should not be one whit wiser or sharper than they were. In short, to sum up in one word, scientific investigation is a history of development. You sadly mistake the truth if you suppose we owe all the great discoveries of modern times to one or two individuals. No! Depend upon this, if you would know the truth, you must go back and hunt up each little discovery that was first perhaps unheeded, or only put upon record on the page of a dusty manuscript, but which yet served as the foundation of more extensive experiments and more elaborate research. Take an instance of what I mean. There are some who are tempted to laugh at the absurd doings and experiments of the alchemists; they picture to themselves either a set of rogues or a set of fools. There may have been some of the one class, as I am certain there were some of the other. But of this I feel confident, that we could never stand here to-day and tell of the mighty achievements of modern chemistry, aye, and modern medicine too, had it not been for the patient indefatigable work of these ancient pioneers of science. You tell me of their follies. You see a man who deems no hours too long, no labour too severe, to hunt after some mysterious powder by the agency of which he supposes he may be enabled to transmute the baser metals into gold. You smile as you read page after page of what you deem unmitigated folly; but you surely forget how much you are indebted to these seemingly absurd experiments for our acquaintance with various metallurgical operations, and the nature of metallic deposits. You see a second labouring to obtain a universal solvent. You laugh at him; yet you forget that, after all, diamonds and other gems have surrendered to the chemist their adamantine strength, and that you are indebted for the discovery of sulphuric, nitric, and hydrochloric acids to these very experiments you ridicule. You see a third trying to distil a vital elixir, by the action of which life may be prolonged indefinitely. You say this, at any rate, is the height of folly, of absurdity, of arrogance; but do not forget what a host of medicines were the discoveries of the alchemists (amongst others I need only mention antimony and mercury and their salts)—medicines which, when administered by those accustomed to the nature of disease, and wrested, as they should be wrested, from the hands of miserable quacks and impudent charlatans, have, after all, soothed many of the ills that flesh is heir to, and, I am bold to assert, have prolonged in no slight degree the average term of human existence.

Now, it will be well, I think, in tracing this principle out to its full extent, to select a few illustrations, as instances of how our present refinement is but the result of this great process of development. Take first, as an example, the history of that great operation of Lithotomy.

The first account of the operation on record is that given by Celsus, and which was in use exclusively down to the sixteenth century. He directs that a clyster should first be used, after which the patient was to walk about the room for some time to bring the stone down to the neck of the bladder. He was then to be supported on the thighs of two assistants, so strapped together that they might hold him between them, each having charge of a thigh. The operator was then directed to cut down at once, and the stone was to be extracted with a hook. This operation was known as "cutting on the gripe," or the operation by the "apparatus minor," to distinguish it from the operation by the "apparatus major," first proposed as an improvement on the last by Johannes Romanus. It received its name from the multiplicity of instruments employed (*l'operation par le grand appareil*); indeed, the early surgeons seemed to suppose that the more elaborate the apparatus the more successful would be the operation. Modern science teaches, "the simpler the better." I can scarcely describe the terrible cruelties of the operation. Hippocrates taught "that cuts of membranous parts are mortal;" any and every means were therefore adopted to tear open the neck of the bladder with instruments a veterinary surgeon would not think now-a-days of using on a horse. Yet in some points we trace a gradual improvement in the details of the operation. Marianus Sanctus, the pupil of Johannes Romanus, recommends that the patient be placed on a table with his shoulders raised, his hands bound to his feet, the latter separated by two assistants; and for the first time we meet with a grooved staff. For 177 years this operation was in vogue, until Frère Jacques pointed out to the French surgeons the terrible nature of their pet operation, proposing, in the place of dilating instruments, the use of the knife, guided by the grooved staff; which operation must be regarded as the foundation of the highly developed method of perineal lithotomy practised in the present day. The success of Frère Jacques seems astonishing, considering his extreme ignorance, in the first instance, of all anatomical detail, and of the dangers of the operation he so boldly performed. We are not astonished, deeply as we deplore it, at the miserable jealousy of the French surgeons of that date towards one who laboured with such a unity of purpose and purity of design for the relief of the sick and poor around him, never accepting more for his services (so we are told) than was necessary to mend his shoes or sharpen his knives. And do you not see how the work of these early surgeons laid the broad foundation on which was afterwards built the reputations of Cheseldon, Sir Cæsar Hawkins, and Liston in this country, and of Rau and Dupuytren on the Continent? Do you not see how these operations, much as you may despise them, barbarous as you call them, paved the way for that beautiful and delicate operation you so often have the privilege of seeing performed by no second-rate hands in the operating theatre of this Hospital? Lithotomy, then, has a history of development. The growth was slow, but it was sure.

But I would venture to draw your attention, at somewhat greater length, to an illustration of the same great law in connection with a branch of science to which I have given more special attention,—an illustration that will suggest to us the endless nature of development. There is no end to it, or rather, I should say, the world's end is its end. Fully conscious that much is beyond human ken, "to be known only when we know as we are known," at any rate the record of scientific progress spurs us on to labour in this our day, so that, if possible, we may add a stone to that vast structure, the foundation of which was laid by the ages gone by, and the completion of which is left for the ages to come. Not to care for posterity is a principle as far removed from common honesty as it is from common justice. You profit by the labour of generations past, and generations to come will profit by yours. Arrange then, I pray you, your work for to-morrow, though you may never see to-morrow.

It was in the year 1675 that Sir Isaac Newton presented the Royal Society with his remarkable treatise on "Optics." With strange humility he commences by speaking of his own deficiencies, figuring himself in words that have since become classical as "a child picking up pebbles on the sea shore." But, oh! what a wonderful child it was picking up the pebbles, and what wonderful pebbles they were the child picked up! Never let us forget that you and I are standing on the same beach now. It is a strange fact that, gather as you will the productions cast up with such lavish prodigality, the acquisition is not to be regarded as any diminution of the treasures that remain. Much as Newton discovered he left plenty for others.

In this paper he described his experiment of passing a ray of sunlight through a triangular piece of glass, called a prism, when, instead of white light, he obtained a band of seven different colours, blending in beautiful harmony from red to violet, produced, as he showed, by the unequal refrangibility of the several colours. Further, he proved this splitting up could only be effected once—I mean, *e.g.*, the red remained red, and the yellow yellow, no matter through what number of prisms they were respectively passed. And once again, he showed that these seven colours blended together produced white light. Thus, analytically and synthetically, he proved the compound nature of white light, and though in some details modern physicists doubt the accuracy of Newton's reasoning and deductions, none question the rare power that suggested the experiments.

It was in the year 1802 that Wollaston noticed that upon admitting a ray of sunlight through a vertical slit, parallel to the sides of the prism, the spectrum produced was not perfectly continuous, but crossed at right angles to its length by dark bands, which dark bands were not present in the spectrum from the electric light. And now note how Wollaston reasoned respecting the nature of these dark bands. Upon counting them he noted *seven*, the exact number of colours in the spectrum, and immediately he jumped to the conclusion (not an unnatural one by any means) that these seven dark bands divided the seven colours of the spectrum into seven parts. I do not think Wollaston made any further experiments, nor did they, from what I can gather, attract the smallest amount of attention from the scientific world.

In the year 1814, Fraunhofer, a celebrated chemist residing at Munich, rediscovered these lines, and from that time to this, on account of his elaborate researches, they have been called after Fraunhofer, although, so far as mere priority of discovery is concerned, the honour belongs to Wollaston. It is strange to note in the history of development, how often two men seem stirred to work at or about the same time at the same thing. It is a mysterious though a natural law that no great discoverer is ever vastly ahead of his contemporaries. There are always a number of persons whom he barely anticipates, moving in the same direction towards a similar goal, but of whom he just contrives to get a fortunate start. It does not matter, however, whether the race be won by a head or a length, or ought it to diminish one whit our tribute of respect to the winner. But what conclusions did Fraunhofer arrive at concerning these lines? He found that none of them did correspond with the boundaries of the coloured spaces as Wollaston supposed, and that, instead of seven lines, he made out no less than 576, the relative position of which he drew a map of. And he further noted this, that these lines always occurred in solar light, whether it was direct or indirect, but that when he examined the fixed stars, he was immediately confronted with a new set of lines, and that whilst the light from Mars and Venus gave the same lines as sunlight, those from Sirius, Castor, and Procyon differed in many important particulars. This, I think, was about the extent of Fraunhofer's experiments. Nor does it seem that he reasoned to any great extent upon them. He was content to gather together an army of facts. But thus much he adduced:—1st, That starlight differs essentially in its qualities from sunlight; and, 2ndly, That the dark lines were produced somehow or another in the sun itself, a conclusion I shall show you directly is confirmed by all subsequent observations. How slowly truth grows! "First the seed, then the ear, then the full corn in the ear." It is error that springs up apace, and spreads itself with lavish hand, here, there, and everywhere.

In the year 1822, Sir David Brewster and Dr. Gladstone examined the spectra produced by flames, coloured with various substances. They remarked that in these cases they could only obtain one or more coloured bands, whilst the remainder of the spectrum was wanting, showing how the light produced by gaseous and vaporous bodies is only brilliant in a few channels, husbanded and limited to a few lines. And they further suggested the possibility of deciding what a substance might be, by the character of the localised band.

Ten years after this (1832) they examined the spectrum from solar light, having allowed it to pass before it fell on the prism through the vapour of nitrous acid, when they noticed certain dark lines which they at once concluded were due to absorption of certain parts of the light. The following year (1833) Miller, of Cambridge, and the late Professor Daniel, ascertained that dark lines in different positions of the spectrum were obtained when sunlight had been allowed to pass through bromine, iodine, and euchlorine. Two years later (1835) Wheatstone, examining the spectra of the electric light from different metallic points, observed that different metals gave different lines of light, the spectra not being continuous, and he remarked that the appearances were so remarkably characteristic that by this means the metals might easily be distinguished. Various physicists more or less distinguished devoted considerable time to the elucidation of these remarkable spectra, but it was not until 1859 that Professor Kirchhoff gathered together into one the whole of the experiments, reasoned upon them with rare philosophic accuracy, and applied these hitherto unapplied facts to the examination of terrestrial matter. He showed how by placing the smallest trace of an alkaline or alkalino-earthy metal in a hydrogen flame and examining the spectrum produced with a spectroscope, he was enabled to detect quantities that had hitherto eluded the finest balance or the most perfect test. The one-millionth of a grain of copper is easily detected. The 1-160 millionth of a grain of lithia (by which means it may be detected in rocks, rivers, milk, blood and muscle) and the 1-180 millionth of a grain of soda will at once yield characteristic bands that reveal their presence. By noticing the existence of lines they had never seen before Bunsen and Kirchhoff discovered two new metals in the residue of some waters from Durkheim, in Rhenish Bavaria; and Mr. Crookes, in 1862, upon examining the sulphur from some Spanish copper pyrites, discovered a magnificent green band, such as no known substance produced, and which led to the discovery of the new metal thallium; and but a few months since, one whom I feel it no slight honour to call my good friend Mr. Sorby, of Sheffield, announced the discovery of another metal, to which he has given the name of jargonium, from his having found it in certain specimens of Ceylonese jargonite.

But this is not all. I have referred to the power that gases possess of absorbing various parts of the spectrum. Now, liquids have this power too, and as, in the case of gases, noting that certain liquids only absorb a certain part of the spectrum not absorbed by other liquids, in short, that each liquid absorbs its own part of the spectrum, we are enabled to employ this curious action as a means of detecting mysterious chemical changes taking place in the human body. Take, for example, the case of blood, the optical properties of which have been examined in 1862 by Hoppe, in 1864 by Stokes, in 1865 by Sorby, and in 1868 by Herapath.

Stokes, in 1864, showed that both venous and arterial blood contained a substance he called *cruorine*, which was capable of existing in two states of oxidation, the colour being different with each. They are examined thus: an excessively weak solution of the blood is placed between the light and the slit of the spectroscope, when, in the case of scarlet cruorine, or, I will call it, the cruorine of arterial blood, two sharply defined black absorption bands are visible, whilst with the purple cruorine, or the cruorine of venous blood, produced by acting on scarlet cruorine with deoxidising agents, and not due, as can be clearly shown, to the presence of carbonic acid, there are no longer two absorption bands, but only one, taking up the whole of the yellow and part of the green rays of the spectrum. Now, it has been found that cruorine, when it has been dried, or exposed to air, or acted upon by sulphurous or other acids, becomes changed into a brown substance, called *brown hæmatine*, which, upon examining it with the spectroscope, produces two absorption bands, like scarlet cruorine, but differs from it in producing a third absorption band in the red ray; and, further, by the action of some reducing agents, as the hydrated protoxide of iron, brown hæmatine is changed into red hæmatine, which produces two bands like scarlet cruorine, but which are easily distinguished from the cruorine bands by their position and degree of intensity. And now mark the importance of all these facts; by the spectroscope, the merest trace of dried blood, no matter of what age, is without much difficulty discoverable. And to have such unquestionable means of detecting blood is, I need not say, a matter of extreme importance to those engaged in medico-legal investigations, enabling us with no hesitating voice to assist a jury to judge a righteous judgment, either to clear the innocent or to convict the guilty. A thousandth of a grain of dried blood is quite sufficient to produce all the results; and Mr. Sorby, who has devoted a life as a labour of love to these remarkable experiments, and to whom science owes a debt of the deepest gratitude, asserts he can obtain the absorption bands with a single half globule of dried blood.

What an astounding illustration this of the development of discovery! The physician may be able to discover the presence of blood globules in saline fluids, in urine, in saliva, and the generality of mucous discharges, by the aid of the microscope; and, provided the fluid in which they are suspended be of equal specific gravity to that of blood serum, their form and size may then be determined, and their probable source as well. But, how useless the microscope often proves itself when the blood is dry, on account of the difficulty of restoring old globules to their old form! And then the chemist is appealed to to detect possible albumen and destruction of colour by the agency of heat, or non-destruction of colour by the action of ammonia. And yet, delicate as these tests are, how often we fail from the small quantity we have to examine! The spectroscope demands attention to one point, and that is that the solution operated upon should be sufficiently dilute.

Let me, however, point out that, startling as are the results of discovery, there is one thing as yet we cannot do with the spectroscope, and that is to discriminate human blood from that of other mammals. It may be, gentlemen, this discovery is reserved for some of you who are with us to-day for the first time, or it may be these little wantings are to teach us that there is a distinct limitation to scientific research. So far, but no further, or else you overstep the boundary, and the creature would usurp the power and authority of the Creator. Finite can never thoroughly understand the work of the infinite. There is a limit to all our positive knowledge. The greatest power is to see it—the greatest wisdom is to confess it.

I am desirous of taking you one step further, and to show how we are enabled to stretch our hands beyond our earth, and to gain certain information respecting the constitution of the sun and far distant stellar worlds—how, in short, we can analyse the atmosphere of the sun as certainly as we can that of our own planet. The glory of these discoveries in the first instance belongs to Professor Kirchhoff. They have received considerable attention of late. Amongst others De La Rue, Huggins, Norman Lockyer, and Father Secchi, especially deserve mention. I may briefly describe the experiment which led to Kirchhoff's brilliant discoveries. He noticed that the yellow lines produced by sodium coincided with one of Fraunhofer's dark bands (D), and also that the bright lines from other bodies were in exactly the same position as other dark lines. He was examining the yellow line from sodium vapour in a Bunsen burner, when he allowed solar light to fall through the flame, when, instead of the black line corresponding with the bright line becoming less distinct, it became infinitely more distinct. He then placed the oxyhydrogen light behind his yellow flame, when he found the dark band instead of the bright line. He thus arrived at this great fact—that luminous sodium vapour has the power of absorbing the very light it itself gives out. And he found what was true of sodium was true of all other bodies. What a world of facts was opened out to Kirchhoff now! The nature of these black Fraunhofer's bands was at once no further mystery. They were produced by the vapour of bodies in the sun's atmosphere absorbing that part of the light of the sun that these bodies were capable of producing. The bright lines produced by iron have corresponding dark lines in the solar spectrum. The explanation is clear, and we are bound to accept it, that iron exists in the sun's atmosphere. And, still further, the spectroscope solved the question at once, whether the black spots on the sun were produced by a cooling absorbing atmosphere pouring down on the photosphere; or whether they were formed, as French physicists taught, by actual breaks in the photosphere itself. Again, recent investigation has shown the sun to be surrounded by a surging sea of incandescent hydrogen some 5,000 miles high, called by Lockyer "the chromosphere," with oftentimes a lower stratum of incandescent sodium and magnesium vapours, this true atmosphere being often disturbed by powerful convection currents producing enormous prominences, at times 27,000 miles high. And modern science has even calculated the rapidity of these movements. And yet further, by the appearances of certain bright lines, as, *e.g.*, the assuming arrow-headed shapes and so on, they are able to determine the atmospheric pressures in the chromosphere and its prominences, and to prove that the pressure of the sun's atmosphere is far below that of the earth's.

But I must pursue this subject no further. These are extraordinary discoveries. But you will note they are a long chain of discoveries. And do you not think there are spirits in the spirit world joying as they listen to this story of the work of progress; but joying especially to think one or more of the links in this chain of discoveries were links forged by themselves?

In this work we are called upon now to take our part. It may not be unprofitable reviewing the history of science and learning experience from the past, that we should ask ourselves, What have been the principal hindrances to development, and what have been the chief causes of its successes ?

Amongst many obstacles in the way of progress I have only time to note *two*.

And, first, an undue respect for the opinions of great men, in vulgar parlance, a love one person has for pinning his faith to that of another. Do not misunderstand me. Men are not equally gifted. There is an intellectual as well as a physical superiority. That I grant ; but the world is disposed to reverence and accept without due caution the opinion of a learned aristocrat. It seems to place such men on a throne above all others, and to regard it as little less than heresy to question a word they utter. Men argue thus : " See what they have done for science. Do *you* dare to criticise what *they* say ? Do you venture to ask them the foundations of their assertions, or the details of their experiments as though you questioned their veracity ?" Just as though intellectual force had a special law for itself, that it alone could suffer no decay. Let another carefully examine a mass of facts ; let him with industrious activity leave no stone unturned to arrive at truth : but no matter ; if only his conclusions are contrary to the merest speculations of one who is accepted as an authority, all his patient investigations will go for nothing, and he will be laughed at for his pains. This has been a terrible hindrance to development. Devotion to independent inquiry is, you may depend upon it, the only road to truth. To love truth for its own sake is the only way to get truth. Still I would say every opinion given by one who has shown himself an accomplished scholar, a persevering student, and an ardent philosopher, deserves very especial attention. We are not to dismiss his opinion offhand ; but what I mean is, that we are not to accept his opinions on his mere assertion of their accuracy, unless he furnishes us with satisfactory experiments and well-digested reasons; so that, apart from him, we may form entirely independent opinions. In medicine and chemistry we are but too familiar with men who set themselves up as authorities, and we know too well what a bore they are. Trading on past efforts and discoveries, they look with an eye of miserable suspicion on one who dares question any theory they choose to propose, however farfetched and sensational it may be. They seem to expect men to accept their opinions offhand, and not ask the why or the wherefore. And, unfortunately, the disciples of such men are numerous, for it is natural for men to like to lean on others—it is far less trouble—they like others to think for them ; but it is a liking fatal to true and rapid development.

And this naturally suggests a second hindrance I would note.

A love some men have for theorising, and, as is generally the case, theorising on very insufficient data, and then often conclude by building a system on a few miserable experiments. I know of no greater curse to science than system-makers and system-mongers. They are, as a rule, only observers of nature so far as they can catch a single idea to support their pet theory. They care nothing for facts, unless they can manage by some process of conjuring to twist and turn them so as to suit their own peculiar views. If they fail in doing this they quietly set them aside. Thus you may account for the absurdities of a miserable system like homœopathy, against which there can be no need, I should hope, to warn you. Deeply do we deplore the fact that some brought up to love truth and to love freedom (for truth is freedom) have turned aside from paths of pure orthodoxy to hug the chains of error and falsehood. One fool may do such a world of mischief in a week that it will take the life of a wise man to correct it. Nay, more—many wise men may be required to undo the work of one fool. It is true, systems of this kind are of mere butterfly existence, fluttering about for a time, passing through an ephemeral life, and, sinking down at length into chrysalis quietude, give place to something new, and, because new, seemingly more charming. How men love novelty ! They can breathe no other atmosphere than change !

The remedy for all this is plain. Let us be content to be observers of nature, and let the record of our observations be not only circumstantive but faithful ; by that I mean all we did observe, and nothing more. Not to start with a theory and hunt out facts to support it ; but to hunt out facts and then build a theory, at the same time observing great caution about drawing conclusions. This is the sure remedy. Without any intention of falsifying our record we may do so unperceived by ourselves, owing to an admixture of the views and language of an erroneous theory with that of simple fact. Ideas are not facts, though men often think they *are*. Conjectures will not take the place of careful observations, though men often think they *do*.

There are many circumstances that have of late years tended very materially to assist this work of medical progress. A considerable impulse has been imparted to the progress of development by the recognition of the mutual relationship subsisting between the different sciences, whereby the phenomena and known laws of the one may be applied to the determination and elucidation of the general characteristics of the other. The causes of the manifestations peculiar to each branch of scientific investigation were for long limited to the special subject in which they were engendered, but as future research was brought to bear upon them they were found to be connected by laws common to all. And thus it has not unfrequently happened that the researches made on a more remote subject have thrown a light on one that has long resisted our attempts at explanation—so long as we studied it apart from other branches of investigation. Then, further, it is right and proper that we should acknowledge the deep debt of gratitude we owe the Medical Press, and I must especially mention the *Lancet* as being the first of our medical papers that ventured, amid the strongest protestations, to print the lectures of great teachers, thus scattering far and wide new and more extensive views of the various branches of the profession. Indeed, I would say one of the main aids to development is the facility of a ready and unrestricted communication of thoughts and interchange of ideas. But on these, as on various other points, I have no time to speak now.

I would merely note two principal means, by attention to which, so far as we are concerned, we may be enabled hereafter to take our part in this great work—the development of scientific research.

1. And the first is—the necessity for accurately mastering the foundations of medical science. It is a bad crop that has no depth of earth. There was considerable wisdom in directing that your first winter session, and the principal part of your second, should be devoted to anatomy, chemistry, and physiology ; for these are the building's foundation. Let the various theories of surgery and medicine shift as they please, alter as they will alter in altering times,—if the foundation is thoroughly secure, then it is able to bear its tiresome burden. The facts of anatomy and chemistry, too, are facts in a great measure located in a region of certainty, and are out of the world of change. Surgeons may differ as to the treatment of aneurisms, but that will not change the normal position of arteries. Here, at any rate, is something like strength for you. Never think, then, time wasted that you spend in the dissecting room, or listening in this theatre to the humorous, laconic, yet learned addresses of him whom we count a worthy successor of the most popular of anatomical teachers. And, further, medicine could never have reached the high position it now occupies, nor will it ascend one single step in the ladder of development, unless it takes advantage of chemical research. I am claiming a high position for chemistry. I deeply regret that there are not the same inducements for the medical student to study chemical phenomena that there are for him to study anatomy, the authorities at Lincoln's Inn seemingly regarding it as quite sufficient that he should have attended a course of lectures. I believe medicine has been far too often divorced from

chemistry, and the divorce is fatal to development. Is it supposing too much, when I say that I do not think the day far distant when an analytical chemist will be an essential part of the working staff of every large hospital, and that the results of his examination of morbid specimens will suggest remedies far surer, far more certain than any we at present possess? Then, again, chemistry and physiology are twin brothers—closer born than Siamese Twins. On this I will venture to quote the words of one who is, of all men I know, best able to speak on this subject: "Chemistry," he said, "can have no knowledge whatever of the physiological operations of the human body, without a knowledge of physiology; and, on the other hand, physiology can have no competent knowledge of the actions taking place within that body, except through the aid of chemistry." These were Dr. Letheby's words, spoken in this Theatre last July.

Then, note again in what an unsatisfactory state at the present time is our knowledge of therapeutics. It seems to me the only correct method of learning the action of a drug is by carefully noting its behaviour with various reagents in the test glass. Thus, the physiologist, the pathologist, and the physician, begin to acknowledge that the only safe entrance gate to the true understanding of the action of the body in health, the cause and nature of disease, and, above all, the influence of medicines upon disease, is the laboratory of the chemist,— there to imitate, as far as may be possible in the test-glass and the crucible, the work going on in that hidden laboratory, where, without a moment's cessation, the great Worker is working perpetual change. Some of the strange processes of that secret laboratory have of late, in a measure, been laid bare to us,— not in their fulness I will admit, but sufficient to convince us that the operations of life are brought about by the action of forces with which we are tolerably familiar.

2. And now, gentlemen, finding that discovery has been a grand system of development, (as all great systems are, be they religious, political, or scientific,) it is clear that it now becomes our turn to extend and develop this chain of medical progress; to work from that point where others have been called upon to leave it. This is the work set us to do; nay, more, it is the work we set ourselves to do. But do not forget it is a *work*; and a work, moreover, that calls for indefatigable industry, untiring perseverance, and consummate patience. The first dawn of a great discovery may be the work of chance. Its details never are. We ask but one thing of those who join us to-day, and that one thing is *work*;—not to make resolutions for work on possible contingencies (such resolutions are worthless), but to work under any circumstances, "Act in the living present." And, further, we do not merely ask you to work now, but your profession claims as her right your devoted work for the remainder of your days,—not merely to "get up" what is already known,—for in that case what value will your life have been when you are dead and gone,—but to find out something that is not known, to leave some marks that may sustain your individuality, and hand down to posterity a little more than you received—a contribution, the result of your own work—to try and forge a few links in the grand chain of progress. Do you suppose for one moment that discovery is limited to a small handful that the world pleases to call "men of genius?" I am afraid you will suspect me of more enthusiasm than becomes the sober office of a teacher. I do not say that the best directed labour can ever supply what nature has refused; still it remains an experiment, uniformly sanctioned by time, that without unwearied toil, obstinate perseverance, and submissive resignation, neither the theory or the practice of any art or science can be fully acquired, and that, without them, genius is a bubble, and talent a trifle. Or do you think I am setting before you a somewhat too exalted view of our Profession? I hope none will say it is too exalted a view. You cannot aim too high, it is easy enough to aim too low. Believe me, an object of lofty pursuit, even if it be one of quite impossible attainment, is not, altogether, unworthy the ambition of the truly scientific man, or, at any rate, it is better to aim at what is out of your reach, than be always supposing everything *is* out of your reach. Though you may not be able to scale the summit of the volcanic cone, you may yet reach its heaving flanks, and though you cannot decompose its loftiest fires, you may yet study the lava they have melted and the products they have sublimed. Because you fail in doing all you wish, it is poor philosophy that says, Do nothing at all.

I would not have you for one moment think that I am undervaluing the practical work of our Profession,—the cure of disease, the greatest of all human work. To make the lame to walk, the blind to see, the deaf to hear, and the dumb to speak. That is a noble work indeed! It is divine! Godlike! To sit in the dead of the night at the bedside of one who seems to be yielding up her life in a last long breath, at the very moment she is giving a life—a breath to another—to sit there, I say, and guard and fan that flickering life of a precious mother until it again burn brightly—it is a noble work! To restore to a distressed family, through the means the Almighty has placed in our grasp, one who has been its bread-winner for many a long year, and whose very existence may seem at this very moment to be more valuable than ever it was before—it is a noble work! To bring back to health, and, by a seasonable word of advice, to a life of peace and chastity, one bowed down with wretched shame, carrying on his very countenance dread records of his guilty folly, records that are constantly, painfully reminding him of lost purity and the price he has paid for his sin—it is a noble work! To bid the destroying angel flee from a neighbourhood by the cautious sanitary measures you may suggest, when it would seem as though his well-polished, keen-edged sword was lifted, and in another moment he would have struck—it is a noble work! To whisper a word of love and sympathy into the ears of one who is just ready to deliver up his spirit unto the God who gave it, a word that may lighten the dark, dark passage, that may shorten the long, long journey from which no traveller returns—it is, indeed, a noble work!

But our Profession is a jealous mistress; she will have no half service in this great work; she must have all your powers and energies, or she cares for none; she demands the purest enthusiasm. To bestow on other work a part, a fractional part, of your powers will be only to leaven that enthusiasm, and to divide those energies; and that must not be. Do you ask the reward of it all? Is it wealth? No. Is it rank? No; there are no coronets to bestow in our Profession. There will be none so long as

"Rank is but the guinea stamp."

Or is it renown you seek? Well, there are paths in our Profession for gaining that; but you must not seek it by a flowery road. A few sensationalisms will occasionally bring it, but sensationalisms are vipers that will bite you at last, and the bite is often deadly. Often the silent walls of the laboratory have been the unobtrusive and only witnesses of the arduous and patient researches of its occupant. Yet, think not that recompence depends necessarily from without. There is within man an arbiter awarding commendation, independent of the world's testimony. Many of those I now address may have felt the glow of satisfaction arising from the indomitable perseverance in a rightful, though perhaps difficult, course, at last carried to a successful issue. It is related of a mathematician that, on nearing the end of a most abstruse problem, upon the solution of which he had been engaged for many days, he became so excited and elated with the approaching certainty and correctness of his treatment, that he was unable to continue the subject, and had to depute another to finish what his own genius had suggested. Here nature for herself gave the testimony, and it was overpowering. Or do you suppose our Profession is one of *ease?* There you are terribly at fault; for it is a Profession, of all others, of ceaseless and responsible work. And that is the road to success. Nothing, as a rule, but the work of great men insured the success of great men. Work is a far surer ladder to success than the patronising smiles of the aristocracy, or the kindly remarks of our merchant princes. I am afraid I shall be accused of preaching some dreary truths—truths little calculated to spur you on in the work you commence to-day. But there is this comforting reflection, that if work is the only road to success, at any rate it is the only pathway to happiness. Idleness is a failure in every respect; it has no one thing to recommend it; it is even bad policy. The drones of society are society's curse. They are eating bread which is not theirs, for they do not earn it; and it is no human law that decreed that if a man will not work he has no business to eat; and when such men die no one misses them, for they never did a thing to make one miss them. Nay, dronishness is only another name for misery, because such men are painfully aware that their death will be no loss, and, as a rule, they are those who would wish, above all things, it were otherwise; but the price is beyond them—that price is work. It seems mysterious what they were created for. Time is a burden of lead to them; when it is day they wish it was night, and when it is night they wish it was day. Men around them soon learn their character and avoid them, for they can get nothing out of them, simply because there is nothing in them.

Then, further I would note, true happiness does not consist in taking in a stock of knowledge, but of perpetually giving it out as you take it in. We should all be not merely learners, but teachers. You cannot fulfil the great purposes of your being unless you are perpetually showering out from yourself whatever you possess. That is the true law of your existence, and all nature is the sermon on the text. Just look at the clouds soaring in their beauty in the field of heaven, bearing proudly in their pregnant bosom the full blessings of the rain, floating in such matchless grace, pleasing the eye with their many tints and varied charms. Is that, think you, the end of their creation? No; even they have a work to do. They are there to water the earth, to make it very plenteous, to cause its seeds to bring forth, to open rills and streams for man, to preserve life. And, unless development is to cease (which God forbid), your hands will have to do the work. Trading, as you will for a time on others' discoveries, do you not regard it as a work of common honesty so to arrange matters that others some day may trade on yours? To set before you science as a history of development has been my aim to-day. I have endeavoured to show you how a rapid succession of great discoveries have kept up the interest of the first impulse vigorous and undiminished. No funeral rites have ever been got ready for research, discovery, or development! And surely their grave need not be dug now. That is the lesson of the past. What an intense—what an everpresent sap and vitality we trace in this record of development! No ugly gaps have been permitted. No idle intervals to interfere between the most gigantic and dissimilar forms of inquiring energy. So glorious a past can promise nothing but a future as illustrious. The same powers, the same influences that have created men like Harvey, Hunter and Jenner are still at work—at work to day, and will enable us to produce others whose works shall be as splendid and their names as durable as sublime!

And just gather up into a few words, the work, gentlemen, you are entering upon to-day:—to store your mind with whatever is already known for diagnosing the various forms of disease with which you may be brought into contact; to make yourselves conversant with all the changes those diseases may undergo, to be ready without loss of time to apply the best remedies modern science has suggested, for the cure or relief of the disease, and to propose such hygienic measures as may possibly prevent a repetition of the sickness. But, above all, to aim at being yourselves discoverers, each for himself aiding this great work of medical progress, each one ready when the call shall come, and come it will, to pay back again to the Just and Almighty Ruler the talent or the talents *lent* him, but only *lent* him, and ready, mark this—to pay them back with usury. This is your work—go, and do it.

[*For Abstracts of the Introductory Addresses, see page* 297.]

Original Communications.

EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. Gordon, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 244.)

HEAT APOPLEXY.

In what manner we are to account for the intense and peculiar heat of epigastrium and surface generally in this disease becomes a problem the solution of which is difficult. It deserves the fullest attention on the part of medical officers. In all probability, a direct connection will be found to exist between it and the deranged condition of the functions of circulation and respiration, which constitute an important part of the malady; thus, while during life the skin is so dry as to be utterly incapable of performing its functions as an emunctory, *post-mortem* examination reveals extensive pulmonary and cardiac congestion, the mass of blood at the same time indicating a state of imperfect decarbonisation. Doubtless, the insufficient *combustion* of carbon furnishes by itself an insufficient explanation of increased temperature, but all that I desire to indicate is, that a field for inquiry is here open.

Until a period comparatively recent, so uniformly fatal was this disease that it was considered as being absolutely beyond the power of treatment. Of late, however, as already observed, the results are more favourable, and we are now able to employ remedies with as much hope of success as in any other of the more important maladies which affect our soldiers in India. Having, some years ago, entered somewhat fully into the history of heat apoplexy,* it will suffice for my present purpose if I allude to the fact that, when the custom was to bleed freely from a vein, the patient being retained in the sitting posture, death occurred in all cases of the affection, the event often taking place while the patient was in the act of undergoing the depletion. How far this may have been connected with the treatment itself, it were needless now to discuss; but we cannot forget that, at the time referred to, not only were soldiers much more crowded together in their barrack-rooms than they now are, but so prevalent among them was the vice of spirit drinking, that we may fairly presume these powerful causes of the affection occasioned not only more severe attacks, but of a more virulent nature than are, as a rule, now met with. I believe that my present purpose will be served by the following cases, which illustrate the manner of treating the affection which recent experience indicates to be most generally successful, and which may, in brief, be said to include—1. Free affusion over the whole body, but more especially the head and epigastrium; 2. Free abstraction of blood from the temporal arteries; 3. Internal counter-irritation, as by the administration of croton oil; and 4. External counter-irritation, as by sudden vesication of the nape, sinapisms to the calves of the legs, &c.

Let us suppose, for example, that a patient was first seen when labouring under confirmed heat apoplexy, all the symptoms of which were complete; the manner of procedure was somewhat thus:—He was immediately brought on a bedstead outside the ward, and freely *soused* with water poured upon him from a height, and, if possible, by two persons at the same time; for a few minutes the shock was produced, as far as practicable, by directing the current upon his head and epigastrium, and if, as sometimes occurred, the unconscious man was capable of swallowing, cold water was put to his lips or into his mouth. He was next turned upon his face, and similar affusion applied along the spine, friction being by attendants made to his legs. If, in the meantime, he could be induced to swallow several drops of croton oil, it was considered so much the better; but if not, some four or five upon powdered sugar were placed in the mouth while he lay upon his back, in the hope of some of it finding its way, as it often did, into the stomach, producing vomiting or free catharsis. One or both the temporal arteries were meantime opened and allowed to bleed, while the affusion and frictions were continued, it being found that no risk whatever existed of depletion being thus carried too far, inasmuch as the hæmorrhage ceased spontaneously, if not checked artificially. When, however, these remedies failed to produce effect, sinapisms were applied to the legs, and vesication on the nape produced by the application for an instant of a heated spatula.

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* See *Edinburgh Medical Journal*, May, 1860.

These are energetic remedies, and they must be energetically employed. We no more can look for success in recovering a soldier rendered unconscious by an attack of heat apoplexy by the employment of such means applied for a short time and in an undecided manner, than we can expect to restore animation in a person asphyxiated by immersion in water by mild remedies. If, therefore, a medical officer be too apathetic or indifferent to fairly grapple with this disease, and leave his patient to the care of imperfectly instructed attendants, or to the languid attentions of native Asiatics, it is right that such a man should know that the soldier thus affected with heat apoplexy, and thus left, will to a certainty die. I have seen instances of the apathy and indifference to which I allude, not only in the treatment of this disease, but in that of others of fearful virulence. I have seen, as a matter of course, the results to be expected from such indifference, and it is because I have witnessed them that I now express myself as I do.

The case given below was the first I had the satisfaction of treating successfully:—

Private Jeremiah McCarthy, aged thirty years, admitted at Wuzeerabad, in the Punjaub, 7th October, 1852, suffering from giddiness in the head and general debility. Had been subject a few days previously to diarrhœa. On the forenoon of the following day, he was found lying in the rear in a state of insensibility, and with all the symptoms of apoplexy of the hot winds; there was much suffusion of the eyes and the countenance; the temporal arteries were distended; the epigastrium was very pungently hot, and he kept constantly striking that region with his hand during his insensibility; he was voiding fæces involuntarily in bed. He remained in this state for a period of upwards of two hours before treatment was employed; the remedial measures had recourse to were opening the right temporal artery; cold affusion to the head and epigastric region; slight cautery to the nape. It having been observed, during the state of unconsciousness, that he indicated a desire to drink, cold water was given, and he imbibed it with avidity. After he had bled to probably twelve ounces, consciousness began to return. He then had a dose of croton oil and calomel, and in the course of a few minutes afterwards he was able to answer questions rationally; complaining, however, of a sensation of weight and giddiness in the head. The following is an extract of his case from the medical register:—

October 10th.—Considerably better this morning; pulse moderate; skin cool; respiration natural; slept well during the night. ℞ Hyd. chlor., gr. ij.; pulv. ant. co., gr. ij., ter in die.

11th.—Pulse moderate; tongue furred; doing well, but is weak. ℞ Acid. sulph. dil., ♏x.; inf. chirettæ, ℥j., ter in die.

12th.—Pulse moderate; tongue furred; complains considerably of pain and swelling of the epigastrium. Cont. med., et app. emp. vesicat. epigastrium.

13th.—The pain of epigastrium considerably less; tongue less furred; pulse still weak. Cont. med., ter in die.

14th.—Tongue cleaner and moister; pulse stronger; does not complain of any epigastric pain. Cont. med., ter in die.

15th.—The same remark applies.

16th.—Is now perfectly free from epigastric pain; gums swollen; breath very fetid (mercurial).

The recovery of this man was so far complete that he was subsequently sent to England as an invalid, and discharged the service; but so unexpected at the time of his illness was any other result than death in the case of a person attacked as he was, that, when I had seen him, the rites usually performed over the dying by priests of the denomination to which he belonged had been administered; and I was so unfortunate as to incur much ill-feeling because I had been the means of restoring a man who should, it seems, according to all "spiritual" rules, have "gone, we know not where."

The following cases occurred during the mutiny—namely:—

Johnston, 10th Foot, forty years of age, sixteen in India; a hard drinker, although he had enjoyed good health. On the 6th of May, 1858, he was, in all respects, in apparent good health. On the 7th, the field force employed near Arrah marched at daylight, and continued to do so till about ten a.m., he accompanying it. About eight o'clock he was observed to stagger in the ranks, and in other respects his manner was so strange that his captain, mistaking the cause, ordered him into arrest. The morning was extremely hot and oppressive, and, as our route was westward, the direct rays of the sun fell upon the backs of all. He having been ordered to the rear, he doubtless intended to wait till that part of the regiment should come to him. He did so, and was found by the guard lying by the roadside, in a partially unconscious condition; he was nearly pulseless; the breathing was hurried and gasping; the temperature of the surface was natural; there was no distension of the temporal arteries; the face was somewhat pallid; pupils contracted. Affusion was applied to the head, and had the effect, for a minute or so, of rousing him to consciousness. He fell back to his former condition, however; in about half an hour from this time his face and surface had become livid; he moaned heavily, but without stertor; and almost instantaneously died.

His case may be considered as an example of the manner in which death by this disease occurs, after direct exposure to solar influence, in the person of a man who had been for years an habitual drinker of ardent spirits.

Maher, 10th Foot, twenty years of age, seven months in India; not of very full habits; admitted into hospital on 24th May, 1858, while on service against the Sepoys in Jugdespore jungles. In the forenoon of that day marched with a portion of the regiment against the enemy, but at three p.m. was brought back to camp apoplectic, he having suddenly fallen down in the ranks an hour previous, with the well-known symptoms of heat apoplexy. On being brought to hospital, unconsciousness was complete; the surface of the body was less hot than is usually the case during attacks of the disease; the hands were firmly clenched, the thumb of the left being drawn across the palm, that of the right was semi-flexed; the conjunctivæ were much suffused; the eyes slightly turned upwards; pupils contracted and insensible; he moaned heavily; breathing was heavy, and at times stertorous; much froth issued from the mouth; the pulse was variable, at one time scarcely perceptible, at another wavy, but not rapid; the face and general surface were congested and bloated.

Affusion was immediately employed to the head and epigastrium. The right temporal artery was opened, and allowed to bleed, the patient being in the recumbent position while affusion was continued. Five grains of calomel and five drops of croton oil were placed upon the tongue, and on applying a jug of water to the lips he swallowed a few mouthfuls. Shortly afterwards he vomited freely a quantity of green bile and mucus; the pulse assumed a more regular rhythm; the bleeding from the artery ceased spontaneously, and he appeared slightly conscious. The affusion was now repeated, as also the dose of calomel and croton oil, and an enema of turpentine administered About five p.m. vesication on the nape was instantaneously produced by the application of a hot spatula ; he was kept cool, and about seven o'clock fell asleep. At eight p.m. he was found conscious ; skin not very hot ; bowels had been profusely moved ; pulse natural ; and the expression of the face so much improved that he did not look like the same person who had, a few hours before, been brought to hospital. His recovery was rapid and complete.

I have given one fatal case, my object being to indicate the usual course of this very alarming disease. Many such must occur under any method of treatment, and especially when, as in that given, the subject of the attack had been for years of intemperate habits. I believe, however, that by following the plan of treatment I have indicated, a satisfactory degree of success will be obtained. Such was the case in my hands, and in those of other medical officers who adopted it ; but, as I said before, so I repeat, neither it nor any other plan will be successful if guided by apathy, indifference, or indecision.

(To be continued.)

SCOTLAND.

CHAIR OF PATHOLOGY.

On Friday last the Curators of the Edinburgh University, by a majority of four to three, elected Dr. William Rutherford Sanders to the Chair of Pathology, vacant by the resignation of Dr. William Henderson.

By this election the Curators have ratified the opinion almost universally held by the Profession, and which we have consistently maintained ; and Dr. Sanders reaps the reward of a continuous and persevering devotion to science and truth, not for their temporal rewards, as too many do, but for the sake of truth alone. In our profession it is very rare that a devotion to science, so pure and single-hearted, obtains such a public acknowledgment, and we therefore think that the Profession itself is to be congratulated even more than Dr. Sanders himself, by whom the position attained was chiefly desired, for the sake of a wider field of usefulness in his own favourite department. For the unsuccessful candidates, and especially for Dr. Stewart, who was "a foeman worthy of *our* steel," we condole with them on their disappointment, we congratulate them on being beaten by a competitor in every way so worthy, and we hope that a long career of devotion to science and a future of true fame may yet be theirs.

EXAMINERSHIP AT ABERDEEN.

We understand Dr. C. Meymott Tidy is a candidate for one of the vacant Examinerships at the University. He is, as our readers know, Joint Lecturer on Chemistry at the London Hospital. Dr. Tidy graduated at Aberdeen in 1866, with highest honours, as Bachelor of Medicine and Master in Surgery. The University, in electing him, would strengthen its hold in the metropolis ; and the Introductory Lecture at the London Hospital, which he gave last Friday, is a great proof of his powers, while the fact that it had to be delivered in the Chapel shows the popularity he has already achieved.

CONSTRUCTION OF THE NEW ROYAL INFIRMARY.

Professor Sir James Y. Simpson has addressed a most important letter to the *Scotsman* on this subject. The following paragraphs will interest all our readers:—

1. That in the past history of medicine numerous chemical emanations and vapours have from time to time been brought forward and temporarily lauded, under the idea that by their disinfectant, antiseptic, or air-purifying powers, they would render the air of wards of hospitals, &c., more healthy ; but none of them have stood for any length of time the test of experience. In the end of the last century an Edinburgh graduate got a Parliamentary grant of thousands of pounds for the discovery of one which is now never used.

2. That, several years ago, Dr. Lemaire, of Paris, as well as Declat, Kuchenmeister, Bottini, and others first in their writings advocated the use of carbolic acid in medicine and surgery, on the ground of its being a destroyer of low germ life, and that Dr. Lemaire more especially proposed its use in hospitals as calculated, among other things, to prevent pyæmia—one of the most common causes of death among surgical patients. (See Lemaire's Book on Carbolic Acid, 1863, and 2nd edition, 1865, p. 364 ; Declat's work on ibid., p. 24, &c.)

3. That in the great hospital of the Hôtel Dieu, of Paris, M. Maissoneuve, one of the most distinguished of living French surgeons, used, from 1861 onwards for a succession of years, carbolic acid in dressing the wounds, &c., of his patients, though he has now abandoned it for, I believe, alcoholic and other applications. But I am not aware that it was observed to diminish in any degree the prevalence of pyæmia among his patients.

4. That, since Professor Lister adopted and wrote on the use of carbolic acid in 1867, it has been employed extensively in most of the surgical wards of the Royal Infirmary of Edinburgh. During the eight years from 1859 to 1866 inclusive, before the introduction of carbolic acid here, the death-rates (chiefly from pyæmia) among the limb amputations amounted to 40 per cent. During the two years 1867 and 1868 this dreadful mortality rose to 53 per cent. (See the official returns in the *Edinburgh Journal of Medicine* for June, 1869, p. 1106.) This increased death-rate was not, I believe, directly owing to the introduction and free use of carbolic acid in the wards during these last years, for such death-rates are liable to intermittent changes from time to time ; but, at all events, the increased mortality took place in despite of the employment of the specific safeguard which Mr. Syme now suggests as fitted to modify the opinions of our architects in the construction of the new hospital.

5. That if Mr. Syme really believes his proposition to be true—namely, that the new Infirmary might be safely built as a block or blocks of several storeys in height, *because* the air of its wards could always be kept pure by a chemical nostrum or effluvium—then assuredly it was utterly unnecessary for him to have pleaded, as he has so ably done, for the removal of the institution from its old, and restricted to its new and more spacious site ; inasmuch as there was, as every citizen knows, plenty of room in the former locality for one or two great and tall-mansioned hospitals of several hundred beds each ; and much money and much disputation might consequently have been spared to the community.

6. That in all our palatial British hospitals with 400 beds or more the mortality in limb amputations is, on an average, as high as 40 in every 100, while in all the British hospitals of 100 beds or less, the data of which were a few years ago collected officially for a report to the medical officer of the Privy Council, the mortality is as low as 17 in the 100, making the enormous difference of 230 lives in every 1000 human beings operated upon—a startling fact, which, with many others, shows that there is in the construction of hospitals always imminent peril in the aggregation of the patients, and safety only in their segregation.

7. That, in the construction of our new Infirmary, the great disinfectants and antiseptics that we should alone depend upon are abundance of space, abundance of light, and, above all, abundance of fresh, pure, and ever-changing air to every patient in every ward in the hospital—a result that will probably be attained most cheaply and certainly by leaving the present Watson's Hospital, with its numerous class-rooms, bed-rooms, &c., for the administrative part of the institution, and erecting upon the ground above and below this central building a series of village or villa hospitals or wards, furnished with all the latest and best sanitary improvements.

I am, &c.,
J. Y. Simpson.

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Apothecaries' Hall, London.—At the preliminary examination in arts, held at the Hall at the end of September, 114 candidates presented themselves, of whom 41 were rejected and 73 passed, who received certificates of proficiency in general education.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 6, 1869.

VACCINO-PHOBIA.

No. III.

WHILE we have deemed it our duty to expose the ignorance and prejudice of the vaccino-phobiacs, we are ready to offer them such assurances as their state of mind may need, and to make excuses for all the honest fears they may feel. Mothers who hear heartrending tales of the sufferings of tender infants are not to be condemned for natural anxiety ; it is only foolish agitators, who go about repeating their "raw-head-and-bloody-bones" alarms, who excite indignation. Such persons deserve to be treated with that absolute neglect which would be to them, perhaps, anguish. We would not please them by the slightest notice, did not others suffer from their folly. In the interests of the fearful alone we continue our observations on this well-worn topic. They may be glad to learn that all their reasonable fears may be allayed, that they may avoid the possibility of inoculating other diseases with the cow-pox, and yet preserve their children from the more dreadful small-pox. Dr. Blanc's paper at the Exeter meeting of the British Association for the Advancement of Science, which has already appeared, in abstract, in our columns, has been published as a pamphlet,* and sets forth a remedy for the alleged evils of vaccination, of which all who are fearful may easily avail themselves. To our notion he admits these evils to be greater than they really are, and we are far from subscribing to many of the statements he makes in his laudable desire to extend his remedy, which consists in a return to the plan of employing lymph direct from the heifer, instead of that which has passed through the human body. This plan is undoubtedly effective ; it is extensively employed in other countries ; it has the approbation of such authorities as Lemoix, Depaul, and Warlomont ; our own countrymen Ceely, Ballard, Marson, and others endorse it ; Dr. Blanc has introduced it into London with great success ; finally, it is a return to the first practice of Jenner, by which the value of vaccination was first demonstrated. Cow-pox is a disease of the bovine race, and in that race never changes—never gives rise to anything else. Lymph taken direct from the heifer will then be pure. There can be no question, in such a case, of contamination with syphilis, since that is a disease of which the animals are not susceptible. Calves are not liable to any diathetic diseases at all, and, therefore, while we eat the flesh and drink the milk of the bovine race, we need not fear inoculation direct from them. Dr. Blanc has organized an establishment in London for the supply of lymph from young heifers, and we would certainly urge all who have any doubts on the matter, or experience any want of lymph, to adopt his recommendation. Dr. Blanc says, and we quite agree with him, that "we should, at least, allow those who object to vaccination through fear of contagion to choose between humanized lymph and spontaneous cow-pox, transmitted in all its purity from heifer to heifer." Happily, we do allow the choice—always have—and the most enthusiastic supporters of a compulsory law have never wished otherwise. Dr. Blanc has now, for the first time, practically permitted the choice by making the latter mode available, and deserves the thanks of all. He is, however, we fear, over sanguine when he writes that "anti-vaccinators, unless deeply prejudiced and unwilling to listen to reason, will be the first to join the ranks of the true friends of vaccination, and by their good example to carry conviction even to the most stubborn adversary to this great blessing." Unfortunately, anti-vaccinators are "deeply prejudiced and unwilling to listen to reason." They take up a spirit of opposition, distort facts to propagate that spirit, and embody the whole of their feelings in the one prefix "anti." It is to preserve the sensible part of the community from the dangers to which this insignificant minority of "anti-vaccinators" exposes it that a compulsory law has been enacted. Sensible people had long before availed themselves of the benefits of Jenner's discovery. Having said thus much we may record our entire disagreement with Dr. Blanc's deductions from the statistics he quotes in reference to an alleged increase in the number of cases of small-pox after vaccination. Jenner said that a person who had had cow-pox was "*for ever after* secure from the infection of small-pox." If he meant this literally we know he was mistaken ; and subsequent experience does not show that the protection is less, but only that in the larger number of cases, exceptional ones become also more numerous.

When we say, as we said in a former article, that vaccination is a complete protection against small-pox, we imply no more than when we assert that this last disease affects an individual but once in his life. Medical men know well enough, and many of the public know too, that any of the eruptive fevers may occasionally recur in the same person ; although the fact that they occur but once is often included in the definition of them. Why should we expect vaccination to be more perfect ? For practical use to the community it affords complete protection ; it saves tens of thousands of lives yearly ; it saves hundreds of thousands of disfigured faces, of sightless eyes, and other sad afflictions ; the alleged evils attendant upon it are utterly unproved, many of them merely imaginary ; the occasional inconveniences entailed are not worth a thought in comparison with the blessings it confers; if all the evils that have been imputed to it by trustworthy men were proven, it would still be worth while to practise it, for immunity from small-pox would be cheaply purchased at such a cost. How much more, then, when with such care as the profession generally exercises, reducing the chances of any imaginary evil to a minimum, should the public be warned against the sophism and fanaticism that has caused the recent spread of vaccino-phobia!

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* Compulsory Vaccination. By Henry Blanc, M.D., F.R.G.S., &c. London : J. Churchill & Sons.

Notes on Current Topics.

The Baddesley Endsor Murder.

At the last Warwickshire Assizes, Michael Adkins, aged twenty-two years, a miner, was tried before Mr. Justice Hayes for the wilful murder of his wife, Harriet Adkins, at Baddesley Endsor, near Atherstone. It was a double murder, for the poor victim was on the eve of becoming a mother. It seems that the murderer shot his wife, and that he subsequently accounted for the catastrophe by stating that the deceased shot herself, but varied his version of the subject by saying that the gun went accidentally off whilst he was examining it. It appeared that they lived unhappily together. The jury found the prisoner guilty, and he was accordingly sentenced to death. A petition praying for a commutation of the sentence was got up, and on the eve of execution the prisoner was respited during Her Majesty's pleasure. But the most important part—a step scarcely to be conceived, irreconcilable with the facts of the case, the murder of the woman and the mature child *in utero* within a brief period of entering the world, is the receipt of a communication by the Governor of Warwick Gaol from the Secretary of State, commuting the sentence to twelve months' imprisonment *from the date of the prisoner's conviction.* Surely this is some erroneous perversion of justice! It is something more than an illustration of the uncertainty which exists in the present anomalous mode of administering criminal law in capital cases. It would be an outrageous occurrence if influence brought to bear by a local member of Parliament could so affect the Secretary of State to deal out justice unjustly. Have the judge and jury who tried this case been privy to this hole-and-corner arrangement? Is society safe in having, nine months hence, thrust among them the murderer of his wife and his unborn child? If a man steals a loaf to appease the pangs of a starving family, the punishment is little short of that which a clement Secretary of State, in the tenderness of his heart, considers sufficient for the most revolting crime, unsurpassable in its cruelty, that man can be guilty of! This subject affects society, and we call for an explanation, if it be possible for an explanation to be given.

Transfixion of the Heart without Death.

A rare, if not absolutely unique, pathological fact has been communicated to the Institute of Sciences of Milan, by Dr. Biffi. He showed the heart of Count Philippe Manci, a lunatic, who, in an attack of frenzy, killed his father, and who had made several attempts at suicide, dying finally in a successful effort. The autopsy shows a needle implanted in the heart, so that four and a-half centimetres of it extended into the left ventricle, and the point perforating the mitral valve passed for one centimetre and a-half into the corresponding auricle.

Inquiry resulted in it being discovered that the lunatic had declared that he had introduced the needle into his heart twenty-two minutes before his death; but, having presented no morbid symptom or functional derangement either of his chest or heart, or even of his pulse, this avowal was taken for one of his numerous fantastic stories.

Practical *v.* Theoretical Surgery.

The flippantly-juvenile school of surgeons, with whom it has been the fashion to sneer at the sterling practical rule-of-thumb surgery of their fathers, have received a stinging rebuff from no less an authority than M. Nélaton, and are thereupon very irate. The editor of *Figaro* had requested M. Nélaton to give public expression to his opinion on the merits and demerits of medical education of the period. He writes in reply:—

"You ask me my opinion on surgical study in France at the present moment. Here it is: I am glad to see the rising generation renouncing the false semblance of exact and profound science, which has resulted almost exclusively from microscopic researches, in order to apply themselves anew to surgery based on the great indications furnished by clinical observation.

"It is in the inculcation of these principles that the great masters of the present century, and especially Dupuytren, the most glorious of them all, have given to the French school the real renown which it yet enjoys in the universal world."

It is quite obvious that, in this forcible enunciation, M. Nélaton has not in the least committed himself to any depreciation of microscopic or physiological research. He has merely asserted the fact that it must be always secondary to practical surgery, and that raw and conceited "professionists" are not to assume a character which they have not acquired by the observation of disease or the performance of work. The reaction has happily at last set in against the German pseudo-theoretic quackery, which has enveloped modern medicine in superfluous and incomprehensible verbiage; and it is permitted to us now to hope that fingers, eyes, and brains may have a chance against long tongues and illimitable self-sufficiency.

Mr. F. W. Newman's Idea of the Profession.

We alluded some time ago to Mr. F. W. Newman's encouragement of the opposition to vaccination. We are sorry to see that this gentleman, enraged by the vexatious prosecutions that have lately annoyed many of the best friends of vaccination, has been induced to write another letter to the periodical of the anti-vaccinators.

Under the pretence of reviewing a pamphlet, parts of which we as strongly condemn as he could, but other parts of which he would have done well to digest, Mr. Newman launches out into a venomous tirade against the Profession, and raves about "insidious medical tyranny," which he declares is as "conceited and fatuous as it is immoral." Unmindful, however, of the question he has taken up, he rushes off to a totally different one—the Contagious Diseases Act, and the proposal to extend it to the civil population, and angrily accuses all doctors of desiring this in their own interest. Such logic may be well suited to the comprehension of anti-vaccinators, but it is as unworthy of Mr. Newman as his imputation of evil motives to the whole Profession is unworthy of any gentleman. We do not propose to follow him through the wholesale abuse he heaps upon us. The public know well enough that the Profession is disinterested, and as for Mr. Newman declaring that medical men encourage vice, it only shows into what a womanish rage he has worked himself. Still, we may be calm enough to set him right once for all. The Profession has never supported the notion of extending the Contagious Diseases Act to the whole population. Some medical men support the proposal, and they have as much right as Mr. Newman to hold their opinions; but they no more represent the Profession than Mr. F. W. Newman does the Church. The present writer dislikes the idea quite as much as Mr. Newman does, but he is not blind to the injustice of therefore accusing the Profession of wishing "to make vice comfortable." Of all the tissues of misrepresentation it has been our lot to read, this last performance of Mr. Newman's is most astounding, though he says he has "carefully considered every epithet" he applies to the faculty, "which," he exclaims, "must not be allowed to take us by the throat and stab us with a poisoned lancet." His idea of the medical faculty could not have been gained at University College when he held the Chair of Latin at that institution.

The Perils of Petroleum.

But a little while ago the danger to which passengers may be exposed while travelling in company with petroleum was too widely illustrated on the Irish Channel. Last week a more terrible conflagration took place in the magnificent French port of Bordeaux, where sixteen vessels were burnt, in consequence of an explosion on board one petroleum-laden ship. The flaming barrels floated about after the explosion, carrying fire in all directions. This catastrophe finally suggests the thought that some strict regulations should be imposed on the removal of such dangerous substances from place to place. A similar calamity may occur any day in our own ports. A single accident, and death and destruction are dealt round in every direction. How are such occurrences to be prevented? Chemistry, it has been said, may yet enable us to render the transport of petroleum safe, but meantime we are in fearful peril. A severe restrictive law would be justifiable in the interests of the community.

The Effects of Transfusion of Blood.

The Statistics of Transfusion of Blood, which have been published by Professor Landors of the University of Greifswald, will be read with much interest.

Transfusion has been practised 99 times in cases of hæmorrhage. Out of these eleven cases were so grave that no favourable result could be hoped for. In the 88 remaining in 65 the result was satisfactory, in 20 there was no success, and in 3 the result was doubtful. The operation had been performed in 12 cases of poisoning, in 3 of which the results were favourable, and in 8 the contrary.

The Medical Club.

A general meeting of the Club will be held at the Club-house, on the 13th inst., at 2 p.m., Sir William Fergusson, Bart., in the chair, to elect the Committee for the ensuing year, and to take into consideration the following resolution and amendment:—

"That the Medical Club shall now cease to be a Proprietary Club, and that the resolution passed on the 8th Nov., 1866 (limiting the liability of the members to the amount of their entrance fee and subscription), shall now be rescinded, and an allotment made, in equal shares among the members, of the necessary capital to enable the committee at once to carry this resolution into effect."

"That it is not desirable to rescind the resolution passed on the 8th November, 1866, but that the Medical Club be conducted on the proprietary principle, the same as heretofore, in accordance with the agreement now existing between the Honorary Secretary and the Club."

The general result of the operations of the year, to be deduced from the financial statement, is that an income of £1,684 has been received from entrance fees and subscriptions, £1,209 from the sale of provisions and other sources, and £679 from sub-letting that portion of the house not in the occupation of the Club,—making, in all, the sum of £3,574.

The expenses (including additional furniture and household requisites) amount to £4,006, and, but for the balance of £796 4s. 5d. in hand at the commencement of the year, there would have been a deficiency of £431 16s. 3d.

It must be noted that included in the amount of subscriptions is the sum of £239 4s. 9d. paid by certain of the original members as a voluntary additional subscription, in lieu of the uniform increase proposed last year. The additional subscription was guaranteed for only two years; and if it had not been for this fund, the deficiency would have been increased to £671 1s. 0d.

The New Hypnotic.

The statements of M. Librich as to the anæsthetic agency of chloral have been subjected to investigation by M. Demarquay, and the results have been far from confirming them. On only a few points are the two observers in accord, and notably on the rapidity and power of chloral as a hypnotic, and as an agent for obtaining muscular relaxation and also the prompt and complete recovery of animals, however far the action of the chloral might have been pushed. M. Demarquay sums up his conclusions as follows:—

1.—Chloral has a well marked hypnotic action especially on weakened and feeble persons.

2.—The duration of its action is in direct proportion to this weakness.

3.—The sleep which it produces is generally calm and is not agitated even in patients who are the subjects of severe pain. This result leads M. Demarquay to advise its use in diseases where sleep and muscular relaxation are required.

4.—The agent may be given in high doses, since no accident has been known to result even from 1 to 5 gramme doses.

The sleep produced is quite different from that obtained with chloroform. The least noise awakens the patient, but he falls asleep again immediately. The slightest puncture, or even a mere pressure, will elicit complaint; he immediately removes the limb that has been touched. Dr. Demarquay will not venture to say that there is over excitement of the skin, but he can affirm that, however deep the slumber, tegumentary sensitiveness remains entire. Chloral is, therefore, not applicable to surgical operations.

Cholera in the Punjab.

Painful accounts of cholera have been coming in daily from Umritsur (in the Punjab), a city which seems to afford an illustration of the extreme to which Oriental uncleanness can go. A few figures will show the frightful ravages the epidemic has been making—amongst the native population, of course. On the 16th August, 118 deaths from cholera out of a total of 134; on the 17th, 110 out of 124; on the 18th, 119 out of 133; on the 19th, 102 out of 122; and on the 20th 97 out of 111. The following later intelligence has been received by telegram:—"Cholera returns—eighty-four on 22nd, ninety-eight on 23rd, and eighty-three on 24th. Deaths awfully sudden on Monday. All civil, executive, medical, and police officers ordered down from the hills." Up to the 16th August inclusive there had been, according to a contemporary, 833 deaths reported from cholera within eight days, an average of 104 a day. The inhabitants were leaving the town by hundreds, some say thousands; and as an aggravation of the evils of the district, cholera was beginning to show itself in the neighbouring kusbas and villages. It is feared the plague will extend. The Government of the Punjab had been roused to action by the impending famine crisis, and had issued instructions for the re-opening of famine works connected with the exterior town drainage. So far well, but those who know something of the place tell us that until all the frightful sources of disease within the town are filled up, all other works connected with the drainage of the place are next to thrown away. There are said to be two enormous reservoirs of the filth of the neighbourhood.

The London Hospital.

After the introductory address, which on account of the large number of auditors who could find no room in the anatomical theatre, was delivered in the chapel of the hospital, the biennial festival of the college was held at the London Tavern. Mr. Critchett presided at this dinner, and was supported by some of the old staff and many old students. The present professors were well represented.

This is the second time, as our readers will remember, that the Hospital Chapel has had to be used for the address at the London. The last occasion was when Mr. Critchett delivered the lecture. That was reported in full in our columns, and in the present issue will be found the lecture which was this year thus honoured.

The Stamping-out of Small-pox in Ireland.

The modicum of truth which there may be in all the bluster of the vaccino-maniacs has certainly no reference to the protective influence of vaccination. It cannot be for an instant maintained, in the face of statistics, that vaccination has not proved perfectly successful in saving the public from the horrors of the small-pox epidemics of olden times. There has been no more forcible illustration of its efficacy than the effect of compulsory vaccination in Ireland. Small-pox no longer exists. It has been absolutely and totally extirpated, and if it be reintroduced it can never obtain a footing but by culpable negligence in enforcing the law. The Poor-law Commissioners have circulated a letter—we might call it a triumphal *pæan*—on the subject, which they have issued to Boards of Guardians under the heading, "Cessation of Small-pox." We reprint it:—

CESSATION OF SMALL-POX IN IRELAND.

Sir,—Adverting to their Circular Letter of the 23rd February last, on the subject of the diminution of small-pox in Ireland, as shown by the returns for the years 1867 and 1868, the Commissioners for administering the Laws for Relief of the Poor in Ireland request the attention of the Boards of Guardians of Unions to the quarterly returns of the Registrar-General for the two first quarters of the year 1869, from which, and from the absence of any report for several months past of any case of small-pox, the Commissioners infer with confidence that that disease is now no longer existing in the country.

The introduction of small-pox into Castlebar Union, by an inoculator at the close of the year 1868, was, as stated in the last annual report, followed by 67 cases of attack and four deaths in that Union. Two of these four deaths and one other death in Belfast Union are all the deaths from small-pox which were returned to the Registrar-General for the quarter ended on the 31st March last. Independently of Castlebar Union, there were only 7 cases of attack, none of them fatal, during the quarter ended 30th June last, viz., 4 in Ballymena Union, 1 in South Dublin Union, and 2 in Belfast Union. The returns of the Registrar-General for the quarter ended 30th June last contain no deaths from small-pox; and the Dispensary Medical Officers have reported no case of small-pox as having occurred since June last.

How far the present immunity of Ireland from this fatal scourge may be due to the working of the vaccination laws, and whether it may be due in some degree also to the improved sanitary condition of the people and the general absence of epidemic disease, is a question which may be left for solution to the further progress of events.

It is encouraging, however, to observe that the present total cessation of the disease in Ireland has been gradually approached since the compulsory vaccination of children has been put in force under the Act of 1863, the annual mortality by small-pox having been for many years previously about 1,000 deaths on the average, representing, of course, a very much larger number of cases of attack and disfigurement. The course of decrease in the mortality has been as follows: in 1864, the number of deaths was 854; in 1865, 347; in 1866, 187; in 1867, 20; in 1868, 19; in the first quarter of 1869, 3; and in the second quarter, none.

Whether or not small-pox still remains dormant in the country, and may be expected again to break out under less favourable circumstances, it is quite clear that every part of Ireland is at all times exposed to the introduction of the disease, either accidentally or by design, and therefore that the only security lies in a steady maintenance everywhere of the protective means afforded by vaccination.

By Order of the Commissioners,

B. Banks, Chief Clerk.

Poor-law Commission Office, Dublin, 20th September, 1869.

The Opening of the London Medical Schools.

The opening session has been duly celebrated by the usual introductory addresses. October the 1st, the opening day of Medical Schools and Colleges in London, has witnessed the annual inauguration at nearly all the Metropolitan Hospitals. One or two institutions postponed their opening to Monday, the 4th; and the Royal Hospital of the city—St. Bartholomew's—was obliged to give up the usual meeting, in consequence of the natural discontent of her old students at the injustice inflicted upon Dr. Mayo, and of which we spoke last week.

We make no attempt to supplement the abundance of advice that has been proffered. We are content, so far as space permits, to allow the eloquent lecturers to speak for themselves, and, with this object, devote a large portion of our columns to the reports. The masterly address of Dr. Meymott Tidy at the London Hospital we give in full. For others we have only space for brief abstracts.

How can we supply the place that ought to have been occupied by St. Bartholomew's? No response has been given to our appeal to the staff of that celebrated school, to separate themselves from the wrong doing of the lay-governors. We beg, then, to put on record that the Students held a meeting, on the 1st October, at the Albion Tavern. The following resolutions, passed unanimously, speak for themselves :—

"1. That this meeting desires to express its regret that the hospital staff have decided to omit the customary inaugural address and welcome to the new students, and that by this omission an unnecessary stigma has been cast upon the Medical School of St. Bartholomew's Hospital.

"2. That this meeting desires to express, also, its unqualified dissent from, and disapprobation of, the course of action taken by Mr. White and the House Committee in dismissing Dr. Mayo from office for complaining of the insufficiency of the junior staff, and the consequent maltreatment of the out-patients, and condemns the endeavour to silence, by such means, a straightforward and manly protest in a public cause. It wishes, also, to testify its hearty sympathy with, and to tender its best thanks to, Dr. Mayo, unsupported as he has been by any expression of opinion on the part of the Medical Council.

"3. That this meeting believes that the defects in the present administration of the endowments of St. Bartholomew's Hospital call for Parliamentary inquiry and permanent Government supervision in the interests of the public.

"4. That the present system of electing officers to the staff is not calculated to secure such clinical teachers as the pre-eminent opportunities of the hospital demand.

"5. That the best thanks of this meeting are due to the public press for the manner in which they are seconding the efforts now being made to further the cause of hospital reform."

Latest Intelligence with a Vengeance!

We have often smiled at the frantic efforts of our elderly contemporary, the *Lancet*, to obtain the latest news. Its staff seem to fancy that the Profession care, above all things, for gossip and news. As this journal appears on Wednesday, and all the others on Saturday, our contemporaries have but a couple of days all to themselves; or, taking the Tuesday and Friday as printing days, the result is the same. The *Lancet* has been particularly desirous to keep up its position, and hopes to do this by the vigour of the news department.

It has, in its anxiety, at last entered into competition with the Atlantic cable, which gives our American cousins news of our doings several hours in advance. Only the *Lancet* has not the help of the sun, and so scorns the matter of difference in time.

Last Friday the London Schools were opened—mostly in the afternoon. The *Lancet*, containing abstracts of the lectures, was to be bought in the morning. We ourselves read them between 10 and 11 a.m., and then went to hear one at 4 p.m. Of course, this feat was accomplished by the aid of the lecturers, who did not expect their self-written abstracts to take the breath out of their own eloquence by their premature appearance. Still, country subscribers got them next morning, which, with a weekly paper, would have been impossible in the ordinary course. Besides, that pestilent paper of Wednesday—the Medical Press and Circular—which is making such strides, had the wind taken out of its sails. 'Twas a very good stroke, and we commend the 'cuteness of it. Still, is news, apart from anything but lateness, the first requisite of a scientific journal? We shall continue our plan of taking account of the quality of the matter we select for our readers. A daily paper thus comments on the incident we have named :—

"A very amusing incident, although in some quarters it caused intense annoyance, occured in connexion with the opening of the Medical Schools yesterday. It seems to have been the custom of the gentlemen delivering the inaugural addresses to give abstracts of their lectures in the medical journals a day or two before their delivery, so that authorized reports may be secured for the Profession. These reports have generally appeared in the number of the paper following the 1st of October, but yesterday one of the medical journals published the whole of the lectures, with one exception, before the first of them had been delivered. The gentleman who escaped anticipation was Dr. Johnson, of King's College, whose address came before his auditory with freshness; but in all the other cases professors and students were fully up in what the lecturer had to tell them, and in many cases the students provokingly accompanied the lecturer throughout his address with the paper in their hands. Under such circumstances it is not surprising that the lectures fell very flat indeed, or that the professors who had undertaken the duty of delivering addresses were subject to a succession of comments and jests which scarcely tended to encourage them in their work."

Election of Assistant Surgeons at the London Hospital.

We have received, in reference to our last week's comment, an "indignant protest" from a gentleman who is in a position to know, and who declares we are mistaken in thinking the staff were consulted. Another correspondent says most of the staff were out of town. A third declares that only four persons were in the committee room, and that the whole affair was "hocus-pocus." We thought we had full authority for the version we gave, and should say no more but for the position of our correspondents, who have all worked for the hospital in some way or other, and have its interests at heart. Under these circumstances we will make further inquiry; for it is obvious that with a reputation for being, as one writes, "the only out-and-out independent and fearless Medical Journal," we must be cautious. Whether the only one or not, we are fearless and independent; and, if we have been led into approbation of anything by mistake, are by no means afraid to confess it.

Dr. Mauthner has been elected to the chair of ophthalmic surgery in the University of Innsbruck, the prohibitory clause against Jews occupying any Professorship in an Austrian University having been abolished. The authorities may be congratulated upon the result of this measure of liberality.

By telegram we learn that cholera has broken out afresh among Her Majesty's 41st Regiment at Subathoo. The scourge has also reappeared at Lucknow, this time among the Lancers, who have gone out into camp. Surgeon-Major Batson has succumbed to the malady.

Scotch Universities.

The Scottish Universities' Union, according to Monday's papers, has resolved to invite Mr. John Stuart Mill to become a candidate for Glasgow and Aberdeen; and in the event of a vacancy, which is expected to occur, Dr. Prosser James for Edinburgh and St. Andrew's.

It is stated, on the authority of the *Hindoo Patriot*, that in order to escape registration under the Contagious Diseases Act, many dancing girls have induced Mussulmans to marry them by the *nikra* form.

The *Gazette* of Tuesday week records the name of Thomas W. Phillips as one of the successful candidates for the Whitworth Scholarships. These Scholarships are worth £100 a year, and are tenable for three years. Mr. Phillips is a student of the Royal College of Science for Ireland.

M. Marey, the well-known inventor of the sphygmograph, and the distinguished physiologist, has been selected by the Paris Academy of Sciences to succeed Flourens in the Chair of Physiology in the College of France.

The lady doctors are making a new claim. The daily papers tell us that at Berlin a female doctor is in practice. It appears, however, that the individual in question is only a dentist, with a diploma from a dental college in Philadelphia, who has obtained permission to practise dentistry in the Prussian capital.

The post-mortem examination of Marshal Niel has revealed the existence of four large calculi in the bladder. M. Nélaton had diagnosed the presence of many calculi during life. Two of these had been crushed by the lithotrite, but the weakness of the patient forbade the continuance of the operation.

An evening paper protests against the growing custom of dilating in the newspapers on the illnesses of eminent men, and blames their doctors. We believe the *Lancet* should be blamed for encouraging this by its perpetual pretended information on the symptoms of disease in eminent persons, the information in question being only guesses. Who ever believed that the Emperor Napoleon communicated anything to that journal's correspondent?

We learn that Professor Boehm, of Berlin, is in a desperate condition. His name may probably add one to the list of victims who have succumbed to the perilous duties of our profession. Scarcely ten days ago, in dissecting a subject in the presence of his pupils, he wounded his hand with a scalpel, but so slightly that he omitted to cauterize the wound or adopt other precautions. Two days afterwards the hand became the seat of a great swelling, and since that time every means employed to arrest the disease have been completely in vain.

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 265.)

The second group described, that produced by noxious vegetable exhalations or poisons, is in simple ague the form in which we are most familiar with it; a disease that retains the germ of the poison for a long time in the system, lying latent for weeks, months, or longer, and seizing the patient at intervals, apparently capriciously; although the seizures generally recur on exposure to an ague or swampy district. This, however, may be looked upon as a fresh poisoning in a susceptible patient. This class of case is incapable, generally, of communicating its poison to another. In the class of diseases ascribable to foul animal poison, typhoid fever is conspicuous, and this disease is now well known not to be communicable by contagion. Not so typhus; it is purely a contagious disease, generated and developed in crowded and animal-tainted atmospheres, especially in those predisposed to it by debilitating habits. Like erysipelas and metria, it is a disease which may be either communicated to the patient, extending to her from another contaminated or poisoned patient, directly or indirectly; or it may be, as we have stated in our first paper on metria, generated in the patient herself when exposed to the influences that generate and develop it.

Now, the reasoning resulting from this bird's-eye view of these zymotic diseases amounts to this, that we have had hitherto very vague and indistinct notions of epidemic, endemic, and contagious diseases as to their laws and habits of generation, development, and extension or spread. Our want of precision upon them has led to most disastrous results, by causing us to look upon diseases as epidemic, and consequently beyond our control and prevention, when they were due to endemic causes that were easily remediable, or to contagion that had only to be preventive by strict attention to separation of the diseased from the healthy. The light that the investigation of the habits of cholera in its generation in crowded caravans amid the fetid Indian rivers, those of yellow fever in New Orleans, and those of plague at the sepulchre and haunts of the pilgrims in Egypt, has thrown upon the so-called epidemics, has gone a step towards correcting our views on this subject of epidemic and contagious influences — both influences preventable in their character, and which are the root of our enormous mortality and scourging by diseases which belong to their groups. What says an able writer on these zymotic diseases, in a recent number of that excellent popular journal the *Echo*, showing us that the public are becoming alive to these distinctions, although we may shut our eyes to them? In commenting upon Dr. Farr's admirable *résumé* of the causes of death in 1867, he writes:—"The origin of these diseases may be traced to the propagation of certain molecular atoms, not as yet scientifically classed or understood." (This, I may say, is scarcely a matter of astonishment, when in attempting to investigate this subject by bringing Dumas' views upon isomerism to bear upon them, the bare attempt was ridiculed as beyond our comprehension by a worthy and excellent friend of mine, Dr. Beatty, who, at no distant period, Sir, sat in your chair, and at a more recent one graced the chair of the President of this College, but who evidently thinks otherwise.) To return to the *Echo*—"It may be traced," he says, following Dr. Farr, "to certain living molecular atoms, not as yet sufficiently classed or understood, which, entering into man's body, transmute his tissues into their own substance, so that he can no longer live his own life. The process is analogous to fermentation, and each zymotic atom is the little leaven that leavens the whole lump. Hence "—(he continues, in language plain enough, I am sure, but I fear not plain enough to convince an unwilling audience) —"Hence the danger of overcrowding, for the aggregation of numbers within narrow limits facilitates the transmission of the seeds of the disease."

Dr. Stokes admits that if I establish my position of the relation between the number of women delivered under one roof and the mortality, that then he must admit that zymotic disease acquires a great impulse from crowding, and on the same grounds also, that he must believe with me that the parturient woman has in herself a power of generating a poison which infects herself, and which produces a similar process by contagion in her neighbours. Now, I submit I have proved this relation to a demonstration by the enumeration of the 111 years' statistics of the Lying-in Hospital, and disproved its converse, which was unnecessary, as the proof of the affirmative was sufficient, by reference to the most authentic and reliable sources of information available, notwithstanding the few instances adduced to the contrary by certain of my commentators. But lest he require further evidence, I may refer him to Dr. Farr's last report just published, in which he will find in contrast to the grim death-rate, 1 in 31 of the Dublin Lying-in Hospital for the last fifteen years, Dr. Farr gives as the average of the last twenty-one years in England and Wales, the rate of mortality in child-birth as 1 in 200. In the healthier parts of England there are 43 deaths in 10,000 deliveries, or 1 in 232; in Wales the deaths amount to 61 in 10,000, or 1 in 164, which difference is ascribed to what may be called the civilization of the districts, the three last years in England and Wales being in 223. Thus although the general average of twenty years as improved throughout England and Wales by 1 in 23, it has in the last twenty years nearly doubled in the Lying-in Hospital.

Sir, although Dr. Stokes arrives at the conclusion that self-poisoning in puerperal fever is not proven, there are those who have thought deeply and written well upon this subject who are of a totally different opinion. Dr. Graily Hewitt, for instance, who has written more to the point in 21 pages of pamphlet upon the disease than any writer I am acquainted with, says:—"It is impossible to escape the conclusion that it consists in nothing more or less than an introduction into the general circulating fluid of a poisonous material of animal origin—that it is a form of pyemia, for the production of which the minutest portion of the morbific agent may prove sufficient." But, Sir, he goes further, and agrees with me in the self-poisoning. He says:—"That puerperal fever may occur in a well-marked form, and apart from such introduction from without of morbid material, is undoubted, but in such cases the explanation is virtually the same—the secretions from the surface of the uterus may become fetid, and may also be absorbed, in which case we have the idiopathic disease."

But Dr. Hewitt is not the only physician who has arrived at these conclusions, had we time to dwell upon them.

Dr. Stage, of Copenhagen, after treating of catarrhal affections, and uterine lesions in particular, in connexion with sporadic metria, in which he quotes Winckle, adds:—"The explanation of almost all these cases is, therefore, this, that the individual herself, in some mode or other, develops putrid matters, which are absorbed, and produce an infection—the so-called self-infection, in contrast to an infection from without.

Sir, there are some facts so conclusive to our mind that they do not require proof, and some equally convincing although they do not admit of proof. Let the learned professor but, look to the sun descending behind the horizon this evening, and then prove to me that he will ever see it on the morrow; but does he doubt it? Sir, although I draw his recollection to this fact, I am not prepared to say, nor is he perhaps prepared to deny, that the principle of self-poisoning does not admit of proof conclusive to the mind of any reasoning man. Can he deny it in empyema? can he deny it in syphilis? Then why deny it in the case of metria, which, to my mind, is the most conclusive of all? Let us test it by the simplest rule of evidence, as glanced at by himself. There is one axiom upon which all jurists agree, an axiom which rules the decisions of our judges in dealing with our lives and property, as laid down by Lord Mansfield:—"As mathematical or absolute certainty is seldom to be attained in human affairs, reason and public utility require that judges and all mankind, in forming their opinion of the truth of facts, should be regulated by the superior number of probabilities, on the one side or the other, whether the amount of probabilities be expressed in words or arguments, by figures or numbers."

Again, Philips says:—"It is of the utmost importance to bear in mind that when a number of independent circumstances point to the same conclusion, the probability of the justness of that conclusion is not the sum of the simple probabilities of those circumstances, but is the compound result of them."

Now, testing the comparison of proof between the probability of poisoning by atmospheric or epidemic influence, with self-poisoning by an inherent generating power in the individual attacked sporadically by metria, when no other case in the district is attacked, who can for one moment hesitate in concluding, after what has preceded on the subject, that, with Mansfield, the superior number of probabilities—and, with Philips, the compound result of them—go to confirm the self-poisoning; whilst, with Butterworth, the force and effect of the circumstantial evidence depending upon the incompatibility of the explanation by atmospheric influence, or in fact upon any other supposition, reduces anything else to an approximation to an *argumentum ad absurdum*?

Sir, Dr. Stokes, as others of my commentators have done, has availed himself of the opportunity afforded by this discussion of pronouncing a censure upon the Registrar-General's Department. He says, "The reliability of the returns of death to the Registrar, as far as puerperal fever is concerned, is worth very little." "I can state that, from long experience. Now, I think it hardly fair to compare these statistics with those of a regular hospital." Such a condemnation as this from a physician of Dr. Stokes' weight and eminence, is no trifling matter, and yet Farr, Wilde, Donnelly, and Burke, are not men likely to have lent themselves to the compilation or circulation of unreliable returns, or statistics that would be worth very little. I am quite aware that in all statistics capable of collection errors must creep in; nay, more, that the statistics collected at present are capable of much improvement. Dr. Farr himself uses nearly as strong language on this subject as Dr. Stokes. I am also aware that in determining the exact class of case which should be denominated puerperal fever, a difficulty often arose, but this difficulty applied equally in the hospital returns as those out of hospital. Indeed, Dr. Stokes seems to have admitted this when he adds, "It also seems to me that we are very deficient in accurate statistics as to the mortality from puerperal fever in hospitals and private practice." If such be the case I look upon Dr. Stokes' objection to the comparison of the statistics in and out of hospital as untenable, on his own line of reasoning; as the same elements of what he terms unreliability and worthlessness extend to both. In adducing this answer to Dr. Stokes' objection, whilst I freely admit that a difficulty did exist in statistics classed under the head of puerperal fever which applied equally to all statistics, a difficulty which is much remedied by adopting the general nomer of metria, I object by my silence to appear to approve of the language applied to the Registrar-General, and to the wholesale attacks made upon a valuable department of the State, which, as scientific men interested in the acquisition of sound knowledge, to constitute the basis of our reasoning in diseases, it is so much our object to sustain, and our duty to respect.

We have now a matter to deal with in Dr. Stokes' statement, the consideration of which no doubt will go some length in explaining the line of argument he has adopted in this discussion. He utters the following language which, with the weight of his authority, would prove conclusive, were it not that he himself so markedly disclaimed all knowledge of obstetrical practice in his opening observations :—"Now," he says, "If the mortality in private practice with all these favourable circumstances, be as great or greater, which I believe it to be, than in the lying-in hospitals, what becomes of the argument that the fatality is in proportion to the number congregated under one roof ?" Now, I cannot for the life of me dismiss the idea that Dr. Stokes has by some unusual to him obscurity of thought confounded the words greater in degree and greater in quantity, or absolutely greater, and what leads to this conclusion is that in the preceding sentence he says, "I have been repeatedly called in consultation to cases of puerperal fever in the better class of life, and I am sorry to say the result is, that in these forty years I have never seen one case of puerperal fever in private practice that was not fatal ; not one."

(To be continued.)

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Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to say that I cannot agree with your correspondent, whose brief remarks upon this subject you quote on the 29th ult. I do not see anything extraordinary or improper in the use which "W. C." has made in your previous number of the word 'diabolical ;" it would certainly be a bad pun if it had any reference to the Dialectical Society. My impression, upon reading "W. C.'s" remarks was, that he employed the word "diabolical" in the sense (at the same time deprecating that view) in which it is used by the advocates of large families, who appear to be at a loss for words strong enough—notwithstanding the hard names they do use—to express their disapprobation of the efforts made by a few far-seeing individuals, to spread more enlightened views on this subject.

Is it not preposterous to find that a large family is made by one man a reason for his claiming our charity, and by another an excuse for his commission of a crime ! and yet both these baits are, over and over again, swallowed by a gullible public.

It is not uncommon to see advertisements to the following effect :—"*A case for the benevolent ! An educated man, with a large young family, in great distress, appeals, &c., &c.*" All I can say is, that this gentleman's education has been of very little use to him, if it has not taught him, with other things, the wisdom, not to say the duty, of keeping his body in subjection to his reason. Large families are especially blameable in a clergyman, whose case gave occasion for the admirable remarks which have suggested this letter. He who studies the Scripture, and whose life should be an example to his flock, should surely know how to be "moderate in all things," more particularly with regard to the most important functions of his being.

Again, to give an illustration of the "large family plea," in panitive cases, in which domestic or other servants, abuse the confidence reposed in them by robbing their masters, and are convicted, the culprit will urge the fact of his "large family" as an extenuating circumstance in his favour !

Now, I wish to say very little upon the more delicate questions involved in this subject ; a great deal might be said on those points which include physiological and moral considerations. I will simply and very briefly intimate the direction which I think such a discussion ought to take. 1. The present prevailing error should be confuted, that the marriage ceremony sanctions an immoderate indulgence of the passions. 2. A man has no right to bring children into existence, unless he can not only maintain them in his own position in life, but attend to their mental and moral cultivation, and do his part to make them in all respects good and useful citizens of the world. 3. A man has no right, by virtue of his wife's marriage vow, to render her delicate and unequal to perform the numerous duties—among which are the offices of maternity—for which many a woman is incapacitated by reason of the husband's demands upon her, in order to gratify the inordinate exactions of his unchecked desires. 4. Many wives yield in this matter, in opposition to the dictates of their own more refined natures, partly from a vague impression—which the education of women only tends to strengthen—that they are body and soul the property of the husband ; and partly again from an instinctive feeling and an apprehension of the man-nature, that the way to keep a husband true is to deny him nothing.

The comment which suggests itself upon the last proposition is this :—that if the devotion of the wife did have its proper effect upon the husband, there would be less to regret, if even the penalty of such devotion were loss of health and a premature decay of beauty and vigour. A true wife would consider the preservation of her husband's fidelity well worth the sacrifice ; but in the great majority of cases, the man who is incontinent in marriage is also inconstant to his wife, just because he exercises no control over himself in the indulgence of his passions ; and this lawless excess, unrestrained by any moral or prudential considerations, is, in the opinion of all thoughtful and right-minded persons, *Prostitution*, whether legalised by marriage or not.

I am, Sir, yours faithfully,
October 1st. PRUDENTIA.

THE LANCET AGAIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—What must the eminent and world-wide reputed consulting physicians and surgeons of Dublin think of the following spicy extracts from the *Lancet* of last week ?—"We doubt the value of the opinion of a surgeon who has no medical knowledge, or of that of a physician who should be *foolish* enough to glory in knowing nothing in surgery." Again, "the patient in the ordinary social conditions of life can have *only one* medical adviser." "His medical adviser must be a complete one. He must know both physic and surgery, and be ready either to set a fracture, or treat a case of dysentery or pneumonia." Imagine our great Stokes superseding Professor Robert Smith, or Sir Dominic Corrigan becoming an accoucheur, or Mr. Robert Adams acting the apothecary, for the *Lancet* places all on the one and the same level. The hallucinations of the *Lancet* in one column are beautifully neutralised by wanderings about lady-birds on the opposite. Because the editor of the *Lancet* objects to *pure* surgeons and *pure* physicians, it is no excuse for writing *pure* nonsense.

Your obedient servant,
Oct. 1, 1869. PODALIRIUS.

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ADDRESS TO STUDENTS, BY MR. CHARLES DICKENS.

THE Midland Institute this year has secured Mr. Charles Dickens for its President, and he last week delivered an inaugural address to the students. At this season when addresses to medical students are plentiful as blackberries, it may not be uninteresting to turn a moment's attention to more general studies as represented in addresses to other students than medical. In the course of his address Mr. Dickens offered much advice that will be suitable to all. We extract the following passage as a specimen, and refer our readers to the reports of the daily papers for more:—

"To the students of your industrial classes generally I have had it in my mind, first, to commend the short motto, in two words, 'Courage, Persevere.' (Cheers.) This is the motto of a friend and worker. Not because the eyes of Europe are upon them, for I don't in the least believe it—(laughter)—nor because the eyes of even England are upon them, for I don't in the least believe it ; not because their doings will be proclaimed with blast of trumpet at street corners, for no such musical performances will take place—(laughter)—not because self-improvement is at all certain to lead to worldly success, but simply because it is good and right of itself—(hear, hear)—and because, being so, it does assuredly bring with it its own resources and its own rewards. I would further commend to them a very wise and witty piece of advice on the conduct of the understanding which was given more than half a century ago by the Rev. Sydney Smith—wisest and wittiest of the friends I have lost. He says—and he is speaking, you will please understand, as I speak, to a school of volunteer students—he says, 'There is a piece of foppery which is to be cautiously guarded against, the foppery of universality, of knowing all sciences and excelling in all arts—chemistry, mathematics, algebra, dancing, history, reasoning, riding, fencing, Low Dutch, High Dutch, and natural philosophy. (Laughter.) In short, the modern precept of education very often is, 'Take the Admirable Crichton for your model; I would have you ignorant of nothing.' 'Now,' says he, 'my advice, on the contrary, is, to have the courage to be ignorant of a great number of things, in order that you may avoid the calamity of being ignorant of everything.' (Laughter and cheers.) To this I would superadd a little truth, which holds equally good of my own life and the life of every eminent man I have ever known. The one serviceable, safe, certain, remunerative, attainable quality in every study and in every pursuit is the quality of attention. My own invention or imagination, such as it is, I can most truthfully assure you, would never have served me as it has but for the habit of common-place, humble, patient, daily, toiling, drudging attention. (Hear, hear, and cheers.) Genius, vivacity, quickness of penetration, brilliancy in association of ideas—such mental qualities, like the qualities of the apparition of the externally armed head in 'Macbeth,' will not be commanded; but attention, after due term of submissive service, always will. Like certain plants which the poorest peasant may grow in the poorest soil, it can be cultivated by any one, and it is certain in its own good season to bring forth flowers and fruit. I can most truthfully assure you, by the bye, that this eulogium on attention is so far quite disinterested on my part as that it has not the least reference whatever to the attention with which you have honoured me. (Laughter.)"

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SOCIAL SCIENCE CONGRESS.

THE annual meeting of the Social Science Association has been held during the week. It is impossible in the present state of our columns to report its proceedings at length, and we shall therefore content ourselves with collecting some of the points of most interest to our readers.

In the course of his inaugural address, Sir S. Northcote, President, referring to the Health Department, said he attached the highest importance to the Department of Public Health, for no amount of individual care or of individual skill can do what is wanted in this matter. "Combined action is necessary to secure to the great masses of our population the first conditions of a sound sanitary state to check the propagation of infectious disorders, to prevent over-crowding in dwelling-houses, to provide an adequate supply of pure and wholesome water, and otherwise to bring all the forces of civilization into play in order to counteract the evils which civilization brings in its train. It is much to be regretted that we have not as yet a thoroughly well organized department of the Government, charged with the duty of superintending our sanitary system. There is, I am convinced, abundance of work for a Minister of Health. The time is probably at hand when three new Ministries must be created: a Ministry of Health, a Ministry of Education, and perhaps (though on this point I speak with diffidence) a Ministry of Justice. The present day, however, is the day of Royal Commissions; that of Ministries is yet to come. More than one such Commission is now inquiring into questions affecting the public health. The most important is that presided over by Sir Charles Adderley, which is considering the consolidation of our very complicated sanitary laws, and the completion of our system of sanitary organization. Those who are in the habit of paying attention to the connection between the growth of national habits and the growth of national language will not have failed to notice the recent introduction among us of the phrase State medicine, a phrase absolutely new to many of us, and perhaps still imperfectly understood by the general public. State medicine, in short, as a member of the committee well expresses it, consists in the application of medical knowledge and skill to the benefit of communities, which is obviously a very different thing from their application to the benefit of individuals in private or curative medicine. It is difficult to assign a limit to the demands which the State might with advantage make upon the time and intelligence of a well-organized Medical Civil Service. These remarks naturally suggest two reflections. In the first place, we seem to want a body of men able to withdraw themselves without inconvenience from the engrossing demands of private practice, and to devote themselves to the especial study of the public questions which require medical attention. In the second place, when we have got our Medical Civil Service, how are we to turn it to the best account? If we are to have an organized medical staff spread over the face of the land, some kind of local organization will be required for it; the machinery cannot be wholly worked from London."

EDUCATION.

In the Education Department there was a debate on the question whether an unsectarian scheme of education was inconsistent with religious teaching.

CONTAGIOUS DISEASES.

The Health Department spent one day in discussing the action of the Government in connection with the spread of contagious diseases.

In the same Department a discussion resulted in an affirmative answer being given to the question—Can Government beneficially further interfere to limit the spread of infectious diseases? On the motion of Mr. George Godwin, a resolution was passed to the effect, "That Government ought speedily and strongly to interfere to afford to the various classes of the community the benefits of sanitary science." The resolution, seconded by Dr. James, was carried.

LADIES' CONFERENCE.

The Ladies' Conference met at 3 o'clock this afternoon with closed doors. The subjects discussed were workhouse visiting, secret drinking, female intemperance, the training of nurses, and other subjects of a kindred nature. Miss Carpenter presided.

Miss Hill gave a description of the Bristol Industrial Schools for Girls, and the Lady Superintendent explained the operations of the Red Lodge Reformatory, which was founded by Miss Carpenter fifteen years since.

POOR-LAW ADMINISTRATION.

After a long discussion on the papers read in the Economy and Trade Department, the following resolutions were carried:—"That the section recommends for the consideration of the General Council the propriety of urging upon the authorities the employment of educated women in the inspection of workhouses and hospitals, as being absolutely needful for the proper and efficient management of such institutions." "That it be suggested to the Council that there is an absolute necessity for the due relief of poverty, and that there should be a charitable committee acting in conjunction with boards of guardians, and that the old house visitation should form an essential part of poor relief."

INFANTICIDE.

In the Reformatory and Repression of Crime Section, presided over by Sir Eardley Wilmot, the possibility of diminishing infanticide by legislative enactment was discussed. Dr. Lankester urged that some legislative measures should be devised to reduce the number of child murders, which was now so excessively high.

A paper, by Mrs. Maine, suggested, in preference, the influence of homes for women who had fallen.

INTEMPERANCE.

In the Health Department it was resolved that legislative measures ought to be passed for shutting up cases of uncontrollable drunkenness. Papers were read by Dr. Symonds and Dr. Gairdner. A strong supporter of the resolution was found in Professor Newman, who spoke as an exponent of the views of the United Kingdom Alliance. In connection with this gentleman it may be observed that two Brahmins of the very highest caste, attending the congress, had heard so much of him and his works in Calcutta that they insisted upon being specially introduced.

The question of Hospital Management was also under discussion, a voluntary paper being read by Miss Duch. Dr.

Lankester was of opinion that patients (when practicable) should be treated at home instead of in hospitals. Mr. Whitwell argued that large hospitals were not desirable, and a tolerably general opinion was expressed that small wards were preferable to large ones. The department proceeded to deal with the subject of vaccination.

HEALTH.

Dr. Alfred Carpenter read a voluntary paper "On some points in the Medical Aspect, and the Physiology of Sewage Irrigation." After a lucid explanation of what irrigation was, and answering some of the objections that had been raised to sewage farms, Mr. Carpenter explained how sewage irrigation might be extensively adopted without danger to the health of the inhabitants.

Mr. J. V. N. Bazalgette read a voluntary paper "On the Sewage Evil, its Causes and Effects, with Suggestions for its Remedy." He said there had been few subjects so much written about during the last few years as the subject before them. Pamphlets, blue books, reports, and newspaper correspondence had already accumulated a mass of contending opinions, before which local boards and other authorities entrusted with the care of public health paled, and whilst all were unanimous in the opinion that "something must be done," almost all were equally irresolute as to what particular mode was the best, and were waiting for something to turn up. That injurious delay in disposing of the sewage of towns arose in a great measure from the desire of individuals to stereotype some one particular measure. As Dr. Sangrads insisted upon his celebrated specific, to the manifest advantage of the undertaker, so the irrigators, regardless of climate, insisted upon flooding the neighbourhoods of all towns with the crude contents of the sewers, as though marvellous crops and a rank herbage were the only desiderata, and the certain precursors of the millennium. There were instances in which irrigation might be efficient and economical; but from what he had seen he would not admit any system as being desirable which did not begin its operations at deodorising the sewage.

Mr. Sneade Browne read a paper "On the Ventilation of the Sewers of Clifton."

Mr. W. Hope read a paper on town sewage. He recommended the adoption of a resolution urging the Government to adopt some measure for utilising the sewage of towns instead of allowing it to run into rivers.

Mr. Brudenell Carter read a paper on the sewage works of Stroud.

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ABSTRACT OF INTRODUCTORY LECTURES.

ST. GEORGE'S.

At St. George's Hospital the lecture was delivered by Dr. Wadham, in the new theatre. Entering at some length into a consideration of the nature and responsibilities of the Profession, and the prospects it afforded to those who thoroughly qualified themselves for its practice, the lecturer said:—"Even if you become a good physician, or a skilful surgeon, you must not imagine that with industry and rectitude your success is certain, the utmost you can do being to deserve it. For although it rarely happens that in the higher branches of the Profession any man obtains the general confidence of the public—and certainly never that and the confidence of the Profession—without deserving it, it often occurs that those whom the Profession respect the public ignore, and that the more numerous prizes are awarded to assertion and assurance, and not to modesty and merit—the public in this respect resembling the unjust judge in its nature, and those who obtain its ear having much of the irrepressible disposition which distinguished the importunate widow." After pointing out how, as faithful disciples, they should follow science, Dr. Wadham warned them against seductive theories, and against choosing shadows. In the concluding portion of his address, Dr. Wadham again addressed some words of advice and encouragement to the students, entering upon a most honourable, but still most arduous Profession.

KING'S COLLEGE.

The Introductory Lecture of the Session at this College was delivered by Professor Johnson, in the presence of the Principal and heads of the Institution, and a rather limited general audience. Having regard to the mixed character of his auditory, the Professor chose for the subject of his discourse a general exposition of the ends and method of the science and art of medicine; but before approaching this theme he referred in suitable terms to the loss which the College had sustained by Dr. Beale's resignation of the Chair of Physiology, and to the appointment of Dr. Rutherford, of the University of Edinburgh, as his successor. At the same time he congratulated himself and his hearers upon this circumstance—that Dr. Beale retained his position at the Hospital, as well as the Chair of Pathological Anatomy, and that Drs. Kelly and Yeo had been appointed Assistant-Physicians in the Hospital in the place of Dr. Thom. A reference to the discovery of the means of avoiding pain by local or general anæsthesia, vaccination—the most splendid instance of preventive medical treatment on record—and the non-restraint system of treating the insane, introduced into the asylums of this country by Dr. Conolly, who followed in the footsteps of Pinell and William Tuke, brought the lecturer to a consideration of the mind itself, which he refused to believe is merely the material or product of a highly-organised protoplasm. A few words of advice were uttered as to the method which the students should adopt in the pursuit of their studies; and the discourse was brought to a close by an exhortation to them to remember that the main object of their career is the discovery of truth for the exaltation of the Creator, and the relief of human suffering, and an injunction to "prove all things and hold fast that which is good."

MIDDLESEX.

Dr. Liveing delivered the Inaugural Lecture. He began by referring to the advantage of having a good preliminary education before entering as a student for the Profession of Medicine, in the course of which he touched on the present state of the Profession. With regard to the licensing corporations, he thought they ought to be reduced into a uniform system. There were at present eighteen or nineteen such corporations, and if they all required the same standard before granting a diploma, he did not think that any objection need be made. But that was not the case. But whilst advocating uniformity in the licensing department, he was opposed to the restriction of medical schools. The French system, under which all the medical students were taught in three or four great schools, was not desirable. There the result was that the pupils followed the system and the practice of a few masters. He thought it better that there should be more variety and more individuality. With regard to the admission of females to the Medical Profession, he thought that all his hearers would agree with him to this extent, that it was desirable to extend the field of female employment. Then came the question: Was the Medical Profession a proper sphere for female employment? Time alone could answer that question. In the meantime, he did not think that the Medical Profession or the public would be justified in refusing them a fair trial. In all probability some of the medical colleges would soon be open to females. All he would say was, that if they were to be entrusted with the care of human ailments, they must receive the same sound education as men. In conclusion, he entreated the medical students to hold high the honour and status of the Profession, and never to degrade it to the art of charlatanry or humbug.

ST. MARY'S.

Dr. W. B. Cheadle delivered the Introductory Address at St. Mary's Hospital, Paddington. When he commenced the study of medicine, towards the end of a university course, having enjoyed to the full all the advantages of education under the guidance of able tutors, he found himself utterly destitute of such knowledge as could be directly of service to him in his new pursuit. At an age when he ought to have gone through all the drudgery of elementary study, he had to commence again with the merest rudiments of natural science. Could any one doubt that every man ought to be provided with a reasonable amount of precise general knowledge of the world in which he had to live, where phenomena take place according to fixed laws, in obedience to which all his work has to be done? He ought to be acquainted with the properties of the materials he has to work with, and the conditions under which that work has to be accomplished. The general deficiency in this respect affected the Medical Profession more severely than any other. Again, unless the public obtained some reliable acquaintance with primary scientific truths, it was impossible for them to distinguish between what was certain in medicine and what was but useless theory. They were necessarily credulous and superstitious on such a subject; they became the dupes of imposture, and thus it happened that rogues and charlatans obtained the success which was the due of honest men. The universities had fairly begun the necessary reforms. In schools, however, the change had been very partial and incomplete. He strongly urged the necessity of a diligent observation of disease at the bedside—a branch of study too apt to be pushed aside in the crowd of subjects which engrossed the attention of the students during the three years of their hospital course. Having dealt at considerable length with the present state of medical knowledge, Dr. Cheadle concluded his address by drawing some bright prospects of the future—of honour to be won and wealth to be gained as the reward of earnest study and an enlightened practice of the Profession.

◆

NOTICES TO CORRESPONDENTS.

In all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

Correspondents not answered should look to the answers the following week.

To Subscribers.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

*** We must beg the indulgence of several contributors and correspondents whose communications are unavoidably postponed in consequence of the pressure on our space, caused by the opening of the London Schools of Medicine.

Students' Text Books.—We are reluctantly compelled to hold over the continuation of our Special Report on this subject—of which two portions have appeared in our last two numbers.

Fair Fees.—Several correspondents suggest that the shabby fellow who refused to pay M.D., M.R.C.P., deserves to be prosecuted.

A.B.—The writer of the article is well acquainted with the facts.

F.S.—See our student's number. It supplies you with just the advice you ask.

L.R.C.P.—Fellows must not sue for fees. After four years' *membership*, you are eligible for election with the fellowship.

Mr. J. Waring-Curran, Sutton.—The type was broken up before we received your application for slips of your "Surgical Memoranda," or we should have been happy to send them.

Mr. J. Perrett.—The utility of your new Patent Feeding Bottle will be practically tested before an opinion is given.

To Students.—Information relative to the Westminster Hospital Medical School can be obtained of Mr. Holthouse, 4 Old Burlington street, W., and not at 1 Storey's Gate, the Dean's former residence—accidentally inserted in our last.

Dr. Kisby's letter was delayed by the issue of our Student's number. It appeared in our last.

Apothecary to Irish County Infirmary.—The office is, in many cases, held by persons who have no apothecary licence, and, unless the governor and company venture on enforcing their powers, no question as to their eligibility need arise. In law every person practising pharmacy in Ireland must be a licentiate apothecary, and, in some cases of public institutions, the company has insisted on the possession of, at least, one assistant's certificate.

◆

APPOINTMENTS.

Bamford, Mr. J., Resident Dispenser to the Brixton, Streatham hill, and Herne hill Dispensary.

Battersby, W. E., A.B., M.B., Demonstrator of Anatomy at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin, vice F. V. M'Dowell, L.R.C.S.I., Medical Officer to the Ballickmoyler and Newtown Dispensary District of the Carlow Union.

Busigny, C. E., M.R.C.S.E., House-Surgeon and Secretary to the Worcester Dispensary, vice C. Gargory, M.R.C.S.E., Medical Officer to the Tonbridge Union.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 13, 1869.

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ON REMEDIES USEFUL IN THE TREATMENT OF PHTHISIS.

By Godwin W. Timms, M.D.,
One of the Physicians to the North London Consumption Hospital.

We cannot all of us be discoverers in science; we cannot all even hope to strike out new paths in the march of improvement; but every one of us, I believe, if we were so minded, could smooth some difficulty or clear away some obstruction. Grains of information collected by the patient industry of the many and brought into a common stock would add more to the wealth of science than the glittering nuggets which the more fortunate few occasionally turn up.

To add my contribution, I copy from my notes some hints on remedies useful in the treatment of phthisis.

Cod Liver Oil not being invariably attended by benefit, it becomes useful to be able to distinguish the cases in which its exhibition is most likely to be attended with success:—

1. In phthisis of middle and advanced life it is seldom of much use.
2. In phthisis occurring in the widow or widower of a fatal case of consumption it is of no use.
3. It has failed at my hands most frequently in chronic cases of profuse expectoration, with little or no hectic.

On the other hand:—

1. Where there is much fever and little expectoration, cod-liver oil cannot be pushed to excess.
2. The younger the patient, the more obviously effectual is cod-liver oil. It is very valuable until the patient has reached adult age, less so but still useful up to middle life, and insignificant as a remedial agent after middle age is passed. It is the most useful of all drugs as a prophylactic and in the initiation of the malady, but gives less and less relief as the disease advances.

What is the best description of cold-liver oil? I have found, after repeated observations, that the oil, which at ordinary temperatures is the most limpid, which runs in the smallest stream, produces the least disagreeable effects, such as flatulence and nausea. Its taste should be slightly fishy, without harshness or bitterness.

Is cod-liver oil digested? The only idea of digestion I can master is the partial or total solution of a solid—its conversion into an absorbable substance. Beef-tea ingested is absorbed as to its fluid parts, and the solid residue is acted on by the digestive juices. We read continually of the digestion of cod-liver oil and of agents which assist its digestion; but this, I own, is unintelligible to me, except as to any solid residue which may remain after the absorption of its fluid parts. I suspect æther and brandy stimulate its absorption, according to a well-known law (endosmose), rather than promote its digestion. If there is any solid residue in cod-liver oil (stearine or margarine), I think it would be better to extract it before exhibition, than to employ agents to assist its assimilation.

Can long persistence in the use of cod-liver oil do any harm? I am sorry to say that I have observed in several cases of chronic phthisis, where the pulmonary and constitutional symptoms have disappeared under the long-continued use of cod-liver oil, the muscular system has degenerated, and weakness, palpitation, and irregular action of the heart have resulted. Hence occasional intermissions in its use (when a preparation of iron may be substituted) are advisable.

Diluted Hydrochloric Acid, in doses of twelve or fifteen drops every two hours, I have never found to fail in those persons who, not hereditarily phthisical after the decease of their husbands or wives by consumption, have presented themselves suffering with cough, profuse expectoration, hectic, and emaciation.

1. It is almost as invariably successful in those mixed cases in middle or advanced life, where attacks of bronchitis occur in the undeniably phthisical—cases which I have heard called tuberculous bronchitis.

2. It is a valuable remedy in members of a consumptive family of all ages, beginning to fall off with hectic, emaciation, and debility. It is the best substitute for

cod-liver oil in those who cannot or will not take the latter. In all cases it is of little use unless given in the above doses six or eight times a day.

Bichloride of Mercury, in doses of one-fifteenth of a grain in distilled water with half an ounce of cod-liver oil three times a day immediately after meals, I have given in several thousand cases with the following general results. It has never in one single instance produced the slightest effect upon the salivary glands or on the gums, although it has been persevered in twelve months at a time.

It is of all medicines with which I am acquainted the most powerful in its influence upon the tuberculous diathesis. It is as powerful an alterative in chronic phthisis, and as useful as it is in the syphilitic constitution. It may be objected that the beneficial effect is confined to those cases of phthisis which have been induced by hereditary syphilitic taint. In answer to this I reply, that the great majority of instances of phthisis must be then referred to syphilis (which is absurd), for fully two-thirds of all cases of consumption benefit by the use of the bichloride. As in hydrochloric acid and the chlorate of potash, I refer its utility to the chlorine it contains, and believe that the only advantage of the combination is, that with mercury the chlorine is presented to the blood in a form capable of acting upon the morbid element more directly than in any other compound of chlorine. I have no desire that the profession should love mercury, but I do wish that they were skilful in its use, for then they would have no fear of it. I recommend only a tentative use of the bichloride in the small doses described above. No harm can come of a month's trial in any case, with or without cod-liver oil; and I believe that practitioners will be induced by the relief obtained to give it more and more perseveringly, as I myself have been led on to do for several years past. According to my experience, it will prolong life even where vomicæ are present; but its great efficacy is seen in those cases, much the most common of late years, in which the expectoration is least prominent as a symptom. In patients whose symptoms consist of gradual but decided emaciation, increasing dyspnœa, hectic, and dry cough, with the addition, in females, of amenorrhœa, the use of the bichloride with cod-liver oil will very often restore health.

As the morbid element in tuberculous blood consists of an excess of unexcreted tissue waste, it is evident that none of the excretions should be allowed to become defective, and the more so because the evil resulting is not immediately apparent, but only to be discovered in the failure of success in the treatment. Those excretions which are excited to extreme activity by the vis medicatrix should not be shut up directly, but the necessity of their continued excitement prevented by the encouragement of all the other excretions. Among the instruments of apparent present benefit, but of real ultimate mischief, may be enumerated, steel, quinine, bark, opiates, malt liquor, and strong wines. All these, by no means to be contemned at proper times, become mischievous agents when prescribed without limit and without a distinct purpose. As there is always a depravation of the blood from the setting in of the disease, hearty feeding and steel are looked upon as always useful. If the only object were to restore the healthy quantity of red particles, or if their restoration would retard the disease, this would be correct; but unfortunately this is not so. Immediately the respiratory power becomes lessened by ever so little a deposit in the lungs, nature lessens the circulating material in proportion; and any interference of ours to increase the circulating material only disturbs the balance between the circulatory and respiratory functions. On the other hand, if we avoid all things which increase the circulating material, but enforce all those measures which increase the respiratory function, nature will raise the circulating material and adjust the balance between the two functions.

Hence we may sum up shortly our treatment of consumption:—Light, simple, and nourishing diet, in quantity always in proportion to the appetite of the individual (the palate is an excellent guide, which we should be always afraid to offend), all wholesome fruits and vegetables, a moderate amount of thoroughly-cooked meat, and diluents, tea, milk, whey, &c., according to the patient's experience, avoiding all stimulants and forcing of the appetite. Regimen: excitement of the skin by constant cleanliness, friction, and woollen clothing; fresh air, sea air if possible; exercise of every kind, gymnastic exercises, singing, reading; the avoidance of every restriction by dress upon the chest-walls, and of indolence and self-indulgence of every kind; the exclusion of gas from all apartments inhabited by the invalid; early hours, and as short a sojourn as possible in the same atmosphere; hence it is better to take a short sleep in the day than to remain more than six or seven hours in the bedroom, the windows of which should never be shut except on particular occasions, or under peculiar circumstances.

Drug treatment. An obstinate cough with expectoration in the member of a consumptive family, unaccompanied by much general disturbance, is most successfully treated by twelve or fifteen drops of dilute hydrochloric acid in one ounce of water every two hours. Patients often declare that they taste the chlorine in the expectoration.

An obstinate dry cough, accompanied by emaciation, debility, and fever, is very successfully treated by half an ounce of cod-liver oil three times a day after meals, in a draught containing one-fifteenth of a grain of bichloride of mercury. Either of these remedies is good in all stages of the disease, with or without oil.

In children, cod-liver oil alone is very successful; as age advances, the remedial power of cod-liver oil is diminished.

In the middle-aged, and in consumption occurring in the survivor of a husband or wife dead of phthisis, the hydrochloric acid, in the doses mentioned above, is the most successful remedy.

Steel is only to be given for a few days at a time. All astringents, except for special objects, are injurious. The citrate or tartrate of soda or potash should be given occasionally, and these salines are quite as generally useful as steel.

Mild laxatives occasionally are very beneficial; pills of grey powder and rhubarb for the young and a mild aloetic pill for the middle-aged will tempt the practitioner who tries them to very frequent use. Trying to help towards the successful treatment of a few varieties of consumption, it would not become me to condemn any drugs recommended by other practitioners. So intractable is the disease, that every new remedy ought to have a fair trial. Familiar with the idea of patients being induced to swallow the urine of the boa constrictor and the pancreatic fluid of a pig, if a patient were to tell me that he had found benefit from imbibing the saliva of a goat, I should not hesitate to recommend him to persevere in its use.

Much more do I recommend most respectfully the practitioner who has found success from treatment by peroxide of hydrogen, the hypophosphites, chlorate of potash, &c., to persevere in their judicious use, until they can point out distinctly the cases in which they may be hopefully recommended.

All I can say is, that I have not been so fortunate as to find any decided results from their persevering exhibition.

◆

ON A NEW PREPARATION OF PEPSINE.

By Edward Long, L.A.H., Dublin.

During some recent investigations into the manufacture, relations, and general properties of pepsine, I was induced to make a solution in glycerine, somewhat after the manner of "Ellis' Rennet Wine," so much prescribed of late in this city. Many considerations led up to this idea, and the results more than realized my expectations

In the ordinary process for making pepsine, there is necessarily used a considerable quantity of starch to produce a dry powder, which evidently opens the door to great adulteration, as it is difficult to detect the relative proportion of the active and passive constituents. As a consequence, we hear most discrepant opinions of the therapeutical value of pepsine. Some maintain that it is inert, as it often is, no doubt, through fraud or bad manipulation. Others, again, attach the importance to it which might be expected from reasoning on well known physiological facts, and find their *à priori* conclusions supported by experience. The difference of opinion is due, in this case, to the difference in the quantity of pepsine present in an active state in the preparations used; and this must arise from some defect in the *modus operandi* of procuring it.

I will not here enter into any critique on the ordinary processes; a fair sample of pepsine may, with care, be obtained by most of those published, though erroneous statements have obtained currency as to the effect of various reagents on it. What is desirable is, that some convenient and certain process be discovered with definite results easily tested.

With these objects in view, I commenced my experiments, and with the result of procuring a solution of pepsine definite and certain in strength, and so pleasant to the taste that even children will not find it objectionable, but the contrary.

The fresh stomach of the pig having been washed in water sufficiently to remove all particles of food, and the cardiac end removed as yielding rennet only, is cut into slips and digested for one week in as much glycerine as will entirely cover it, then strained and filtered. The resulting fluid is about the consistence of simple syrup, somewhat thinner than glycerine, of a pale sherry colour, sweet to the taste, with the characteristic flavour of pepsine.

A drachm of this, with 15 minims of muriatic acid, and an ounce of water added, at 100° readily dissolved 700 grains of moist fibrine properly prepared; while the best of the solutions in general use, which I have tried, only dissolved 75 grains, and that not so completely under the same conditions.

Lactic acid, which is generally stated to answer as well as muriatic, I have found comparatively inert, which tends to corroborate the original opinion of Prout in opposition to the statements of M. Bernard and Barreswill.

The solution I have described has this further recommendation, that whereas the various solutions of pepsine in sherry, &c., are very liable to spoil, this keeps very well. I have before me now some of it made seven months ago, in which there is no sign of decomposition.

Half a drachm to a drachm taken in a little water at, or immediately after, meals ought to be found the most effective preparation of pepsine in use. It may be taken undiluted if preferred, but should be always associated with food in the stomach. It is quite compatible with most articles of food in ordinary use which are really wholesome and digestible; but it would be well to bear in mind that alcohol, unless very dilute, destroys pepsine, whether it be the natural exudation from the gastric mucous membrane, or that introduced as a supplement by modern science. The cases in which it will be found applicable, I leave to the physician, as it would be foreign to the purport of this paper to describe them.

As the action of any agent derived from the animal kingdom is an unknown quantity in calculating effects, its adoption, therapeutically, should be with discretion; I have, therefore, thought it right, considering the powerfully solvent or digestive action of this solution, to test it in my own person before recommending it to others; and I can testify, for the confidence of my medical friends, that it is not only quite safe, but, so far as one can estimate in a limited experience, beneficial in the degree to be expected *à priori.*

To prevent confusion, and at the same time to invite trial, I have called my solution "Prepared Gastric Juice," or "Digestive Solution of Pepsine," a small bottle of which I shall be happy to send to any medical man disposed to try it—not with a view to elicit claptrap testimonials on narrow premises, but to enable them to judge of the value of this remedy in some of the most troublesome cases which come under the care of the physician.

Let it once be granted that pepsine removed from under the action of the vital force retains its activity, and it follows that simplicity and certainty in the process for obtaining it in such a form as will keep reasonably well, are all that is required. Both desiderata, I believe, I have arrived at, judging by the tests already mentioned, and I now with confidence offer the result to the profession.

As a postscript it may not be unnecessary to remind, that pepsine and rennet are quite different things, and produce different effects; one of the most obvious is, that the latter coagulates albumen, while the former dissolves the curd so formed. It has frequently come to my knowledge that people have been directed by their medical attendants to make whey with pepsine wine, and are not a little disappointed to find that they cannot succeed, rennet wine or essence no doubt being intended.

◆

NOTES ON SOME CASES OF ERYSIPELAS.

By John W. Martin, M.D., M.Ch.

In the following remarks, I wish merely to record the observation of a few points which, I think, are possessed of some interest.

During the last eight months, three well-marked cases of erysipelas of the head and face have come under my notice, the subjects being all persons in the poorer ranks of life, two of them women, and one a young man.

Case 1.—Mary K., æt. forty-five, wife of a labourer; the attack commencing six weeks subsequent to her confinement.

Case 2.—Mary M., æt. thirty-five, wife of a factory operative, and mother of nine children. Has always been delicate, and during the three months preceding the attack had to give up work.

Case 3.—Maurice D., æt. twenty-two, factory operative; unmarried.

In *all* the form of attack was phlyctenoid; there was a period of *latency* for a week before the appearance of the eruption, as marked by languor and a general feeling of "*malaise,*" and the attack itself set in with the usual symptoms of nausea vomiting, pain in the back, loaded tongue, quick pulse, and confined bowels. In all, the glandulæ concatenatæ were painfully swollen and tender, accompanied by a feeling of stiffness in the neck.

The most careful inquiry into the cases of the two women could elicit *no history of lesion of any kind* from whence the attack might have had its starting point, thus forming exceptions to what Trousseau, in his excellent chapter on erysipelas, states to be almost universally the rule.

In the case of Maurice D., there was sore throat accompanying, but not, as far as I could learn, preceding the attack; but there was *no lesion* in the neighbourhood of the brow, eye, cheek, or ear, where the blush first exhibited itself.

In each of the cases the climax, as shown by thermometrical observations, was reached at periods varying from the sixth to the eighth day, the highest temperature varying from 101 one-fifth degs., to 101 three-fifth degs.

In *all*, at the point where convalescence was becoming thoroughly established, there was a fall in the temperature several degrees below normal, varying from 94 one-fifth degs., to 97 four-fifth degs., the most careful observations being made to establish these temperatures.

A similar fall in temperature, before the establishment of convalescence in febrile disease, has been observed and recorded in some thermometrical observations made by my father during an epidemic of typhus fever that occurred in Portlaw in the winter of 1866, and the spring and summer of 1867.

In *all* chemical examination of the urine showed *the presence of sugar*; in the case of Mary M., the test for uric acid was followed immediately by a copious precipitate, its presence being confirmed by the microscope. I am sorry to add I omitted this test in the other two cases.

The treatment in all cases consisted in dusting the part affected well with flour, the exhibition of mild aperient medicine, of muriate tr. of iron and wine ℥iv. daily, the patient being given as generous a diet as possible.

The points of interest seem to me to be—

1st. Is there a true period of latency culminating in the febrile symptoms usually preceding the eruption? or, are the febrile symptoms dependent on the engorgement, tenderness, and accompanying constitutional disturbance set up in the neighbouring glands, by the presence of a lesion of some kind or other, from whence, according to Trousseau, the eruption takes its starting point?

2nd. Is there in all febrile diseases, *as a rule*, a fall in temperature below normal before convalescence is established?

3rd. Is sugar usually present in the urine of erysipelatous cases?

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Hospital Reports.

ROYAL VICTORIA HOSPITAL, NETLEY.

CASES OF ANEURISM.

We have already given two cases of thoracic aneurism from the Report of Dr. Maclean, and now proceed to add the following. The learned Professor remarks, in connection with these cases, that the statements of soldiers as to a syphilitic history must not be implicitly relied upon. He has often known it stated that there was "no syphilitic history," when the autopsy has revealed unequivocal evidence of such lesions.

In Dr. Davidson's paper, the connection between atheromatous degenerations and syphilis are well shown, and the Pathological Museum at Netley affords abundant evidence of the fact. In the specimens of aneurisms of large vessels, organic lesions of their walls induced by syphilis are almost always met with.

Aneurism of Thoracic Aorta, causing a Tumour under left Scapula; Rupture of Intercostal Spaces between second and third, third and fourth, and fourth and fifth Ribs, with Dislocation of the fifth and Destruction of the Articular Surfaces of the third, fourth, fifth, and sixth Ribs; Death from Hæmorrhage.

Gunner C. Armstrong, aged twenty-seven, from Gibraltar, admitted 9th July, 1866; died, 28th July, 1868.

Syphilitic History.—This patient belonged to a garrison battery, and was in the habit of working heavy pieces of ordnance; was repeatedly in hospital at Gibraltar, complaining of "pain in his chest, occasional attacks of dyspnœa, and cough." He also suffered there from rheumatism, continued fever, bronchitis, primary syphilis, and cholera. On the last occasion of his being in hospital at Gibraltar, on the 19th of April, 1866, he was in bed, when he suddenly became conscious of "something giving way under the left shoulder-blade, attended with a hot rush of something in the same place." He became faint, but on recovering a little called for assistance; when the orderly came he discovered "a swelling under his shoulder-blade, which was beating."

State on Admission.—A large pulsating tumour projected from under the left scapula, displacing it outwards; this pulsated strongly, and expanded equally in all directions, with pain, sometimes very violent, in the chest, shoulder, and spine, requiring frequent subcutaneous injections of morphia to allay it.

The tumour went on enlarging till the 2nd of July, when he became weak and pale, with an intermittent pulse, and died very gradually on the 28th.

Post-mortem Examination.—Thorax: Adhesions of old standing on both sides; left side of chest contained 25 ozs. of blood, part fluid, part in clots, which had proceeded from a large aneurism of the aorta.

Aorta.—Much diseased; its inner surface was thickly studded with cicatrical-like contractions.

There was a large aneurism of the ascending thoracic aorta, which extended from the third dorsal vertebra, which was deeply eroded, to the lower margin of the sixth rib, three inches from its attachment to the spine. The long diameter of the sac was directed backwards in the direction of the scapula. The rent from which the hæmorrhage proceeded was an aperture large enough to admit two fingers, situated in the depending part of the sac, on a level with the intercostal space, below the margin of the fifth rib. The intercostal space between the first and second ribs was intact, but in the space between the second and third, third and fourth, and fourth and fifth ribs, the finger could be passed through large openings into a sac as large as a child's head, situated between the ribs and the scapula. This sac was filled with large clots, constituting the pulsating tumour observed during life. The third, fourth, fifth, and sixth ribs were deeply eroded for about three inches from their heads; the fifth was completely dislocated, and so dissected from the soft tissues that it was pulled out from its position without any of the soft parts adhering to it. The sixth rib was also partially dislocated.

Doubtless the "tearing sensation" and "hot rush" described by the patient were due to the giving way of the intercostal muscles, and the passage of blood between the ribs and scapula.

The intercostal muscles subjected to the pressure of the tumour had undergone the yellow degeneration usually observed under such circumstances.

The patient survived the *outward* formation of the tumour three months.

Aneurism of Abdominal Aorta; Distinct Syphilitic History; Death from gradual Hæmorrhage.

Private John Smith, 88th Regiment, age twenty-nine. Date of admission, 7th May, 1866; died, 18th December, 1866.

Invalided from India for aneurism of abdominal aorta. On admission, a pulsating tumour was found on the left side of the abdomen, near the umbilicus. When first observed it was the size of an orange, and had pushed its way upwards, inclining to the right. Afterwards it seemed to recede, and to press backwards, causing great pain of an intermitting character. From first the arterial nature of the tumour was well marked, the symptoms being impulse, corresponding with heart's action. Bruit distinct and constant; pain throbbing and at times plainly neuralgic, and very agonising, requiring the frequent use of the subcutaneous injection of morphia to make life endurable. The pain, limited to the abdomen, did not extend to the lower extremities.

Became gradually weaker, and died apparently more worn out by his sufferings than from hæmorrhage, which, however, had taken place gradually.

In this case there was no erosion of the vertebræ: the extreme pain from which the patient suffered was due to the stretching of nerve filaments across the sac.

Pleura.—Several pleural adhesions on both sides, and 24 ozs. of dark-coloured fluid were measured out of the thorax.

Lungs very anæmic; tubercular deposit in apex of left lung.

Heart normal.

Aorta much diseased; inner surface puckered, with cicatricial loss of substance.

Abdomen.—A thin clot of blood was found on the anterior surface of the stomach and omentum, and several large clots in the cavity. A large aneurism of the aorta was found taking its rise just where the vessel enters the abdomen. The sac was partly covered by the crura of the diaphragm, and was the size of a large cocoa-nut. A small rent was found on its posterior surface, the source of the hæmorrhage.

Dr. Maclean remarks that—

> "It is not necessary to multiply examples; they are all very much alike. The morbid appearances in the above cases correspond closely with most of the older ones preserved in the Pathological Museum here. Both bear evidence to the fact that vessels undergoing degeneration, the root of which is certainly to be found in the syphilitic dyscrasia, cannot withstand the force of the circulation to which they are subjected in military life by the faulty system of dress and accoutrements so long in use."

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THE INTERNATIONAL MEDICAL CONGRESS AT FLORENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

The Medical Congress met on the 23rd instead of the 20th September, as a meeting of medical men and scientific people was still going on at Innspruck on the 20th. To repay for the loss of time, it was settled that every day two sittings should be held—one, according to the questions of the programme, in the morning, and a second in the afternoon, upon free subjects. It would be impossible, and perhaps useless, to report all the details of those sittings, but I suppose that it may prove interesting to English physicians to hear something concerning the most important subjects which were discussed during the session.

The first subject, and which, as the most interesting, occupied four full morning sittings, was the one of the marsh-miasma, its origin, its nature, and what are the best means to destroy, or at least to counteract it. Dr. Pantaleoni, who first treated generally the subject, and others like Dr. Umara, Dr. Spaturri, Dr. Mingrona, gave details about the miasma of Sardinia, of the valley of the Liris, and of the Brutian countries. It is really admirable the accord existing amongst Italian physicians about the laws which rule the development of the palustrian miasma. They all agree on the laws promulgated by Dr. Pantaleoni, that the miasma rises not only from marshes, but also from land newly excavated; that it does not rise very high from the surface of the ground, but it may be carried by winds to a great distance, and so infect distant villages and towns more than those which, sheltered from the wind, lay near the marsh itself. They all agree that an amount of heat, mixed chiefly with dampness, is necessary for the creation and development of the miasma, which otherwise is nowhere to be found; but where are vegetables in putrefaction; cryptogams in formation, either from the fungous deposits of the marsh, or by stagnant waters on newly excavated earth. So Dr. Pantaleoni concluded that the palustrian miasma is of a vegetable origin, almost as surely as the one of typhus and typhoid is of an animal origin, and therefore two quite different sets of fever, the last generally catching, and the others completely deprived of the contagious or infectious nature. Dr. Pantaleoni went even further, proposing, as a most probable hypothesis, that the miasma should be considered as a real plant, a kind of *alga*, whose spores, carried in the air, should produce the affection. He had determined to undertake some experiments upon the subject in the Pontine marshes, and had invited Dr. Balestra, of Rome, to help him. However, Dr. Balestra had on his own account entered on the same line of most interesting experiments, by which he has shown that the fog and the air of marshes is infested with myriads of spores from an *alga* peculiar to the marshes, and which he named *febrigenica*, and Dr. Pantaleoni *pyretogenica*; that the influence is in proportion to the development of those spores; that inhaling those, or drinking it in water, the ague is almost always produced; and that the application of a solution of quinine kills those *algæ* in twelve to twenty hours; an arsenical solution is less active, and the sulphites even less. The infusoria or animalculæ exist in the transported air, although they exist in the fog of the marshes.

These particulars separate immediately Dr. Balestra's (of Rome) experiments from those of Dr. Salisbury of the United States, as this last saw animals and spores. He attributed the affection to a *palmella*, which is demonstrated to be impossible, and then never saw quinine *acting* upon it. Dr. Balestra's observations confirmed so well the proposition of Dr. Pantaleoni, that a vote of the Congress was presented, to state that the existence of those cryptogams as a cause of miasma was a real discovery; but Dr. P. himself opposed it on the ground that the experiments and observations were not numerous enough; that many other points remained to be cleared, as the way by which those spores acted, if locally or entering in the blood, where it was necessary to ascertain their presence to fix the doctrine as a fact. The Congress deferred willingly to these remarks, and it was proposed that new studies should be brought to a future Congress.

But another important point was maintained by Dr. Pantaleoni in his communication, and that is, that not only *agues*, but very frequently a *remittent continuous fever*, is produced by slow imbibition of the miasma, and that the nervous fever of Rome, the putrid so-called, belongs almost always to this class. He gave all the characters and differences of this fever in distinction from typhoid, as he had already done in the Congress at Paris, and demonstrated its connection with the miasma. Several other Roman physicians also read communications upon the *remittent*, concurring in Dr. Pantaleoni's ideas; but there are other physicians who do not still admit of it.

It was also remarkable how all the Italian physicians agreed in the idea that the chief cause of the fevers and malaria had been the neglect of agriculture, leading to the destruction of the population, and they advocated a return to the old state as the best means of counteracting the malaria. Dr. P. chiefly insisted upon the dangers of adopting the system of great drainage, at least without having previously by large plantations counteracted the increased development of the miasma; and he at the end expressed the hope that perhaps some chemical means may be found of impeding the vegetation of the mortiferous algæ.

Only one person, Dr. Salvagnoli, differed from the others. He advocated again an ancient Tuscan doctrine, that the malaria was originated from the mixture of salt or sea water with river or marsh water, and therefore he thought that large brooks may prove useful. Dr. Pantaleoni demonstrated the inconsistency of this doctrine with facts—1st. Salt water mixes necessarily everywhere with river water at the mouth of those; in those countries where the tide is strong, sea water comes up for several miles on the river, mixing the two waters, and no malaria is ever originated from that circumstance. 2nd. Marshes exist at Verona, at Mantua, in Hungary, on the Ohio, and in India, at immense distances from the sea, and where there is no possibility of the mixture of the two waters. 3rd. In all those facts quoted by Dr. Salvagnoli, as in the estuary of Venice, or the cataracts constructed with such an advantage in Tuscany, it is the mud carried by rivers, and full of vegetable substance which has been excluded, or through those valves it has been checked the repulsive action that the sea exercises everywhere upon the rivers, throwing difficulties to the free discharging of the matter carried with the waters on the sea. Dr. P. advocated again the vegetable nature of the miasma, which is admitted by almost all the present physicians.

Few things were added about treatment, as too obvious to any physician and practitioner.

Another subject might interest English physicians. It is the introduction of *marine hospitals* for scrofulous and lymphatic cases. A Dr. Barellai, by no means a man of any great intellectual distinction, but endowed with the most benevolent instincts and great perseverance, has proceeded to introduce into Italy a great number of those establishments at the sea-shore, where in summer, through the help of the municipalities and public charities, a great number of cases, chiefly of children, are yearly sent for baths, air, sun, and good food, with a very great profit to public health. Dr. Barellai read a paper giving an account of these establishments, which was loudly applauded.

The question of the treatment of cancer, or cancerous tumours, through hypodermic injections, was brought by the programme before the Congress. Dr. Lofrana brought in this system of obtaining disintegration through the injection of gastric juice in the tumour; but, honestly, he remarked how different were the effects in different attempts made by him (Dr. Lofrana) in different cases. Prof. Lebrief, a Professor of Physiology, invited to a particular sitting upon the subject, and those with a superior science and multifarious experiments, demonstrated how difficult it is to get real gastric juice, excepting if they have followed so many precautions as he demonstrated indispensable to get it, and always active. However, Dr. Lebrief disapproved of the use of the gastric juice, showing how terribly dangerous its use would be if it penetrated inside one of the sanguineous vessels, as gastric juice acts upon fibrinous as well as albuminous tissue. Introduced into a vessel, gastric juice produces thrombosis and death almost always in animals. Dr. Lebrief, instead of the gastric juice, strongly advocated the use of pancreatic juice injections, as this liquor does not affect fibrine and the vessels, but only discloses the albuminous deposits of the scirrhous, cancerous, and cancroid tumours. The learned Professor, with numerous experiments, demonstrated the best way of getting good pancreatic juice, which, however, he could not himself get pure and active for a very long time.

Dr. Pantaleoni read a communication upon Dr. Chapman's spinal ice bags, and their application to several cases of vomiting, chiefly those obstinate vomitings that sometimes appear, almost rebellious to any treatment, from an irritation of the *unimpregnated* womb. He quoted several cases of success, and chiefly one which had been the puzzle and the despair of all the physicians who had before attended it. He then spoke of several other applications of those bags against neuralgias, giving a beautiful but obstinate case of lateral abdominal neuralgia where the cure had been complete. Dr. Pantaleoni quoted four cases recently published by Dr. Chapman. The communication was eagerly received, as it was quite new for all the physicians present. All wished to try it; Dr. Chapman ought to provide an agency for the sale of his bags somewhere in Italy.

Dr. Pantaleoni gave a notice of Dr. Cruise's endoscope, or rather of Dr. Cruise's improvements to the one of Deformeaux, and quoted many cases of its application, and also to the internal cavity of the womb. The instrument was unknown, very much admired, and the general wish was to have a depôt of such an instrument in Italy.

Dr. Laravewitch, from Russia, presented an embriotome, really very useful, and a complete set of obstetrical instruments, which are a practical improvement upon the existing ones.

Dr. Tassi, of Rome, communicated the report of his practice amongst men employed on the railway, and he presented an interesting work upon it.

Dr. Routh sent a communication upon the mortality amongst children in England, which was considered a very interesting one.

Dr. Lombard, at Geneva, gave maps of mortality upon the earth, tracing with different colours the season when the mortality was the highest in each point of the globe, and also the countries where the mortality was the greatest.

Dr. Pantaleoni, in a second lecture, spoke of the essential fevers, returned to the existence, character, extension, and treatment of the miasmatic remittent, and took the occasion of entering upon the subject of miliary fever. English physicians do not, perhaps, know that the Tuscan and Piedmontese physicians, and the first chiefly, speak almost of nothing but miliary and miliary fever, to which they attribute all the possible symptoms and all the mortality of Tuscany. Dr. Pantaleoni, with multifarious reasons and facts, denied the very existence of such a disease, except as an unimportant exanthematous eruption, or as an epiphenomenal sign of another fever. He demonstrated how frequently in France, in England, and everywhere, miliary eruptions accompanied typhoid and typhous fever without certainly constituting the essence of the disease; how frequently they were to be seen even in small-pox, in scarlet fever, and measles only as a symptomatic occurrence; and he concluded that all the cases of miliary which he had met in four years in Italy were cases of remittent fevers, not, as considered by the Tuscan school, cases of zymotic diseases accompanied with miliary eruption. He saw only one case of essential miliary eruption, but it was accompanied with a slight fever, just as it might be in a case of urticaria or nettlerash.

Such an attack, although delivered in the kindest and most eulogistic terms for the Tuscan profession, could but excite an uproar amongst some and plaudits amongst the Neapolitans and foreign physicians who partook of Dr. Pantaleoni's views on the subject. Professor Ghinozzi gave a long speech next day in answer to Dr. Pantaleoni; but the defect of this doctrine remained always the same. No precision of description, no pathognomonic symptoms or signs, uncertainty in diagnosis in prognosis in treatment—an indefinite state of it from head to foot. The fact is, that the miliarists make a complete confusion of essential and of symptomatic or epiphenomenal miliary eruption, and, such being the case, it is impossible that they could ever come to a practical conclusion upon it.

Dr. Baccelli, of Rome, presented a pleximeter of his invention, to which, however, he attributed those exaggerated praises which usually all inventors of instruments do. Dr. Baccelli read also a paper upon pernicious fevers, and tried to develop a doctrine about an abdominal circulation between spleen, liver, and stomach, which, however, was strenuously contradicted by Dr. Stersen and Dr. Schief, with such an overwhelming accumulation of experiments and of proofs against it, that there was no possible answer in its defence, although Dr. Baccelli, a physician certainly endowed with much talent, tried his best to defend his conclusions.

Another very important subject was treated: the comparative advantages of hospital treatment, or of *sécours à domicile*. Dr. Bouillaud rose in favour of the hospitals, chiefly on the score of public instruction. Dr. Pantaleoni, and more extensively Dr. Seitz, of Munich, spoke in favour of adding to the indispensable existence of the hospitals and of the hospital instruction the instruction of the policlinick schools as introduced in Germany, and as much as possible in our social and political state, the distribution of medical treatment and medicines in private houses or at least in barracks, opened as much as conveniently to the air. The statistics quoted by Dr. Seitz about the comparative result of the two systems leave no room for doubt when and where the second system can be employed.

The Congress was closed the 2nd of October. The kindness and the benevolence shown by the Tuscan physicians to their colleagues are beyond all praise. Without exception, thanks are due to Professor Brugnoli, Dr. Bos, Professor De Marian, Professor De Renzio, Professor Palasciano, Dr. Pantaleoni, and all the committee and well-wishers of the Congress.

The next International Medical Congress was fixed for 1871, at Vienna.

SPECIAL REPORT
ON
STUDENTS' TEXT BOOKS.

(Prepared expressly for the MEDICAL PRESS AND CIRCULAR, by Professors in Schools of Medicine.)

No. III.

WE have not yet disposed of the earlier subjects of the student's course, and must, therefore, recur to them. We last spoke of Physiology, and on this important subject should say that for those who aim at that extensive knowledge required for high honours, Carpenter's "Principles of Human Physiology" (Churchills) is the book that most English students will find suited for their purpose. Carpenter's "Manual," one of the often-praised series of the same publishers, is more adapted for earlier use, and we have already said that Kirkes's "Manual" is a very good one.

We would next introduce, to those who do not know it, the "Manual" of Dr. Mapother, published by Messrs. Fannin. Dr. Mapother's experience as a teacher has enabled him to supply a work which has many attractions for the student. It is one of the most concise text-books of physiology and pathology; is entitled "A Manual of Physiology and of the Principles of Disease" (Fannin, Dublin; Longmans, London; Maclachlan and Stewart, Edinburgh), is illustrated by 150 engravings, and moreover, contains more than 1000 questions on the subjects upon which it treats, selected from such as have been asked at the various Examining Boards. This shows what a good idea Dr. Mapother has of a student's work, and we can say that it is well carried out. We have looked through this manual for the purpose of this Report with much pleasure, and have been frequently struck with the author's way of making a subject easy. We, therefore, strongly recommend it to all who look for a small text-book on Physiology; and it is also, perhaps, the best for non-medical readers, who desire to acquire some knowledge of the laws of health and disease.

Another attraction to it is a copious glossarial index, which cannot fail to be of service to younger students. The book abounds in information, and the questions on each chapter enable the student to test his progress in assimilating it as he goes on.

Dr. Mapother opens his Manual with a brief sketch of cell life and the properties of tissues. Then comes a section on the natural history of man, followed by one on his chemistry. Digestion, absorption, the blood, the circulation, respiration and animal heat, secretion, innervation, motion, voice and speech, the special senses, and reproduction, are the successive sections. This completes the larger and more important part of the book. The second part, devoted to the physiological changes in disease, is of great interest, will enable the student to connect his physiological studies more immediately with the practice of medicine, in fact furnishes him with a concise and clear sketch of the subject of General Pathology. It is a fit introduction to the large works on Pathology, which mark the labours of the few who have devoted themselves to its elucidation.

A few examination papers of the London University, the Queen's University, the Royal College of Surgeons, and the Army Medical Department, are then added. The student would find it a very useful process, after he has carefully gone through the Manual, to sit down at times and write replies to them.

Turning again to Anatomy, we have to announce that the new editions we mentioned as about to appear of Heath, Holden, and Gray, are now ready, and quite fulfil the anticipations we expressed. Holden's "Osteology" (Churchills) has been thoroughly revised by the author. The lithographs have been redrawn, as the stones were wearing out, and their accuracy and artistic excellence are as surprising as ever. The work is without a rival, and we would urge every student to buy and study it. Gray, the favourite reading volume of London students, comes before us with a special addition of the utmost importance, in form of an introduction on general anatomy and development by the new editor, who is no other than Mr. T. Holmes, of St. George's Hospital. As a surgeon and a teacher of Anatomy, Mr. Holmes is too well known for anything coming from his pen to require commendation. The fact that the new edition has been revised by him is sufficient guarantee that it has been brought down to the present day. This work will suffice for the examinations for honours in Anatomy. Gray's "Anatomy, Descriptive and Surgical" (Longman's), in this, the fifth edition, will maintain its position as a favourite book, and we should hope that every one who employs it will take care to master the new introduction of Mr. Holmes.

Heath's "Practical Anatomy," second edition, is one of the smallest of Churchill's series. It professes to be "a Manual of Dissections," and must, therefore, be judged as such. We prefer it much to Ellis, which is too tedious. The engravings, 278 in number, are of the very best kind. and the work throughout is concisely and clearly written. In this department we have yet two very valuable books to speak of—both emanations from the Dublin School, both favourites there, both strongly bound, with cut edges —one illustrated, the other not. One, the "Dublin Dissector," known wherever the English language is employed in the dissecting-room, and of which ten thousand copies have been sold; the other, Ledwich's manual, These we must notice in our next.

Comparative Anatomy and Physiology occupy a place at some of the Examining Boards, and every medical student should be making himself to some extent acquainted with it, as he will thereby increase his interest in the work, and, on account of the broader foundation he lays, building upon it will be safer. A very brief outline of the subject, in fact a sketch of the essentials, and the essentials only, constitute a pocket volume entitled "Manual of Comparative Anatomy and Physiology," by Mr. Messenger Bradley, F.R.C.S., Professor at Stonyhurst College, and at the Manchester Royal School of Medicine. It is published by Cornish, of Manchester, and Simpkins, Marshall, and Co., London, and we are glad to introduce such an outline by a member of our Profession and a teacher. It will serve as a first book for the general reader, or as a syllabus for those attending lectures.

Really, brevity is in these days a great merit, and those who are not obliged to work at this subject will be surely pleased to get a syllabus of it which they can readily understand, and which could always be carried in the waistcoat pocket. We beg to suggest to the publisher that a few copies, interleaved for notes, might possibly find a sale.

The intimate connection between Anatomy and Surgery is well illustrated by the success of books on Surgical

Anatomy. The magnificent illustrations of Maclise deserve mention, though their expense is considerable, so that they are almost out of the range of students' text-books, though excellent furniture for the surgeon's library.

"The Anatomy of the Arteries of the Human Body, Descriptive and Surgical, with the Descriptive Anatomy of the Heart," by John Hatch Power, M.D., Professor to the Royal College of Surgeons in Ireland; with illustrations by B. Wills Richardson, F.R.C.S., and Examiner to the same College; is a text-book of the first class, and one that supplies just what the student most wants in this department of practical work. It is a small, neatly-printed, almost pocket-volume, with cut edges and good binding—useful at home to recall dissections, as well as in presence of the subject to compare and consider. It is published at a low price by Messrs. Fannin.

We pass now to a consideration of the great practical work of the student. Not that he can be perfect in Chemistry, Anatomy, and Physiology, before he proceeds to the study of the art of Healing; for, even if that were advisable, it is impossible, on account of his curriculum being laid down for him. From the first, Surgery is made imperative, and he must therefore study it conjointly with the other subjects we have gone over in his first session.

The Manual *par excellence* is Druitt's, and every student must therefore buy that first. That is his text-book for his first year. Two or three little books on minor surgery are good in their way, especially for those who see general practice before entering at a hospital; but, as soon as surgical practice in the wards begins, Druitt's is the true "Vade Mecum." For home reading as relaxation, there are many excellent books, both new and old. Industrious men cannot fail to be pleased and instructed by works now out of date, such as Samuel Cooper's "First Lines," Bransby Cooper's "Lectures," Brodie's works, and others; but all these should be corrected to date by reference to Druitt. The works of Syme, Miller, and Pirrie, must also be named as those of great teachers. Dr. Spence has commenced a work on the subject, of which only one part has yet appeared. The student who would like to have some of the elder authors named will be able to buy them second-hand at a low price. London students, too, will find that Mr. Lewis, of Gower street, not only has a stock of these, but a lending library, where, for a moderate subscription, they can read such as they cannot afford or do not wish to purchase.

In Practical Surgery Sir William Fergusson's "Manual" occupies the front rank.

Advanced students and those reading for F.R.C.S., or for University honours in Surgery, should take seriously in hand a work that will be useful to all surgeons, and represents the present state of the theory and practice of Surgery with exactitude and fulness combined. We allude to "Holmes's System of Surgery" (Longmans), of which a new edition, with engravings and chromolithographs, is now in course of publication. Volume first is just out, and we shall examine it at length. There are to be four others. The work is not the sole production of Mr. Holmes, but of a number of the foremost surgeons of the day, who have written monographs, each on the subject with which he is most familiar, all of which have been brought together under Mr. Holmes's able editorship. It is, therefore, somewhat similar to Reynolds's "System of Medicine," an equally meritorious work. In recommending the "System of Surgery" to advanced students, we are aware that it is an expensive work; but then it is a purchase for a lifetime,—nor need it all be bought at once.

The first volume, just out, comprises the whole of General Pathology. The student who masters it need fear no examiner, and may anticipate taking high honours. He who buys Holmes's "System" buys a surgical library of great value.

(*To be continued.*)

EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 295.)

THIS general sentence of death, pronounced by Dr. Stokes upon all cases of puerperal fever, evidently astounded the Society, and called for a pointed inquiry from Dr. Murney. I can, therefore, quite understand why Dr. Stokes should have *felt himself* justified in pronouncing a greater mortality in degree, as all *his* cases in private practice were fatal; and greater than this there could not be, and possibly even as *far as his own experience went*, a greater mortality in quantity, as he does not tell us whether he even attended cases of it in hospital. But the general tenor of his conclusions would lead to a contrary conclusion. Therefore it is quite possible that he might have been justified in drawing the same conclusions from his own experience in quantity also. But it remains for the Society to be satisfied or otherwise with this conclusion, more especially when they recollect the annual statistics of mortality for 111 years, the detail of which they have had to submit to as administered at my hands, and Dr. M'Clintock's honest admission of the great mortality in lying-in hospitals.

I therefore submit that if Dr. Stokes has no stronger grounds for refusing his assent to the greater proportional mortality in lying-in hospitals from puerperal fever than the result of his own practice with his reasoning upon it, that I am justified in pronouncing that he has arrived at an impotent conclusion.

I shall not, however, be so ungenerous as to withhold from the Society a fact with which, as our object should be more to arrive at truth than victory, it should be acquainted—namely, that Dr. Stokes does not stand alone in his convictions of the mortality of puerperal fever generally. Sir Charles Mansfield Clarke, whose experience as an obstetric physician was very great, has uttered the same opinion.

Dr. Joseph Clarke writes in March, 1829:—"In looking over the *Medico-Chirurgical Review* for January, 1829, my attention has been excited by a paper entitled, 'Rapidly Fatal Puerperal Peritonitis. Atmospheric Constitution of 1825-6-7 8. By Dr. Farrel.' Here it is stated, on authority, I presume, not to be doubted, that one practitioner in London lost 7 patients in a few weeks, and another 4 within one month, all by similar diseases; and that one consulting practitioner saw 13 cases, 11 of which died. In hospital practice," continues Dr. J. Clarke, "such events do occasionally occur; but in this city (Dublin), I can speak confidently, since the year 1781 they are unknown to us among the upper ranks of society." Sir Charles Mansfield Clarke, in his answer, March 10, 1829, writes:—"But I should not say that my own experience in consultation cases agrees with the statement to which you allude as to the mortality amongst lying-in women in London during the last four years; but as I believe one form of peritonitis is infectious, and as this form admits little in the way of remedy, several such cases may occur in the practice of one man, whilst another in the same district may be entirely exempt from them. Many examples of this kind have come within my knowledge. I wish it were in my power to say that I knew anything about the run of this disease; but every year's experience convinces me of the intractable nature of this complaint, and of the entire inadequacy of any mode of treatment with which I am acquainted in curing it. I do not here speak of a pure acute peritonitis, but of that disorder of which we spoke together when I had the pleasure of meeting you in London."

I have been induced to give these extracts from the correspondence of these great obstetric physicians, not merely as elucidating Sir Charles M. Clarke's views of the fatality of what he considered the true puerperal fever, but from their bearing upon questions of contagion, as well as from Dr. Joseph Clarke's views of the hospital being its habitat, and its spread in private practice evidently having been there traced to contagion not epidemic influences. But the really valuable part of the correspondence, and that to which I wish especially to draw the attention of the Society, is, the statement of Dr. Joseph Clarke, who was as well the ablest obstetrical physician of his day, or perhaps of any day, and the physician of the largest consultation practice for nearly sixty years in Dublin, "that between the years 1781 and 1829 he could speak confidently they (puerperal fever cases) are unknown to us among the upper classes of society, although in hospital practice such cases do occasionally occur."

Dr. Stokes asks—"Is simple pregnancy the cause or the source of the development of a malignant poison? Who would believe that?" And continues—"The condition of a parturient woman had been compared to that of a person after a surgical operation. The analogy is by no means perfect." In the one case he says—"The patient is the subject of a natural process, a process which the Almighty intended to be perfectly consistent with health and with life. In the other case, the patient, who is subjected to a great surgical operation, is the subject of an entirely different process. The analogy is good in a mechanical, but it certainly fails in a physiological point of view."

Now, that there is malignant poison developed in pregnant females evidence has been adduced over and over in the course of this discussion, and that it is malignant, Dr. Stokes's recorded opinion of the invariable fatality of puerperal fever is the best proof. That pregnancy, or more properly, parturition, is the cause or the source of it is evident from its being a disease "*sui generis*" only to be met with in pregnant women. As to the analogy between parturition and a surgical operation, denied by Dr. Stokes, I cannot conceive any two processes, not identical, between which a fairer or a stronger analogy could be drawn. The reception which this analogy has met from every speaker in this debate who has alluded to traumatic metria, is remarkable.

Dr. Stokes' denial of this analogy, and his insisting upon labour being "a natural process which the Almighty intended to be perfectly consistent with health and life," is strangely at variance with our finding this eminent and philanthropic physician in the ranks of those who deny the necessity of effecting changes in our great hospitals, which are calculated and directed towards lessening a death-rate occurring in them "amongst those subjects of a natural process, a process which the Almighty intended to be perfectly consistent with health and life," in the proportion of one out of every thirty-one delivered. Surely if it be a natural process, one out of thirty-one should not die in it; and if such a mortality occur, in what Dr. Stokes denominates and takes so much trouble to prove is a natural process, then it is his duty to detect the cause of this great mortality in a natural process intended by the Almighty to be consistent with life and health, and to remedy it in the manner that experience has already proved it can alone be done.

Had Dr. Stokes ever once witnessed a labour which, unfortunately for the cause of the parturient now at issue, he says he has not, I doubt not he would have detected the analogue he denies, and changed his mind upon the true nature of the process of labour. He would have then felt the full force of those words—"in sorrow and anguish shall thou bring forth"—which appear to have escaped his recollection in reasoning out this question. He would have borne in mind that labours are divided in our school-books into natural, preternatural, and tedious. He would have had before him the fact that in the most rapid cases it is often the most dangerous; whilst in the tedious cases it is unendurable. That the shock, *physiologically* speaking, inflicted upon the female constitution is quite as great as that produced by a capital operation, whilst the amount of pain is infinitely greater. Again, the delay in the suffering and the amount of pain is such that, were it to continue uninterrupted, and without the intervals of freedom, no female could survive it. If he will add to all this that, in a very considerable proportion of cases, where manual interference is had recourse to—when the labour is too rapid or very tedious—lesions of a serious, sometimes of necessarily fatal nature occur. Had he, in fact, witnessed one labour, I doubt not he would have changed his mind upon the perfectly natural process he makes so light of, as well as of the intentions of the Deity in regard to it.

Dr. Stokes, on the authority of a friend, drew the attention of the Society to a very remarkable fact. Puerperal fever is the endemic fever of Ballarat, prevailing throughout the scattered cottages of the country to a most alarming extent, and, in fact, being the only prevalent fever of that settlement.

If such be the case, then, we must look upon it as unique in its occurrence, and constituting an exception to the known laws which regulate this disease. At present, we should be only justified on Mill's principle applicable to exceptions. First, to make quite sure of the fact, and then to investigate the reasons and causes which are sure to exist, if we can detect them, why in this case there should be such an exception to the generally prevalent laws with regard to it. In illustration of the necessity of the first precaution, we may mention its having been asserted that puerperal fever had not shown itself in Kilkenny for twenty years, or within the memory of any existing man. That Kilkenny has not at least been free from it, is conclusive, from the answer of Dr. Lawlor, who practised for many years in that city. He has answered my inquiries on this subject to the effect that he and the late Dr. Cane attended a fatal case in private practice, in the year 1847. Under no circumstances should we admit such an exceptional case to influence us in the results to be drawn with regard to the vital question of isolation in our present discussion.

What would the learned Professor or this Society think of my logic and conclusiveness in reasoning, if I told him that there was a district of the Ojibaway country in which the Indian tribes were never free from small-pox, and then argued on this exception that all children attacked with pyrexia in London and Paris, and the other great cities, might be moved at once into the small-pox hospitals with perfect safety, because they were equally liable to have their pyrexia eventuate in small-pox outside as inside the small-pox hospital? Now, I admit, this sounds very absurd, but to my mind not one particle more so than any argument based upon Ballarat.

We may remark, in passing, that although in the case of poisoning by animal and vegetable exhalations, we have generally the advantage of the physical safeguard afforded by the sense of smell to assist us in their detection and removal, in the group of diseases generated and communicated by crowding we are deprived of this safeguard. All we can usually detect is a close atmosphere and certain exhalations, as in the lying-in hospital wards, that prevail, whether disease be present or not. This want of notice is unfortunate in this most deadly class of disease; for although we have known of cases in which physicians have spoken of experiencing a certain whiff from the breath of a patient in typhus fever, which they felt at the moment was infecting them, yet this is so rare as not to prove generally valuable as a precautionary symptom. On the contrary, both in the typhoid and ague groups of fever the odour is often a great protection. This is especially observable in tropical climates, where these diseases, and particularly the latter, so much prevail. I was so struck with a communication I had from my son of his experiences on this subject that I am tempted to give it to you. He says:—"In India, we are pretty well broken to bad smells. A dead elephant, no uncommon nuisance to be encountered in a campaign or forced march, is very bad. I have seen a column go round half a mile to avoid one. But, for a good sustained smell, I know of nothing that beats that of decaying vegetation in the Indian jungle. The first time I experienced this was on the march to Bhootan. We were in the Assam country, just on the edge of the Dewars; the weather was very hot; and at first I thought that the offensive odours resulted from the effects of the heat on the large body of men, so I separated myself from the column and went off alone, when, instead of abating, the smell grew rather worse, and I began to think I must be carrying it with me; but on examining, I found that the stench—for it was nothing else—arose solely from the masses of decaying vegetable matter that filled the jungle. Within a few days the men began to suffer from fever, and within one month from the date at which I first perceived the smell, out of our officers, 26 *in number, only two others and myself had escaped fever*; and among the men the rate of sickness was 60 *per cent.*"

(To be continued.)

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DYSPNŒA RELIEVED BY THE INHALATION OF OXYGEN.

Four cases of dyspnœa in which oxygen inhalation was employed by Dr. A. H. Smith, and gave great relief, are reported in the *New York Medical Journal.* In the first case, one of pulmonary emphysema, with a marked degree of cyanosis, swollen and tortuous veins of the neck, respirations 36 and pulse 122, four gallons of oxygen gas were inhaled with an equal amount of atmospheric air. The pulse fell to 100, the respirations to 20, and the dyspnœa was entirely relieved for the time being. A similar result followed the use of the oxygen in the other cases, which were spasmodic asthma, meningitis supervening upon acute rheumatism, and advanced tuberculosis. In an editorial note in the same journal, it is stated that at the New York Hospital oxygen has recently been administered to tubercular patients, and the results thus far have been somewhat extraordinary. The immediate effect of the inhalation of the gas is a marked improvement in the appetite and increase in weight of the body. The gain in weight in some of the patients has been almost marvellous.

IS VALERIAN AN ANTIDOTE FOR STRYCHNIA?

Dr. J. Dabney Palmer (*Amer. Jour. of Pharmacy*) says, that having occasion to poison four cats, he gave to two of them strychnia on pieces of beef; both died. To the other two he gave the poison on tufts of valerian, and without the least effect. The quantity given to each cat was about two grains. The editor of the *Journal of Pharmacy* suggests that the strychnia may have fallen off the valerian tufts if they were dry, and that the experiment is worth repeating to prove or disdrove the correctness of Dr. Palmer's inference.

CARBOLIC ACID SOAP.

Mr. Crace Calvert has recently manufactured an admirable medicinal soap, containing twenty per cent. of carbolic acid and an equal quantity of glycerine. The soap is transparent and elegant in appearance, as well as being most useful for the purpose of cleansing and purifying the skin. *Experto crede*, we have used it for several months with increasing satisfaction, and have prescribed it largely among our patients. It is most useful in xeroderma and ichthyodes, in hyperidrosis and osmidrosis, and gives a freshness to the skin unequalled by any other soap. It is mildly stimulant, as well as depurative and disinfectant; and, used to the teeth and mouth, it is very refreshing. In exanthematous fevers, and fevers of every kind, it will be found very valuable.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 13, 1869.

THE ARMY REPORT.*—No. 2.

During the fifty-two weeks ending 27th December, 1867, the average strength of the troops serving in the United Kingdom was 73,420; the admissions into hospital were 63,904; the deaths from all causes were 690, of which 53 occurred when the men were absent from their corps; and the average number constantly non-effective from sickness was 3,118. These numbers give the proportions of 870 admissions, 9·40 deaths, and 42·47 constantly sick per 1,000 of strength, being a slight increase on the admissions. Continued fever has not been so prevalent; but influenza and sore throat were greatly in excess of the average at the stations of the depôt battalions. Enthetic diseases, too, were more prevalent than in 1866 at all the groups of stations, but particularly in the large manufacturing towns. Indeed, a table given shows the admissions by venereal diseases to have been greater than in 1866 at all the large stations except Warley, Canterbury, Winchester, Devonport and Plymouth, and Shorncliffe, where there was a slight reduction, and Chatham and Sheerness, where the ratio of admissions in 1867 was 49 per 1,000 of the strength lower than in the preceding year. The increase was most marked at Manchester, Preston, Dover, the Isle of Wight, Edinburgh, and Limerick. The Contagious Diseases Act of 1866 was in operation during the whole year at Devonport and Plymouth, Portsmouth and Gosport, Chatham and Sheerness, and Woolwich, and for eight months and a half at Aldershot; but the results do not seem as yet to have realised the expectations which were entertained of its effects in reducing the amount of these diseases among the troops, except at Chatham and Sheerness. On comparing the table for 1867 with that for 1866, there will be found an increase in the proportion of admissions into hospital, constantly sick, and loss of service by both groups, but rather greater in the gonorrhœal than the syphilitic, and a decrease in the duration of the cases under treatment amounting to 1·69 days in the syphilitic, and ·79 days in the gonorrhœal group. Deaths from tubercular diseases have been more common than in 1866; and diseases of the respiratory system were greatly in excess of the average. The Lock Hospital at Aldershot has been in operation since June, 1867; no diminution of the admissions from primary venereal sores was yet apparent. During the year 1867, 4,034 patients were admitted into the Royal Victoria Hospital at Netley Abbey, of whom 3,873 were from abroad. It appears that a large proportion of the cases sent from India are much benefited by the long sea voyage round the Cape. At Devonport and Plymouth, venereal disease still remains one of the chief sources of admissions. The increase was caused in the cases by the arrival, on the 26th July, of the Depôt 1st Battalion 12th Regiment from Gosport. The Contagious Diseases Prevention Act continues to be productive of good results. In the Report concerning Scotland, it is remarked that, during the past six months, Edinburgh and Piershill barrack occupation has been fixed at the prescribed 600 feet per bed; but the overcrowding of Leith Fort still continues. The invaliding in 1867 was lower in all arms than during the preceding year, and considerably under the average of the eight years. Tubercular diseases have been the most common of all causes, and notably in the Foot Guards. The mortality of the troops over the age of thirty is considerably higher than that of civilians; for example, the Foot Guards had a mortality of 27 in 1,000 men between thirty-five and forty, whilst the mortality in England and Wales of men of the same age was only 11 in 1,000.

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* Army Medical Report for the Year 1867. London, 1869. Pp. 563. London: Harrison and Sons.

On the head of Recruiting of the Army, the returns show that 11,499 recruits were primarily inspected at the head-quarters of the recruiting districts; 6,038 at regiments and depôts; and 9,109 by civil medical practitioners—in all, 26,646. Of these, 10,069 were rejected. Taking the combined results, there has been a reduction of 6 in 1,000 in the rejections for small and deformed chest; and half that amount for varicocele. Of those enlisted a large proportion could not read or write, 222 per 1,000. Among the causes of rejection of recruits are mentioned syphilis, scrofula, phthisis, disease of the heart, varix, loss or decay of many teeth, hernia, varicocele, diseases of joints, unsound health, hæmorrhoids. Finally, we find that the influence of trades tells in the admission of men into the army, since, of 1,000 labourers, husbandmen, and servants, 368 were rejected; whilst of mechanics employed in occupations favourable to physical development, as carpenters, smiths, masons, &c., 432 were rejected; and of shopmen and clerks, 407 in 1,000 were rejected.

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SCOTLAND.

REPRESENTATION OF THE UNIVERSITIES IN PARLIAMENT.

Mr. Moncrieff's elevation renders the seat for Glasgow and Aberdeen Universities vacant. It will be remembered that last year Mr. Gordon, LL.D., Q.C., contested the seat on behalf of the Conservatives, and his supporters are already in the field, and entertain hopes of victory. The Liberals, on the other hand, though active, seem less united. Meetings of Liberal electors were held last week both at Glasgow and Aberdeen, and committees appointed to confer together. At Glasgow, Mr. Andrew Bannatyne presided, and Sir William Thompson brought forward the name of Mr. Smith, of Jordanhill, and recommended him in very strong terms. At Aberdeen, Mr. Stronach presided, and Dr. G. G. Brown advanced Mr. Smith's claims. At a meeting of the English Branch of the Scottish Universities' Union, in London, the name of Mr. John Stuart Mill, as we reported in our last, was brought forward, and a resolution in favour of that gentleman come to. A committee was appointed to confer with those in Aberdeen and Glasgow. We believe it is not probable that Mr. Mill will allow himself to be nominated, in which case it seems likely that Mr. Smith will be accepted by all of his party. We very much regret that no medical candidate has come forward, and even yet advise M.D.'s to abstain from pledging themselves.

As to the Edinburgh and St. Andrew's Universities, we believe there is not a prospect of the vacancy rumoured occurring, on the mere report of which the meeting, as reported last week, agreed to support a medical candidate.

It is likely that the Conservatives would, if such vacancy had occurred, have brought forward Sir William Stirling-Maxwell, so that the supporters of Dr. P. James would have needed the active aid of the medical graduates of all parties.

ADDRESS TO DR. DICKIE, OF ALLOA.

A very pleasing mark of the esteem which follows the faithful discharge of medical work, has been conferred on Dr. Dickie, who after practising for ten years in Alloa, is leaving for another sphere. A handsome piece of plate, a purse of new sovereigns, and a feeling address, were presented to the doctor by his patients and friends. Of these, no doubt the address, though the less costly, will be most esteemed. It is in the following words:—

To John Dickie, Esq., M.D., L.R.C.S.E.

Dear Sir,—It is with feelings of deep regret we have learned your purpose of removing from Alloa to another part of the United Kingdom, there to follow your Profession.

While sincerely regretting your resolution, it affords us no small pleasure to embrace this opportunity of testifying to your qualifications and worth as a physician and surgeon.

Since you came amongst us—now nearly ten years ago—you have won the confidence and esteem of a large number of the inhabitants of this town and neighbourhood, by your professional skill, and the prompt response given at all times, by day or night, to calls for your services; by the kind attention and sympathy shown while with patients, and your agreeable and unassuming manner. For these and other considerations your departure will, we fear, be no small loss to this community.

Animated by these sentiments and feelings, we request that you will be pleased to accept of the accompanying testimonial, viz.—a silver jug and a purse of sovereigns—as a mark of esteem, from a large number of your friends and well-wishers in this town and surrounding district.

We trust that a long and successful career awaits you in your new field of labour, and that, wherever in the course of Providence your lot may be cast, everything that is good may attend you.

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Notes on Current Topics.

The Opening at Netley.

The session at the Army Medical School at Netley commenced on Friday last. As no examinations have been held during the past year in connection with Her Majesty's British service, arrangements have been made for the attendance of a number of the commissioned medical officers (ten surgeons and fifteen assistant surgeons) at the special course of instruction afforded at Netley. Thirty-nine candidates for Her Majesty's Indian Service joined the school on the above day. Professor Aitken, in his introductory lecture at the commencement of the session, briefly reviewed the various campaigns that have taken place during the past fifteen years in different countries, and pointed out how medical science had thus periodically advanced on sanitary improvements being effected. Commencing with the Crimean war he remarked on the rapid diminution of mortality that occurred when rigid sanitary measures were adopted, reducing in one year the death-rate from 600 to 44, and 33 per 1,000 per annum, and ultimately to 8 per 1,000 at the termination of the war, when the average deaths amongst the infantry at home amounted to 17 per 1,000. The statistical returns since 1859 proved that through the energy of Lord Herbert and the Royal Sanitary Commission the mortality in all branches of the service at home had been reduced one half; and the Circular just issued from the War Office directing that in all future hospital arrangements the percentage of sick accommodation should be six in place of ten as formerly, showed a saving to the country from this attention to hygienic measures of 4 per cent. per annum. Referring to foreign stations, he stated that the health of Gibraltar was even higher than in England; that Newfoundland (if intemperance could be excluded) would be unprecedented in sanitary condition; while the death rate in Canada and the West Indies had been reduced one half within the past fifteen years. In the Canton Chinese war, the exertions of the sanitary inspector, Surgeon-Major Rutherford, the sick were positively reduced to as low a standard as 2 per cent. Dr. Aitken spoke strongly of the necessity that now existed for a reorganisation of the transport service. In reviewing the medical incidents in the late American war he laid stress on the fact that the hospitals, which were all under exclusive medical control, were the most successful ever known.

The Heat in India

THE meteorological reports for last year show that the mean *minimum* temperature at Calcutta (given as average temperature at sunrise) was 70° in the shade. Ninety one and a half inches of rain fell.

Medical Annuities in India.

THE medical annuity question has been settled by the India Office. They have fixed the annuities at—for Class II. £250, Class III. £210, Class IV. £168. Three annuities of these amounts, one in each class, will be granted annually in future; annuities of £300 will be continued only to the present incumbents in Class I. In addition, the surplus is to be disposed of by the grant of three extra annuities of £252 in the present year. These are regarded as unexpected gifts.

Compulsory Vaccination.

THE following correspondence has been made public:—

To F. S. Chapman, Esq.,
Chief Secretary to Government, Bombay.

SIR,—With reference to the resolution recorded by Government on the 29th May last, authorizing Dr. Pinkerton, Superintendent General of Vaccination, to put himself in communication with the managing committee of the Bombay Association, I have been instructed by the Committee to state, for the information of his Excellency the Right Hon. the Governor in Council, that on reconsideration the Committee are of opinion that it is advisable to make vaccination compulsory in the town and island of Bombay, but that in framing a Bill for carrying out this object due care should be taken to protect the people against annoyance or extortion, and against the infliction of hardship or oppression.—I have, &c.,

NOWROZJEE FURDOONJEE, Secretary.

Bombay, Association Office, 11th Aug. 1869.

Large Families.

A SCOTCH correspondent sends us the following extract, as a contribution to the discussion in our columns on this subject. He says it is taken from a letter of the London correspondent of the *Elgin Courier*:—

"The pauperism of London alone has been increasing with fearful rapidity; we are at our wit's end for expedients to stem the tide of poverty, and a host of philanthropists are pestering the Government with schemes which, if adopted, would pauperize the whole community. I recently attended a meeting of a learned society which had been specially convened, to hear a paper on pauperism and the poor laws, from the pen of a well-known medical man, who had had years of experience as medical officer and coroner of a large metropolitan district. His scheme astonished everybody, and it is only one of many such. He suggested providing supper, bed, and breakfast for every idle tramp, in exchange for work, which is always unprofitable when wrung from people affected with laziness, the establishment of vast asylums for friendless children, and the erection over the whole country of large hospitals for the sick. Nobody was to starve—all the idle to be fed at the expense of the industrious. Such was the London Coroner's scheme, as evil in its benevolence as any social project could well be. The most unhappy circumstance connected with pauperism—and every political economist is familiar with the fact—is this, that the more you give in the way of charity, the more recipients you create for your bounty. Poor Laws and Boards of Guardians create more paupers than they relieve, and the problem how to assist the deserving poor without degrading and pauperizing them, is one of the most difficult social riddles of the day. Those who have the smallest knowledge of the subject must pity Mr. Goschen, who will be obliged to bring some scheme forward next year. We must hear no more such scandals as that of St. Pancras, and, on the other hand, we must avoid such Utopian projects as that of my friend the M.D. and Coroner.

"There is a school of Malthusians in London who have taken this question, with others of equal importance, under their especial care. They tell us that poor laws and emigration will never diminish pauperism—that the evil lies deeper—that over-population is the cause of the misery under which the masses of our countrymen groan. They talk learnedly of the tendency of population to increase faster than the means of subsistence, and warn us that without provident habits and late marriages, or early marriages and no children, we shall always be in a chronic state of poverty. These gentlemen hint darkly at the artificial checks to population which are common in France, but they have not yet dared to speak plainly. The *Lancet* has attacked their theories again and again with crushing effect, but they, too, are supported by medical opinion, for the doctors muster strongly in their ranks. They are prepared, they say, for misrepresentation and persecution, for they are in the vanguard of political economy, and when their remedies shall be accepted, universal poverty [and they might almost add population] will be amongst the things of the past. Such are the extremes of opinion on a great social question, and, avoiding both as equally pernicious, the statesman must strike out a path for himself. If Mr. Goschen succeeds, he will stand in the front rank of politicians and public benefactors."

Poisoned by Hair Dye.

On the 15th of June Dr. Witherwax, of Iowa, died with peculiar and obscure symptoms. The Scott County Medical Society appointed a committee to investigate the causes which led to his death, it having been the opinion of several medical gentlemen that he died from the effects of lead poison.

The committee have prepared their report, in which they unanimously concur in the opinion that the cause of Dr. Witherwax's death was rightly surmised, and that the poison was introduced into the system through the use of hair-dressing or dye. For four years previous to his demise Dr. Witherwax had used the dressing almost daily on his hair and whiskers, and frequently during the whole period suffered from pains which were similar to those produced by lead colic.

Drs. Hazen and Cantwell each made four separate analyses of the liver of Dr. W., and one of the kidneys, and found lead in the tissues of those organs each time. Their report accompanies that of the committee.

Abuses of Vivisection.

When it is found impossible to determine, by observation of cases, a specific fact which it is for the good of the public shall be known, it is quite right to make experiments on the lower animals, every humane precaution being adopted; but it is an abuse and disgrace to science to inflict tortures for the investigation of matters which could quite as perfectly be observed in the person of patients.

A German pamphlet by Dr. G. Wertheim was reviewed not long since in the *Edinburgh Medical Journal*, which contains the results obtained by burning and scalding about thirty dogs. The burns were produced by sponging the chest and bellies of the dogs with oil of turpentine, five or ten times in quick succession, setting fire to it each time; the scalds, by pouring over similar parts eight ounces of boiling water nine times in quick succession.

The results obtained were—all the dogs died, either in a few hours, or, at the latest, five days; in three cases the burned portion of skin was excised two, five, and fourteen hours after the burning. All the three dogs died twenty-four hours after the burning.

A narcotic was administered during the act of burning; but what were the subsequent sufferings of the unfortunate animals, and where are the scientific results of the *auto da fè?*

Threatened Aggregation of Vaccino-Maniacs.

It is proposed to hold a three days' Conference on Vaccination, in Manchester, during the month of December, to be followed by a public meeting in the evening. The idea is to invite our legislators, medical men, ministers, guardians of the poor, sanitary reformers of both sexes, and sufferers by vaccination, so that the entire question may be thoroughly discussed. The Conference would be held under the auspices of the Manchester League; and the co-operation of the parent and branch Leagues would be invited.

The following is a sketch of the proposed programme :—

First Day—History of Inoculation and Vaccination; Small-pox, its Cause and Cure; Resolutions. Second Day—History of British Legislation upon Inoculation, Vaccination, and Small-pox; Statistics as to Disease and Death; Resolutions. Third Day—Impolicy of Compulsory Vaccination; Cases of Injury by Vaccination; Resolutions. Public Meeting—Speeches and Resolutions.

Pauperism in Scotland.

Dr. Mitchell, reporting to the Commissioners in Lunacy for Scotland, states that on the occasion of his visit to Shetland he saw much stronger and deeper signs of poverty than he had ever seen before. In the parish of Unst, the year's poor rate is no less than 7s. 1d. per pound of the gross rental. When the taxes, charges, and burdens on land are added to this, he was assured that less than one-third of the rental will be left to the proprietor. All over Shetland the poor rate has been rapidly and steadily increasing during the last twenty years—the increase in some parishes being 700 or 800 per cent. In the parish of Lerwick it is said to have risen since 1845 from £40 to £900.

The Hospital Dinners.

The veteran Sir Charles Locock presided at the St. George's, and about 100 gentlemen, many of them from a long distance, assembled to do honour to him and their School.

At the Middlesex, Dr. Stewart took the chair, and nearly as many were present.

Sir H. Thompson, who had delivered the Introductory in the afternoon (Monday, the 4th), presided at the University College Dinner in the evening.

Last week we noticed the London Hospital Dinner, and the St. Bartholomew's is mentioned in another paragraph to-day.

St. Bartholomew's Hospital.

At the annual dinner, Mr. Holmes Coote presided. Mr. Paget gave the health of the Governors. In the course of his speech he said :—

> "He wished it to be clearly understood that complete concord existed between the governors and the medical staff in the discussions about the administration of out-patient relief; that the matter was still under discussion; that it was a grave question as to whether the number of out-patients should be diminished, or the medical staff increased; that delay was not synonymous with discord; that both governors and staff were at unity in design and purpose in solving the difficulty for the advantage both of hospital and school; and that Mr. Clifton, with other medical men now on the board of the governors, would, he was convinced, give right words at the right time and place."

Considering what occurred that day "at another place," this is the most astonishing utterance to which Mr. Paget has ever given expression. We last week gave the resolutions passed by the students. Had we had space to report the speeches, they would have as completely contradicted Mr. Paget's view as it is possible. The public has fully endorsed the students' complaints, and delivered a verdict in favour of enlarging the staff. From the dullest of the newspapers to the frolic of *Punch*, all writers endorse what we have written.

The late Surgeon-Major S. H. Batson.

The *Jubbulpore Chronicle* announces the death of this retired medical officer. He died at Dinapore on the 27th August, from a severe relapse of hæmorrhagic dysentery, the first attack of which occurred a month ago. It is believed, and no doubt with truth, that the exposure to the late fearful heat, which his trying duties as medical officer to the railway community at Dinapore subjected him to, had a great deal to do with the disease which carried him to his grave; and if this is correct, his case adds one more to the long list of deaths caused by the extreme heat of this terrible '69. Dr. Batson was an officer who will be remembered by old Indians, but mostly known to others in connection with his marvellous escape from Delhi in May '57. He volunteered to convey a letter from Brigadier Graves, commanding at Delhi, to the General at Meerut asking for assistance, and having disguised himself as a *jogee*, one of the most difficult characters to personate, succeeded after much wandering and several hairbreadth escapes, in reaching the latter place. The mutineers several times were about to murder him because he had blue eyes, a fact which made them very suspicious about his being a real *jogee*, yet his knowledge of the mutterings and incantations, and his colloquial mastery of the language, always raised a doubt in their minds, the benefit of which he invariably reaped.

American Medical Missionary in China.

The American Presbyterian Mission has a medical missionary department in Canton and vicinity. It has done a great deal of work the past year, treating 50,636 out-patients and 1,038 in-patients, and has performed 1,038 surgical operations, some of them of great importance. A medical class numbers 12 scholars.

Asylums for Inebriates.

In the British North American Provinces, at the present moment, there is considerable agitation on the subject of Asylums for Inebriates. The Legislatures of Ontario and Nova Scotia have been memorialized in favour of the establishment of such institutions. Petitions will be presented to both bodies at their next sittings, and it is anticipated that the Dominion Parliament will also be requested to do something in the matter, and a strong pressure has been brought to bear on the Legislature at its next Session, with the view of obtaining a grant from the Treasury towards the erection of a suitable building or buildings for a home for Inebriates in Nova Scotia. In the United States it has been estimated that fully *eighty per cent.* of those treated in Inebriate Asylums have been reclaimed and continued faithful to total abstinence principles.

Health of Dublin.

In the Dublin Registration District, the births registered during the week ending October 2nd, amounted to 144. The average number in the corresponding week of the years 1864 to 1868 inclusive, was 186. The deaths registered during the week were 147. The average number in the corresponding week of the previous five years was 164. Scarlet fever caused 13 deaths. A like number of deaths from this disease was registered in the week preceding. Six deaths resulted from fever, viz., 2 from typhus, 1 from typhoid or enteric, and 3 from simple continued fever. Measles caused 9 deaths. Twenty deaths were ascribed to diarrhœa, showing an increase of 9 as compared with the week preceding. Fifteen of the persons who died from diarrhœa were children under 5 years of age. Twelve children were carried off by convulsions. Nine deaths were referred to bronchitis, and 5 to pneumonia. Three deaths were attributed to heart disease, and 1 to aneurism. Apoplexy caused 3 deaths, and paralysis 2. Five deaths were the result of liver disease, and 3 of kidney disease, one of the latter being from nephria or Bright's disease. Phthisis caused 11 deaths, mesenteric disease 4, and water on the brain 3. Delirium tremens proved fatal in 2 instances.

Dangerous Ground.

It is proposed to start in New York a popular medical paper, to be issued weekly, and to contain short editorials on some popular medical subject, and answers to all sorts of questions about health and remedies for disease.

If we understand the announcement to mean that the projected journal is to act as general medical adviser to all comers, we have only to say that it cannot possibly be useful, but must be a source of great danger to the public. The medical men connected with the venture must know this, and therefore are the more blameable.

A Pleasurable Reminiscence.

Mr. Sandbertson describes, as far as the power of language enables him, his sensations when undergoing the operation of scalping.

The observation is original, and as it is improbable that any investigator will venture to interfere with the author's monopoly in the inquiry, we reprint the description:—

"The Indian stepped one foot on my chest, and with his hand gathered up the hair near the crown of my head. He wasn't very tender about it, but jerked my head this way and that, like Satan. My eyes were partially open, and I could see the bead-work and trimming on his leggings. Suddenly I felt the awfullest biting, cutting flash go round my head, and then it seemed to me just as if my whole head had been jerked clean off. I never felt such pain in all my life; it was like pulling your brains right out. I didn't know any more for two or three days, and when I came to I had the sorest head of any human that ever lived. If the boys killed the viper, they didn't get back my scalp; perhaps it got lost in the snow. I was shipped down to Laramie after a bit, and all the nursing I got hain't made the hair grow out on this spot yet."

Californian Bathing Geysers.

The natural bathing facilities at the Californian Geysers make the locality one of the most popular resorts on the Pacific coast. The ordinary bathing establishment is a feature in its way. It is primitive in its construction, being built of rough boards, and portions of it covered with gunny sacks, yet contains natural steam, hot water and cold water baths. One room is directly over a volume of steam, which rises from the earth and fills the room, so that upon first entering it the heat and steam are almost unbearable; but in a few seconds become quite comfortable, and in a short time are luxurious. The bather, having steamed himself sufficiently, two steps brings him beneath a stream of hot water, which pours through the roof in a continual volume, and is of just bearable heat: Having steamed and boiled, the bather steps a few feet and plunges into the running brook, which is waist deep, with pure water, cool and fresh from the mountains above. The effect of this course of bathing is to leave the bather refreshed and invigorated in a wonderful degree. Separate establishments are erected for ladies, and with the same facilities.

Election of Assistant-Surgeons at the London Hospital.

We last week alluded to some remonstrances we had received respecting this election. We have since been favoured with a letter from Mr. Rivington on the subject. As he is the Dean of the College, we have thought it best to give insertion to his letter instead of others. It certainly seems to us to call for explanation. The mode of election, he tells us of, was certainly not that which received our approbation. We certainly think there is need for change in the election of the staff of hospitals, but should be the last to favour a sham system.

Life Assurance.

The present is a time when the public mind is deeply agitated on the subject of life assurance. It would be a great pity if the recent disclosures were to undermine the faith of the prudent in this mode of providing for families. Medical men's lives are mostly just those that ought most to be assured. We, therefore, direct special attention to the letters of Mr. F. A. C. Hare on this subject, the first of which appears in this day's issue. Mr. Hare has paid much attention to the subject—has studied it practically as well as theoretically both in Europe and America, and we trust our readers will think we do well in procuring for them a series of communications from his pen.

Medical Examination of Recruits.

The Adjutant-General, Lord William Paulet, has published, in general orders, the following in reference to recruiting:—"It having been decided that the medical examination of a recruit by the staff-surgeon at the head-quarters of a recruiting district shall be regarded as final, the present practice of assembling medical boards to review such decisions is to be discontinued. On the arrival of a district recruit at the head-quarters of a regiment, or depôt battalion, the surgeon in charge thereof, should he not concur in the opinion of the district staff-surgeon, will fill in W. O. form 584, countersigned by the principal medical officer, should there be one at the station; and the officer commanding the regiment or depôt battalion will then forward this report to the adjutant-general for decision, stating his opinion whether the recruit be eligible and likely to re-enlist should he be discharged. This form must contain the fullest information as regards all the medical disqualifications. District recruits, passed by civilian medical practitioners (including Militia medical officers), if found unfit by the district staff-surgeon, will, with the concurrence of the inspecting field officer, be discharged without further reference, but the report on W. O. Form 584 will always be sent in duplicate to the adjutant-general. The inspecting field officer, should he consider the recruit eligible and likely to re-enlist, can detain him till the decision of his Royal Highness the Field-Marshal Commanding-in-Chief be given. When a district recruit is passed primarily by a military medical officer, and considered unfit by the district staff-surgeon, W. O. Form 584 will be sent in duplicate to the adjutant-general for instructions as at present. The medical examination by civilian medical practitioners of district recruits is not considered final. When a district recruit is considered unfit by a regimental surgeon, he will bring him before the principal medical officer if possible, and, should he concur in the unfitness, report the case to the adjutant-general on W. O. Form 584, in duplicate, for further instructions, through the commanding officer. These instructions modify paragraph 1351 of the 'Queen's Regulations and Orders for the Army,' bringing all cases of medical disqualifications under section 'd' of that paragraph."

Vaccinomaniac Logic.

The propriety of learning before they teach has been so persistently pressed upon the vaccinophobiacs without result, that we feel diffidence in suggesting that some slight knowledge of logic and argument would enhance the force of the conclusions which they are trying to force upon the public. Their ignorance, or wilful blindness to the facts and figures with which everyone else in the world is familiar, is paralleled by the abortions of reasoning which seem to pass current with the readers of the "Anti-Vaccinator." Here is a specimen:—

> "In order to prevent disease, we are told to be inoculated with disease. On the same principle you ought to have your children inoculated with the virus of carbuncle in order to prevent their contracting it; with the pus of abscesses to prevent their suffering from them; have them inoculated as a preventive against typhus, consumption, rheumatism, cancer, and other afflictions, with the virus or active animal poison of these diseases. It is about as rational a proceeding and as sound in theory as vaccination, as inoculating small-pox or cow-pox matter from the diseased cow—for all cows are diseased whose teats are ulcerated—as a preventive against the onslaught of that disease. No earthly remedy, be it ever so harmless; no poison, be it animal, vegetable, or mineral; can prevent disease. The only preventive is a natural mode of living. An artificial mode of living, en encroachment on nature's laws, brings its penalty—disease to the individual—as surely as a defective sanitary state produces epidemic or endemic disease among populations. An observance of nature's laws is the only preservative against disease—there is no other."

The notice of such depressing nonsense requires an abject apology to our readers. What is the analogy of carbuncle, abscess, typhus, phthisis, rheumatism, or cancer, to small-pox? Does anyone (except persons who might, as far as education is concerned, be vaccinophobiacs) inoculate small-pox? We think not. Jenner inoculated children with a disease (if it be called so) almost altogether innocuous, to protect them from a loathsome and fatal disease which most probably they would otherwise suffer from. What, then, is the parallel between Jenner and one who would inoculate with loathsome and fatal diseases in order to protect the recipient against the indefinitely improbable contingency of the same, or a less hurtful disease ?

To substitute a nominal condition of disease for a pressing and urgent danger is good sense ; but to communicate a fatal and disgusting malady, which he would most probably never take, to save the patient from receiving the infection in the ordinary way would be madness. Can the vaccinophobiacs point out "the natural mode of living" which will protect us against small-pox ? If not, we advise the public to secure themselves, as experience proves that they may, until we can have something less vague and inpossible than the anti-vaccinators have yet propounded.

Alpine Desagremens.

THE compound of vanity and foolhardiness which is developed now-a-days in the form of Alpine climbing has been applied by M. Lortet, of Lyons, to scientific purposes, and he has expended much time, money, and trouble in the investigation of phenomena which, at least, can never harm sensible people, but which is interesting from a medico-scientific point of view.

M. Lortet ascended on the 17th and 20th of August, to the summit of Mont Blanc, furnished with all the instruments necessary to investigate physical effects, amongst which were the anapnograph of M M. Bergeon and Kastus, the sphygmograph of Marcy, thermometers, &c.

M. Lortet has experienced and verified all the phenomena known under the name of *mal des montagnes*, consisting principally in acceleration of respiration, frequency and feebleness of the pulse, lowering of temperature during the journey, and its return to the normal condition during rest, muscular fatigue, loss of appetite, occipital headache, nausea, somnolence, &c.

He attributes, like M. Gevarret, the coldness of the body during exertion to the insufficiency of the internal combustion which, to maintain the temperature, has to contend at once against the extreme cold and the loss of heat transformed into mechanical work. The other symptoms are the consequence of the cooling, and probably of the vitiation of the blood by carbonic acid, whose elimination is incomplete.

The Milk of Diseased Cows.

THE foot-and-mouth disease is acquiring larger interest as it spreads. A very important question has been brought forward since it extended to the Metropolis, viz., whether the milk of the animals would be likely to injure those who consume it. We are glad to see that Dr. Whitmore, the medical officer of health for Marylebone, has persuaded the dairymen of his parish to throw away such milk. It was a general opinion with the public that the first symptom of the disease was a stoppage of their secretion; but this is not the case, and it is impossible to deny that children might suffer from being fed on the milk of diseased cows. Experiments have been made, it is said, but at present the only safety is in caution ; for the effect of disease on the milk is undetermined.

Proposed Hospital for Incurables, near Oxford.

WE have seen the Prospectus of a National Hospital, to be erected at Cowley, near Oxford. The best feature of it is, that admission is to be free as far as accommodation may admit, and that the pernicious system of canvassing will find no place. Cases will be selected from those recommended by medical men, and professional advice will be followed in the choice.

From a medical point of view the institution is certainly to be recommended; and already Sir T. Watson, Sir W. Fergusson, Drs. Bennett, Beale, Andrew Clark, G. Johnson, Pollock, and Messrs. Brooke, Le Gros Clark, Curling, Prescott Hewitt, Solly, and others in London, besides most of the Profession in Oxford, have expressed their approval. A site has been presented, and a certain sum already obtained. About £50,000 is wanted. We heartily wish the scheme success. Miss Sandford, of Cowley, St. John, Oxford, will gladly furnish any further information.

AT last Hebra, and Sigmund, of Vienna, who for twenty years were professors extraordinary without any remuneration, have been appointed professors in ordinary—a just but tardy recompence for their zeal.

THE inauguration of Dupuytren's statue will take place in the town of Pierre-Buffière, on the 17th of October, in the afternoon, and will be followed by a banquet, which will take place at four o'clock.

IT is encouraging to know that in many parts the questions relating to medical relief are being taken up by journalists and others. The *Herts Advertiser* this week admits a letter from Dr. Spackman, of Harpenden, in which some very useful home-truths are brought under the notice of ratepayers.

THE Birmingham Guardians have been exhibiting themselves in a new capacity. Dr. Heslop has written a pamphlet, and these local worthies think themselves described in it. Their portraits do not please them, so they have been calling Dr. Heslop bad names, and displaying in public more ill-temper than an over-petted beauty who had been painted with too minute attention to her more defective features.

DR. EDWIN HEARNE, of Southampton, has been made a magistrate. There is ample opportunity for a further addition to the bench from the ranks of the Profession. Medical men, as educated gentlemen, whose experience is of peculiar value at times, have been too much overlooked by the Government. We think the Conservatives made more magistrates than the Liberals are now doing. The Government should take the hint.

AT a meeting of the Medical Committee of the Metropolitan Free Hospital last week, the subject of Remuneration of the Medical Staff was discussed. It was unanimously resolved that, in Public Medical Institutions which do not possess medical schools, or other indirect source for remunerating the medical officers, there should be a payment made to them out of the general funds.

THE medical officers of the United States Navy are invited to forward to the Bureau of Medicine and Surgery, with a view to publication, any reports or essays on professional and allied scientific subjects that they think will convey valuable and useful information.

These papers will be submitted to a competent Board, and such of them as the Board may recommend published by the Bureau.

The Sanitary Commissioner with the Government of India has addressed a circular letter on the subject of cholera to the officers in medical charge of European troops at all stations, whether lately visited by the disease or not. This letter contains a formidable array of questions,—150 in number,—which are to be answered as soon as possible after the 1st October. There can be no doubt, however, that if all these questions are answered from distinct knowledge, and with nothing of hearsay or conjecture, the result must be within a very few years such a mass of information regarding the habits of the disease as will permit a confident induction upon the method of escaping it.

The Fothergillian Prize.

Those of our readers who intend competing for the Gold Medal, value twenty guineas, awarded annually by the Medical Society of London, are referred to our advertising columns for the terms upon which the competition is conducted. Essays for 1871 must be "on some subject in obstetrics" (including the diseases peculiar to women), which must be delivered by the end of October next year.

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SOCIAL SCIENCE CONGRESS.

Dr. Symonds, in his address as president of the Health Department, dwelt at some length upon the necessity for efficient machinery and a greater number of workers, if hygienic improvements were to be carried out to any adequate extent. Referring to the vaccination question, he said:—"It would seem that a semi-panic has been excited by a report that cases have occurred in which there was reason for suspecting that the virus of disgusting and deteriorating disease had been diffused by vaccination. Even were it admitted that a constitutional fault, inherited from vicious parentage, could be communicated through the vaccine lymph, still all that we have to be anxious about is the selection of proper sources of lymph. We do not leave off eating bread because bread is sometimes adulterated. And as to the infraction of the liberty of the subject by compulsory vaccination, it must be borne in mind that our object in forcing vaccination upon parents is not so much that their offspring should be preserved from small-pox as that their children may not become the contaminators of their neighbours and perhaps of the whole community. I have just read a report of a quite recent discussion in the French Academy of Medicine of this fear of contamination from cow-pox, and I am glad to say that the result was enormously preponderant against the alarmists. And so I trust that compulsory vaccination will not give an inch to this foolish and petulant opposition." At its close the address of the president noted that much confusion and darkness prevailed in the work which the Department of Health undertook; "but there was no reason to doubt that in all honest scientific inquiries and strenuous endeavours to act, the great forces of nature would be brought to act on the side of human wants, and that the seeming hostilities would be limited and subdued by human will. It requires strong faith, however, in the ultimate triumph of good if we venture to hope that the causes of hereditary diseases will decline and die out, that new modes of living and new political and social developments will eventuate in the growth of stronger and higher human types, which types will become dominant, and either transmit robuster and sounder frames and more powerful faculties, or at least become the objects of that passive imitation which has been believed, even in historic times, to have insensibly moulded nations into finer forms, with grander aims and larger capacities. One of the strangest and saddest of the necessities of our present degree of civilisation will long before such a state of things have fallen into desuetude; for we must call it a necessity in the present state of the world, with its present ways and opinions and practices. I mean that which fills the columns of newspapers with experiments on explosive compounds, that have no other object than the destruction or mutilation of that which this association takes under its special thought and care. That there should have been coeval with this society such institution, for example, as the Ordnance and the Admiralty, will seem in other ages an unintelligible anomaly. Nearly two thousand years ago it was said *Si foret in terris rideret Democritus*, but how inextinguishable would be the laughter of that resuscitated sage if, after we had commanded his reverent and admiring attention to an exposition of the religion of the Sermon on the Mount, and after we had assured him that this religion had been publicly professed in these realms for more than a thousand years, we should then take him on one of our grand days to Shoeburyness!"

Dr. Symonds's address was listened to with great interest, and a cordial vote of thanks was passed, on the motion of Sir Edward Strachey, who presided in the absence of Sir Stafford Northcote.

THE CONTAGIOUS DISEASES ACT.

Mr. W. P. Swain, M.R.C.S. of Devonport, read a paper on the working of the Contagious Diseases Act in that town. He thought the Act of last Session bore on the face of it hasty legislation. Section 3 provided that if any woman who comes for examination was in such a condition that the surgeon could not properly examine her, and if he suspected her of having a contagious disease, the woman was liable to be detained in a certified hospital for five days, until the surgeon could make his inspection. This Mr. Swain objects to, thinking that by this clause a woman is liable to be deprived of her liberty on police information. The results of the Act, on the whole, were satisfactory. The disease had decreased among men in the garrison, and the vacant beds at the Royal Albert Hospital had increased. Referring to the supervision of the police, Mr. Swain thought that if the Act was extended to civil towns a visiting surgeon would be the best controller. It is sought to vest in the surgeon at Devonport the power to interfere with the treatment of a woman after entering the hospital; but against this the writer of the paper strongly protests, as it would confer on the surgeon the office of prosecutor, judge, and gaoler. As to the effect of the Act on the women, Mr. Swain thinks it has rendered them more orderly and quiet in their demeanour, and the hospital has a humanising effect upon a woman's mind. From April 1st to September 30th, this year, 19 have been sent to reformatories, 12 have gone to their homes, 1 has been married; total, 32 reclaimed.

A discussion, from which ladies were excluded, took place on the question whether the provisions of the Contagious Diseases Act should be applied to the civil population Several advocates were heard on each side.

The result of the discussion, which was a stormy one, was, that a resolution was passed as a recommendation to the Council, to the effect that the provisions of the Act should not be extended to the Irish population.

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Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The stoppage of the Albert and European Life Assurance Companies, which, by reason of the many other offices they have from time to time absorbed, may in reality be looked upon as a general winding-up of about sixty such institutions, cannot fail to remind attentive and shrewd observers of the absurd manner in which agents and others connected with assurance business, together with many newspaper writers on the subject, have been in the habit of preaching up the absolute security of such investments. They would, forsooth, have had us consider our policies as safe, if not, indeed, a little safer, than the Bank of England, and Life Assurance Companies as alone "infallible." It has often been said that, with one or two fraudulent exceptions, no life offices have ever failed. This, doubtless, until lately, was perfectly true; but, seeing that the maximum of mortality in an office is not reached until about forty years after its establishment, how few companies have as yet reached the time for their solvency to be actually put to the test!

The fact is, that the nature and character of life assurance, so little understood by the general public, is such that "an office," as Professor de Morgan remarks, "may be in reality insolvent many years before the symptoms of bankruptcy come on."

It is true that the bases upon which "nett" rates of assurance are generally, perhaps universally, calculated, are to be most implicitly relied on, inasmuch as the average duration of human life at all ages, in Great Britain at least, have, without doubt, been satisfactorily ascertained. And by "nett" rates I would be understood to mean those rates which are derived directly from the mortality table, and to which no addition has been made for the purpose of covering expenses of management, losses by bad investments, or contingencies of any kind other than that of death. The rate of interest, also, which is usually assumed in life computations (namely, three per cent.) is one which experience has shown to be more than easily realized in the past, and which there is little doubt will be equally obtainable for the future, and that by means of the safest investments.

The business of life assurance, however, it is hardly necessary to say, could not be conducted on "nett" rates. A percentage (styled "loading") is added to provide for the expenses, losses, and contingencies before alluded to, while such part of it as in the actual practice is found unnecessary for these purposes, goes both in mutual and mixed offices to form the nucleus of the bonus fund. The "loading" generally allowed for these purposes is twenty-five per cent. Is it not clear, then, that if the expenditure of an office should at any time exceed this percentage, the directors must either eat into that portion of the premiums which is absolutely needed to meet the actual losses from death, or into the paid-up capital of the mixed or into the loan fund of the mutual office? If, moreover, this extravagant rate of expenditure be persisted in until and after there be no capital or loan fund to draw from, then the sacred portion of the premiums must of necessity suffer, and the downfall of the concern become merely a question of time.

From what has been said it is easy to see that, outside of intentional fraud, the security of an office depends mainly, if not entirely, upon the skilful and economical conduct of its affairs. For this the public have perhaps no tangible ground of confidence, but in the ability and the integrity of the manager. Generally speaking, directors have little or no knowledge of the subject. Happy those policy-holders who are assured in offices where the Board is constituted of honest business men! Too often, however, those who sit at it are like so many puppets in the hands of an adroit wire-puller.

Far be it from me to throw out any insinuation against the managers as a body. Many of them are as honourable as they are clever. I am free, nevertheless, to express the opinion that men who out of their hard earnings pay a fair consideration every year throughout life for the praiseworthy object of providing for their widows and fatherless children, and who, in so doing, do at the same time, indirectly perhaps, but no less surely, confer a benefit upon the State, are most eminently deserving of the strictest security that Government inspection could afford them. This protection I most sincerely trust they may soon have. That men acting from such worthy motives should be left to contemplate a suit in Chancery, or their wives and families be dependent upon the good faith of persons of whom they know little or nothing, is, I say, a state of things much to be deplored.

In conclusion, it may not be out of place to give your readers the following advice in the selection of an office, and to suggest that they look as closely as they have the opportunity of looking into the general character as well as the special ability of the manager, and that they examine as thoroughly as they may the accounts. These ought to be published annually, the non-observance of this salutary rule being in itself a ground for discontent, if not of suspicion and alarm, and they should also be full, explicit, and readily understood. Note well the amount of the accumulated fund, which should at least equal the present value of the sums assured, less the present value of the "nett" (not "gross") premiums to be received; for the loading, which is included in the "gross" premiums, cannot fairly be discounted, unless the expenses, &c., for which it is added be also discounted and placed to the opposite side of the account. Should the accumulated fund honestly estimated be five times larger than the total annual income, the safety of the office would, I should say, be without question. It would be a safe and just rule to regard with jealousy and mistrust all mystery and seclusiveness, and to evince a preference, other things being equal, for such companies as invite and would hail Government inspection, in comparison with those who oppose and resent the idea. The point of economy is, as I have before intimated, one of paramount importance, and must on no account be overlooked. The nature and extent of the advertising are things to be keenly investigated. The remuneration of officers, both in amount and in kind, is an important element for the formation of a judgment, and especially the commission paid for agency. The payments to the manager should be scrutinised with a special view to discover whether he receives any percentage on account, either of premiums received, or of bonuses disbursed, and, if so, at what rate. Especial care should be taken to avoid the snare of delusively low premiums and excessive bonuses. It is better to pay a little more and secure safety. If there be capital in the company you are investigating recollect that for the extra security afforded by it you will have to pay, and that *par consequence* you are entitled to expect, such portion of the capital as the shareholders receive consideration for, to be paid up. There is no necessity to go further than the action now pending between Mr. Lee and the Albert Company, to ascertain the very slight value attaching to unpaid capital. Nevertheless, it is as well to have all the claim you can upon the shareholders. My closing advice, then, is not to accept policies in which clauses are inserted limiting the liability of *so-called* "unlimited companies."

Your obedient servant,

F. A. C. Hare.

Chester: October 1, 1869.

THE APPOINTMENT OF ASSISTANT SURGEONS TO THE LONDON HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Deriving your inspiration evidently from the same source as the *British Medical Journal*, you state in one of your "notes on current topics" that the Committee after "consultation with the Staff," recommended Mr. Macarthy and Mr. Reeves. To consult the Staff is, properly speaking, to consult the Medical Council, which consists of the Staff, and for members of the Staff to take the responsibility of advising the Committee irrespectively of the views of the Council, has usually been regarded as an irregularity. Allow me, therefore, to assure you that the opinion of the Medical Council was never asked. Such a step would, I believe, have been more satisfactory than the mode of procedure actually adopted. Of course, the House Committee can consult whom they like, and are not bound in any way to consult the Staff as a whole. But on general grounds, it may fairly be said, that when a body like our Council exists for the purpose of deliberating on all matters connected with the professional working of the hospital and college, it would be an invidious and injurious procedure for the House Committee of the hospital to select any member or a few members only of the Staff, as their adviser or advisers.

The welfare of the institution, the harmony between colleagues, and the just interests of the pupils, would be endangered. That this has been so at the London Hospital I am not asserting: but I know that the Council was not referred to at any time, and that the consultation of the Staff, spoken of by the *British Medical Journal*, was of a private, confidential, limited, and retiring character.

Your remark that the London Hospital men passed over were considered rather young for such a post seems to be similarly inspired. It may be that they really were. But it seems rather strange that such a plea should be put forward after the lapse of the lengthened period during which youth has been considered no obstacle at all. One of our best surgeons—a man of whom we are legitimately proud—and who has recently retired from the Staff, was elected at an earlier age than that of one at least of the elected candidates. His immediate predecessor and one of our most popular teachers was similarly situated. So was a very able and enterprising young surgeon, who has left us for better things in China. So were two of our assistant surgeons, now on the Staff, whom we are glad to call our colleagues. When they were elected at the end of last year, and at the beginning of this year respectively, we heard little or nothing of the drawback of youth. Nay, with some, youth was regarded as a positive advantage. Yet now in the most puzzling manner a candidate, who is a London Hospital man, and described as "eligible," "suitable," and a "very able" man, by the soothing pen of the annotator, in the *British Medical Journal*, is talked of as "rather too young" at twenty-six, when others have been considered of a most desirable age at twenty-one, twenty-two, twenty-three, twenty-four, and twenty-five. The apparent inconsistency equals any exhibition of a like kind by members of the softer sex. Your consolatory remark that the rejected candidates can afford to wait is poor comfort, because the idea never struck them when they applied for the appointments.

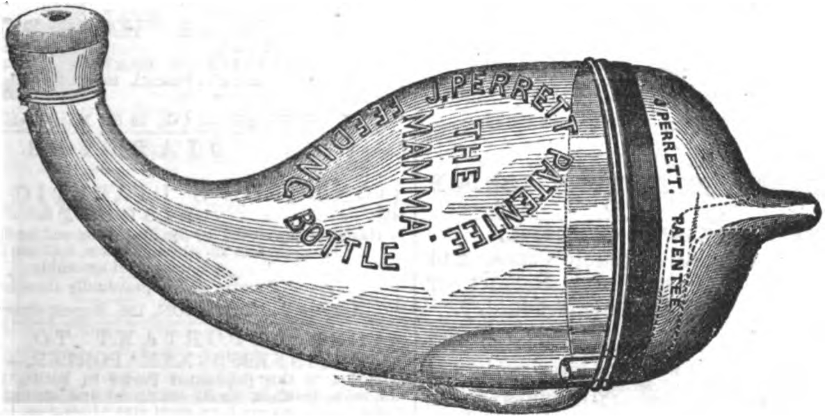
Allow me to add in conclusion, that though I derived much amusement from the perusal of the ingenious paragraph in the *British Medical Journal,* I do not for one moment intend to cast any slur on the good faith of those concerned in the election. Advisers and advised alike acted, no doubt, with a single eye to the welfare of the hospital. Only, I should have been glad if the consultation had been arranged on a more generous scale, and I have my own private opinion in regard to the extreme wisdom of one or two of the rejected candidates who accepted the award of the House Committee at a slack period of the year. I am, Sir, your obedient servant,

WALTER RIVINGTON, B.A., F.R.C.S.

Inventions.

THE NEW INFANTS' FEEDING BOTTLE.

THAT the artificial feeding of infants has come to be a necessity to the infirmities and pleasures of "Mothers of the Period," witness the competition of Liebig, Improved Liebig, Farinaceous, Revalenta, and other foods, for the approval and patronage of the autocrat of the nursery. The mother who lacks the maternal aliment can now buy, for a shilling or two, so close a counterfeit as may cheat the baby not only into good temper, but into thriving and getting fat. Even the method of cozening the infant into swallowing his food is progressive. No longer are our sensibilities shocked by the spoon-feeding process to which we have been accustomed, the mouthing of the food by the nurse to ascertain its heat, the skilful smothering of the cries of the semi-asphyxiated victim in a mouthful of pap, and, then, the assiduous scraping up with the spoon of the superfluous food. If feeding bottles have been more pleasant to the feeder, and more convenient to the nurse, they have been less safe, being, in the hands of a lazy nurse or inexperienced mother, little better than a gag whenever the baby cries. The old bottle, which is held in the hand with all its leakiness and discomfort, has returned to favour on this account; and now, in the "Mamma" bottle, we have an improvement which promises everything that can be desired. This bottle is patented by Mr. Perrett, of King street, Cheapside, and the sketch below will give our readers a knowledge of it. While it is for use, it has the great merit that it cannot easily be put into the child's mouth and left there. The nipple is done away with, and a soft Indian-rubber shield made in shape and size to imitate the breast. A valve is attached at the upper end which admits the air, but will not allow the liquid to run out, and as the valve is not in contact with the food, it cannot sour it even if left unwashed. Simplicity and cleanliness are ensured, and in every respect the bottle seems to remedy the faults of the old shape, without incurring the evils of the new.



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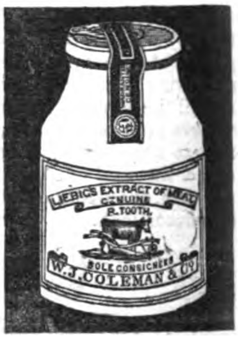

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 20, 1869.

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CLINICAL REMARKS ON CASES AT THE LONDON HOSPITAL.

By John Adams, Surgeon.

A CASE OF ROUND SLOUGHING ULCER ABOVE THE PUBIS IN A MAN, AGED 54.

June 4th.—This man was admitted with a round deeply-excavated and sloughing sore, situated above the pubis. The history he gives of his case is, that a small red pimple was found by him about five months ago, that this was painful and itched very much, and, on being scratched, it discharged some matter. As the progress of the case was only observed by the man himself, it is useless to attempt any scientific description of it. I therefore pass on to describe the case as it first presented itself to us. The man was a pale thin person, of an unhealthy aspect, without any anxiety of countenance; from his history I could not ascertain that there was anything in his habits or mode of life likely to induce a sloughing sore in this region. It is true that he came from an unhealthy part of Whitechapel, a locality in which cholera had been rife during the late prevalence of that fatal epidemic. He had never had syphilis, and he had been able to afford himself such an amount of stimulus as was necessary for a healthy labourer. I confess I could not account for the disease.

The case is peculiar from the situation and the circular shape of the ulcer, and is an illustration of the tendency which sloughing ulcers have to assume a circular direction and to extend deeply. Thus, this ulcer began as a pimple, extended circumferentially as a slough, so as to occupy a diameter of two inches, and the depth of half an inch; its edges were defined and rather hard and somewhat inflamed, and the slough could not be detached from the rim of the ulcer by pulling it, nor could the slough be drawn up from the *fundus* of the ulcer or sore; and on pressing the edges of the ulcer a certain degree of hardness was felt. I cannot say that the man's health was much affected.

What, then, is the character of this supra-pubic ulcer? Is it a specific ulcer? Is it a common sloughing ulcer? or is it a disease *sui generis?* or is it carbuncle? It is certainly not a common ulcer, for a common ulcer does not present this tendency to spread by sloughing in this circular direction. It is not cancer, because it wants the ordinary characters of cancer, and cancer rarely spreads by sloughing; and, if it does, the sloughing occurs in irregular masses of the cancerous deposit, rather than in the distinctly regular direction that this disease has assumed. There is no history to justify an opinion that the disease is syphilitic; nor is it of the character of those sloughing ulcers which are distinctly phagædenic, and which often, if not always, originate in a syphilitic sore on the genitals, and commit most extensive ravages throughout the parts adjacent, and which in men lead to the entire destruction of the male organ, and in the female to the destruction of the labia externa and parts around. Of this latter disease, a few years ago many cases occurred in one of the very worst localities in London; the cases used to be known in the Borough Hospital as specimens of the *Swan alley disease*, and they afforded excellent examples of acute sloughing phagædena.

The disease under consideration is not quite like any of these, but it is to be regarded as a sloughing round ulcer, which I venture to call *supra-pubic*, as I have seen it attacking the supra-pubic region. The last case I saw was that of a gentleman in the City, in consultation with a surgeon now dead, but formerly an apprentice of this hospital. The disease was speedily arrested by appropriate treatment, which I will mention.

The treatment is comparatively simple. You must first dry the sore with a piece of lint well pressed in—the patient may be placed under chloroform if you please—and you take a glass brush, dip it into the strongest nitric acid, and apply it freely, first to the edges of the sore, especially where it has a tendency to spread, and then to the surface of the slough itself; and generally one application is sufficient; you then dress the sore with dry lint, and renew this every morning. I did this in the case before you, but a poultice was applied without my sanction, but it did no harm.

At my next visit, four days after, the wound on a superficial view looked much as it did when I applied the acid; but a careful inspection showed that the sloughing had stopped, and that by pulling gently at the edge of the sore some slough could be detached. I therefore waited a few days more, and then detached a large quantity of slough, both at the margin and fundus of the ulcer. Three days after this, I succeeded in removing a still larger portion of the slough, and to-day the wound is nearly clean. The sore was dressed now with unguent. resinæ, and is cleansing gradually day by day.

During the progress of the case the patient has been sustained by wine and quinine, &c.

Rationale.—The employment of escharotics or stimulants in ulcers is very old, probably as old as Hippocrates, but no mention is made in the works of the Father of Medicine of the treatment of such cases as the present; but it is generally admitted in the present day by experienced surgeons that in all such cases it is worse than useless to waste time in using any other application than strong caustic, and of all caustics nitric acid is the best. Therefore, you had better at once adopt the plan I have recommended and used in this case: apply the strongest acid you can obtain, and you will not be disappointed. Let us endeavour to comprehend the use of the acid in cases like the present. You may say, what is the use of applying an escharotic to a part already dead? My idea of the action of the acid in these cases is this—and the same remarks apply to the use of the acid or caustic alkali, or any other chemical escharotic, in cases of boils and carbuncles—namely, the acid mixes with the fluids contained in the slough, penetrates the whole tissue of the slough, and coming in contact, diluted, by the fluids in the slough, with the diseased blood-vessels of the living structures underneath, stimulates them, probably coagulates the blood in them, and induces what is termed a healthy action, thus enabling them to separate themselves from the dead tissue, which, thus becoming loosened, is readily detached, or, as it is termed, *thrown off.* In my opinion, this is exactly what happens when the *potassa fusa* is applied to a carbuncle, and when you employ strong nitric acid to a simple boil, which I frequently do, with the delicate point of a glass rod.

I cannot speak too strongly of the efficacy of this treatment; it is in very constant use, and has often prevented the sloughing process from extending into large blood-vessels, which would in many cases lead to fatal hæmorrhage. It is, perhaps, idle to speculate on the action of the remedy—I mean as to the precise action of the acid on the living blood-vessels—it is enough to know its efficacy, so that we may put it in force at once when cases of this nature present themselves, rather than lose precious time in the employment of any other means of treatment. The acid has the effect, also, of preventing the extension of the gangrene in cases like the present—that is, where the gangrene spreads from some local cause—but it cannot have much beneficial influence in gangrene from constitutional causes. I cannot speak positively even on this subject; at any rate, its employment cannot do harm in any case of mortification, but I do not advise its application except in cases of gangrene like the present, and, as I have already stated, in carbuncle and other analogous diseases, as phagædena, &c. I know of no situations where the acid may not be used in spreading gangrene; even over the surface of a bone it may be used. Thus, some of you must have seen it employed in almost every region in those terrific cases of hospital gangrene.

A slight re-application of the acid became requisite, and all sloughing ceased; but as the sore assumed an indolent character, I ordered the application of a solution of sulphate of copper, one grain to the ounce, and under this treatment the ulcer assumed a healthy appearance, and is now nearly healed.

ON MATERNAL IMPRESSIONS.

By J. Waring-Curran, L.K.Q.C.P.I., Sutton, Notts.

It can be readily understood how sudden shock experienced by the pregnant woman may affect the fœtus in utero, by influencing the process and progress of development going on, and producing such deformities as hare-lip, cleft palate, *et hoc genus omne*, which are emblematic of imperfect or defective development; but the *modus operandi* of shock, in effecting those *maternal impressions* which so frequently take place, appears somewhat inexplicable and unaccountable. That from fright or mental shock an indelible stamp should be impressed upon the unborn child by nervous influence is, physiologically speaking, as singularly interesting as it is difficult to comprehend the nature of the agency which effects it. The nature of the law which so faithfully, yet inconsistently delineates and stamps upon the child an impression external and foreign to the laws which govern its development.

The result of my own observation is, that in no case does the sudden fright affect the fœtus, that the so-called *lusus naturæ* is the consequence of progressive mental reflection and fear on the part of the mother; she mopes and broods over the shock she has sustained, or the fright she has received, and that, this continued, and in most cases unceasing reflection, eventually affects the embryo or fœtus. A case to the point is this,—a woman told me she was struck in the face with a dead rabbit at the third month of her pregnancy; she quickly wiped with her apron the part of her face struck, and then rubbed her side with the same part of the apron. She felt that the child should be "marked," but was thoroughly impressed with the notion that her presence of mind saved the face, and that the side would be the part affected. Upon the birth of the child a large nævus occupied the left side. We all know that in health, if we deliberately concentrate our attention or fix our ideas on any one organ, or part of our system, that the circulation of that organ or part will become preternaturally increased and abnormally affected. It is an undisputed fact that the most distinguished members of the medical profession—names which will be revered as long as the science of medicine exists—fell martyrs to those diseases upon which they had devoted most of their time, upon which they are still noted authorities; consequently, upon which they must have reflected, studied, and deliberated upon most. Can the force of reflection, the concentration of nervous influence, effect a morbid lesion upon the part or organ studied, or are the too numerous instances recorded mere coincidences or accidental occurrences? Be this as it may, the following cases go far to support my theory: in all of them the fœtus was formed, in all of them it was not mere fright or shock and then forgetfulness; but in all of them the parent moped and brooded, and feared that her offspring should be deformed. The following cases came under my own immediate observation; they are illustrative of the fact that the shock was not forgotten, that nervous influence and the morbid nervous agency, though hastily engendered, was kept up until the hour of parturition arrived; that no amount of reasoning could divest the mother's mind from conclusions arrived at, and no amount of argument influence the so-called absurd notions that possessed her:—

Case 1.—On the 24th of last August, I was hastily summoned to the wife of an inn-keeper. I was told she was flooding. Upon my arrival I found she had lost a considerable quantity of blood, and upon making an examination *per vaginam* (she had no labour pains), I found a leg clear of the external os. She was a primipara, and thirty-four years of age, advanced to the eighth month of pregnancy; consequently I had little room for manipulating. Having waited a little time, and finding labour pains did not come on, nor even influenced by ergot which I administered, I delivered her of a still-born child, well-developed, but small, and evidently dead some days. The hæmorrhage which continued necessitated the prompt removal of the placenta; upon introducing my hand for the purpose, I found a second child with its sternum against the os; this I turned and delivered by the feet. He lived a few minutes and then happily died, for upon looking at him my horror was great indeed. I completed the case and then turned my attention to the last born child (I should have remarked upon the birth of the first the mother inquired if it was "marked"). The body was well developed, but the head was black, the nose flat, the lips prominent, the hair covering the head curly and woolly, the discoloration of skin passed down over the chest and seemed to pass off obliquely across the upper part of the abdomen from left to right. The father of the child being one of the most respectable men in the town, I inquired into the circumstances of the case, and was informed in reply by the mother, that about the third month of her pregnancy, when engaged in the bar with her back to the door, hearing a strange voice behind her, she hastily turned round and saw a negro with his head and shoulders pushed through the bar window. She was so much terrified that she was unable to address him or inquire what he wanted. She "*felt*" that her child would be "*marked*," and her old lady friends said nothing to inspire confidence or dissipate the rash conclusion formed and rigidly adhered to, up to the time I delivered her.

Case 2.—In the spring time of the year '68, a woman was passing through a meadow where a number of schoolboys were at play—she had advanced to the sixth week, she considered, of pregnancy,—when one of the boys taking up a frog threatened to throw it at her; she begged of him not to do so, but he persisted, and struck her face with the frog. This produced an immediate feeling of sickness. She was obliged to sit down, and upon her return home compelled to go to bed and send for a doctor. She informed the gentleman who visited her that her child would resemble a frog. She appeared to suffer very much throughout her pregnancy; during the latter months she was unable to lie down, as she said she experienced something swimming in her inside; assuredly she was a great size. At the full period labour begun, and upon the rupture of the membranes the room-floor was literally deluged with the waters which escaped, the head presented and the child was quickly born. It gasped, as a fish drawn out of the water will for a few minutes, and died. The head in every particular resembled that of a frog, and the fingers were webbed, otherwise the monster was well formed. The woman had borne three children previously, and seemed a sensible person.

Case 3.—In a neighbouring village, I was sent for two days ago, to attend a Mrs. A. in her confinement. It was a funis presentation, coming down by the side of the head, and as pulsation had ceased in it I waited the efforts of nature; the os was well dilated and a little infusion of ergot and borax brought in a couple of hours into the world the most hideous monster the eye could well dwell upon. There was double hare-lip, a cleft in the soft and hard palate, the nose was flat, and scarcely a square inch of face that was not covered with a soft hairy down; the occiput was on a level with the neck, and the hands and feet were deformed. Of course the monster was dead. I learned that Mrs. A. coming home from the market one Saturday afternoon, when ten weeks pregnant, was passing through a field when a hare closely pursued by a dog ran against her, and was killed by the dog at her very feet. To repeat her own expression, she said "she was done for," and fully expected bringing forth a deformed child.

Case 4.—Is a married woman, whose child is under treatment for chronic hydrocephalus. Upon visiting the child repeatedly I remarked the mother's right hand and arm invariably bandaged up, and upon inquiring the nature of the injury or a description of her ailment, she exhibited for my inspection her arm, which she told me she never showed anyone. She is a native of this town, and any one interested in the subject of *hairy nævus* will find this one of the most striking instances ever witnessed, if I except the woman a few weeks ago exhibited in London. The posterior part of the arm from the elbow to the wrist is covered with a sandy hair—the hair on the woman's head is quite black—fully an inch long, and very thickly set in a light brown hide or skin; the dorsal surface of the hand is also covered, except over the base of the thumb, with the same kind of integument and hair, the anterior surface of the arm is made up of a kind of soft fatty mass, from bend of elbow to wrist joint. It is impossible to find the flexor tendons through it; turning up the arm this soft mass hangs pendant and wrinkled for three inches from the bones by its own weight, the fingers are small and crooked, and the arm is almost useless to the woman. The only history I could gather was, that her mother when pregnant was frightened by a rat, and that as she grew the deformity increased. I have seen many cases of hairy nævus, but have never read of nor observed a parallel to this, the effect of a maternal impression.

I consider, then, that it is not the sudden shock to which these maternal impressions are to be attributed, but to the subsequent reflection upon the subject, and that in all similar cases it should be our first duty to disabuse, if possible, the woman's mind, and recommend change of scene and cheerful society.

I am indebted to Mr. Hanbury Bonser, of Kennington Park, for the histories of the two following cases, met with by him in practice when obstetric clerk to St. Thomas's Hospital, since writing the foregoing.

A. B., a married woman, in her seventh confinement, aged thirty-two years, was delivered, after the full term of gestation, by natural labour, of a well-developed, stillborn child, whose appearance was very singular. The head was flattened from side to side, the body marked on one side with large dark-blue swellings, especially on the neck; the collar-bones were distorted and readily displaced, and the feet might be turned in any direction at the ankle-joints. In short, when generally viewed, it presented all the appearances of a child which had been run over.

The mother informed Mr. Hanbury Bonser, that in the fifth month of her pregnancy, one afternoon, she saw a little boy, whom she knew, run over in the street by a cab; she accompanied the child and his friends to St. Thomas's Hospital, where he was admitted. She was very much impressed with the disaster, and the injuries sustained—the crushing of the child's head, side, and feet, and felt that her unborn child would be marked from that time in some way.

C. D., æt. forty years, was delivered at the ninth month of utero-gestation, by natural labour, of a living female child, who appeared, *primâ facie*, quite healthy.

The child died in two days of hæmatemesis, having vomited a large quantity of blood during the first day of its birth.

An *autopsy* was made by Mr. Bonser. He found the stomach contained about two ounces of liquid blood, which, when tested, was found normal in character. The mucous membrane lining œsophagus, stomach, particularly at cardiac and pyloric orifices, small patches of duodenum, and a few inches of the ileum, were congested and punctured with points weeping blood. The lungs and other viscera were normal. During life the child had only a little milk, and to arrest hæmorrhage had prescribed three-drop doses of the tincture of perchloride of iron, in water.

The mother stated that, when applying for a card at the seventh month of pregnancy, she observed a young woman, who sat next her at the hospital, suddenly seized with a severe attack of hæmatemesis, who vomited at least a quart of blood. C. D. was removed by one of the officials, who remarked, "This is no sight for you." The occurrence made a deep impression on her mind, and she frequently expressed her belief that things would not turn out as they should.

Hospital Reports.

METROPOLITAN FREE HOSPITAL OF LONDON.

Cases under the care of Dr. C. Drysdale and Mr. Warner.

Case 1.—A woman, aged thirty-five, the mother of four children, was seen in June, 1869, suffering from complete procidentia uteri. The case appeared to be one of those described by Huguier, under the name of supra-vaginal enlargement of the cervix uteri. The uterine sound entered more than four and a half inches into the uterus; but the visible cervix uteri was not enlarged. The patient was much incommoded in her work by the size of the prolapsed uterus, and begged that something might be done. No pessary of any moderate size had any effect in retaining the organ. It was, therefore, determined by Dr. Drysdale, that some operation of narrowing the vagina would be likely to afford relief. This was agreed to by Mr. Warner, who accordingly proceeded to perform the operation, the woman being under the influence of chloroform. The operation performed was as follows:—The uterus being prolapsed, Mr. Warner removed a strip of mucous membrane from the posterior wall of the vagina, about one inch broad at the level of the os uteri and tapering down towards the posterior outlet of the vagina. The edges of the denuded surface were then brought together by means of four silver interrupted sutures, and the patient was given fifteen minims of laudanum occasionally for some days. The case was very successful, and in three weeks the patient left hospital much more fit for her domestic duties, and with the uterus no longer in a state of prolapse at all.

Case 2.—This was a curious instance of that not very uncommon condition of the vagina, described, we believe, first by Dr. Marion Sims, under the name of "vaginismus." The patient, a young woman, aged twenty-four, had been married some two years, and during this period had undergone much suffering from all attempts towards marital intercourse. On inspection there were seen to be numerous remains of the hymen, and the parts looked raw and inflamed around the orifice of the vagina, just at the insertion of that membrane. The patient was put under chloroform, and, according to the directions of Dr. Marion Sims, a complete circle of the hymen was removed. The result, as yet, has not been very satisfactory, as considerable vaginismus still exists.

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CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

Mr. Porter's Clinique.

Symes's Amputation through Condyles of Femur, for old-standing Disease of Knee-joint.

George W., æt. forty-three, a compositor by trade, was admitted into the Meath Hospital in September last, for the purpose of being relieved of a deformity, the result of old-standing disease of the cartilages of the right knee-joint. Thirty years before he had suffered from ulceration of the cartilages of this articulation, resulting in a dislocation of the tibia behind the femur, the limb being shortened to the extent of four inches, and the man, who suffered great pain in the joint at times, being precluded from following his occupation, owing to the difficulty of adapting an artificial support to the disabled limb.

By the patient's own desire, Mr. Porter, on September 20, removed the limb, selecting that amputation through the condyles of the femur, which Mr. Syme has recommended, as the most suitable operation. A lunated incision was made across the front of the joint from condyle to condyle, on a level with the centre of the patella, the tissues divided down to the bone, and the flap being drawn up, the tendon of the quadriceps was divided. The point of the knife was entered at the outer angle of the wound, and, being passed behind the femur, was pushed out at the other end, and a flap about seven inches long cut from the calf of the leg. The condyles being then cleared from their connection with the soft parts, were sawn off; and, finally, five vessels having been ligatured, the flap was brought into position by sutures and strips of lint wet with cold water.

In his remarks to the class on this case, Mr. Porter called their attention to the fact that no dressing, save cold water, had been used, the wound had healed rapidly, and that now, three weeks after the operation, the man having recovered without a bad symptom, a most perfect stump resulted, which would allow the adaptation of an artificial limb, and render the man a much more useful member of society.

Different Methods of Operating for the cure of Anal Fistula.

On the same day Mr. Porter operated on two cases of fistula in ano, in each of which, with a view to instruct his class, he adopted a different method of procedure.

In the first case, that of a strong plethoric man, æt. fifty-five, who had a blind external fistula on each side of his anus, extending up beside the gut for nearly five inches, the operation adopted was carried out by means of a speculum devised by Sir Philip Crampton for the purpose. This speculum, which is made of silver, is sufficiently large to contain the index finger, and has a slit, about a quarter of an inch in width, extending along one side of it for nearly its whole length. The speculum being introduced, and the finger placed in it, a sharp-pointed bistoury is passed into the track of the fistula, and its end felt for by the index finger through the slit in the speculum. Having been found, the finger is withdrawn, and the point of the bistoury pushed through the wall of the gut and caught in the slit of the speculum. The knife is then made to cut its way to the surface with the usual sawing motion, the point being guarded by the speculum, in which it lies.

In the second case—that of a man, æt. thirty-three years, suffering from a blind external fistula on the right side of the gut, the track of the fistula was laid open into the rectum by means of Weiss's convertible fistula knife. The finger being introduced into the rectum, and the knife into the fistula, the end of the latter was felt for, and its sharp point being protruded, was pushed through into the gut; the lancet point was then drawn back, and the probe extremity of the knife being caught against the point of the finger was withdrawn in the usual way.

In both these cases the wounds were dressed from the bottom with plugs of lint, and the men made rapid and favourable recoveries.

Amputation of Penis for Epithelial Disease—Ricord's Operation.

Jas. B., æt. sixty, was admitted into the Meath Hospital, suffering from epithelial disease of the penis, of eight months' standing, involving a great part of the organ. The glands in the neighbourhood being free from enlargement, Mr. Porter, on the 6th of October, removed the part by operation, following Ricord's recommendation of slitting the mucous membrane of the urethra in four places, and stitching each part to the skin. Numerous ligatures were applied, but severe hæmorrhage commenced a few hours after the operation, and, refusing to yield to other treatment, it became necessary to pass three needles through the substance of the stump and employ acupressure. The needles and ligatures were removed in due time without further hæmorrhage, and the wound is now in a fair way to heal.

Transactions of Societies.

HUNTERIAN SOCIETY.

The Hunterian Society of London held its first meeting of this Session on Wednesday evening last. Mr. Jonathan Hutchinson is President, which is a good guarantee for the character of the debates during the period of his office. After welcoming the members of the society on their return to work after the holiday season, Mr. Hutchinson vacated the chair, and read his paper on "Some of the Principal Diatheses and their Mutual Relations." Distinguishing diathesis from temperament and dyscrasia, the author enumerated some of the diatheses, such as the gouty, the syphilitic, the scrofulous, the cancerous, the atheromatous, the bronchocele diathesis, the dartrous, and others, which had, he remarked, several common properties. Firstly, in the diatheses, the cure of a person never seemed to be permanent, there was a similarity of cause and a similarity in the curative agents required in some, such as arsenic in many forms of dartrous affections. There was a tendency to hereditary disposition in these diseases, and the phenomenon of atavism was occasionally remarked on the diathesis. Do any diatheses require more than one life to produce them? What diatheses are remarked among the lower animals? Is it not probable that other diseased conditions of organs are connected with the more ordinary manifestations of skin eruptions, &c.? The author seems to suppose that all diatheses must have had an original cause, such as in syphilis the poison, in bronchocele the air and surroundings, in gout the alcoholic beverages, either of the patient or his progenitors. Wherever we find a peculiar disease the cause must be peculiar.

Having thus prepared the way, Mr. Hutchinson made some remarks on leprosy, which, he observed, is as constitutional a disease as is the tendency to tuberculosis. It is always the same disease in Norway, or wherever it is found. This disease is hereditary: but not affecting all the children. In Norway it is thought that hereditary transmission is its sole cause; but this is not so, as it is *sometimes* communicated by contact. Climate does not produce the disease alone, for it is found in the cold of Norway, as also in the West India islands. Dr. Bidenkap, of Norway, ascribes it to some emanations, an untenable hypothesis. In Norway it was a noted fact that leprosy is only found on the west coast, and, above all, near the town of Bergen. It appears that the inhabitants of Norway eat enormously of fish, that is, those who live on the west coast among the fiords, and the fish they partake of is extremely coarse in many instances. The idea that the author had of the origin of leprosy was, then, that it was in some manner connected with the exclusive fish diet of some nations. This is why it is not found in this country, or even in Ireland, where so much poverty exists. There is not enough fish caught now-a-days to make it possible for the poor in this country to obtain it in sufficient quantities.

Certainly the paper by Mr. Hutchinson is pregnant with useful and practical ideas. If we could, when we see a patient, but think sometimes that his bronchitis, or his dyspepsia, was connected with a dartrous or a gouty diathesis, it is clear that we should often be able to think of some remedy which otherwise might not have suggested itself to our mind.

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Literature.

* The conclusion of our Special Report on Students' Text Books is unavoidably postponed till next week.

Works on Medicine, Surgery, and Midwifery, form the subject of the next part. Copies for review should be sent without delay.

REPORT OF THE METROPOLITAN BOARD OF WORKS, 1868-9.*

This is a most important pamphlet, and contains some points which must prove of interest to the medical enquirer. In the first place, we find that the cost of the main drainage works up to this time has been £4,128,000; with exception of portions of the main line, it has been in operation for the last four years. The uncompleted sewer is the low level line on the north side of the river, portions of which have been delayed, in consequence of having to be formed in connection with the Thames Embankment, between Westminster Bridge and Blackfriars, and also with the embankment at Chelsea. The deaths, it appears, in the metropolis, especially in the low-lying districts, have been fewer since the execution of the main drainage works than in previous years, and in districts which are lower than the level of the river at high water, the contents of the sewers used formerly to stagnate during a large portion of each day. The fish, too, have greatly increased in the purified river. It appears that the company which had intended conveying the sewage from Barking Creek to Maplin on the Essex coast has fallen through. The ventilation of the sewers, it seems, is still imperfect. With regard to the Northern Thames Embankment, provision has been made for the formation of a roadway, 64 feet wide, throughout the entire length of the embankment, from Westminster to Blackfriars, with two foot-ways of sixteen feet wide on the river side and on the land side; but these alterations have all been kept back by the slow progress made by the railway works. The new street from Blackfriars to the Mansion House is a continuation of the embankment road, and will be seventy feet wide, and 3,450 feet in length.

The open spaces of the metropolis are of great importance to the student of hygiene. And first of all comes Hampstead Heath. It appears that the suit in Chancery, instituted by certain of the freeholders and copyholders of the manor, to restrain the Lord from building upon, and otherwise prejudicially interfering with the Heath without regard to their rights has not yet been brought to a final decision. It is hoped, however, that the new Lord of the Manor may not be so stubborn as the late Sir T. M. Wilson.

The Report speaks of the Municipal Corporations Bill, which recommended, as our readers may remember, the division of the giant metropolis into ten divisions, each of which was to be presided over by its Mayor and Council, in this following the example of the Arrondissements of Paris. The Board says that, after careful consideration of the subject, it arrived at the conclusion that the Municipal Corporations Bill was not calculated to improve the government of the metropolis. We are not inclined to agree with this decision of the Board, and hope that they may reconsider it; although, perhaps, we could not expect that a measure which would probably interfere with their own existence would be likely to prove acceptable to the body.

With regard to the Contagious Diseases (Animals) Bill, this provides similar provisions to that of 1866 and 1867; but, in addition, it provides that malarious, infectious, or contagious diseases shall include pleuro-pneumonia, foot-and-mouth disease, sheep pox, sheep scab, and glanders. The provisions of this Bill are approved of by the Board.

The improvements of the Chelsea Embankment, and the proposed improvement in Park Lane, are to be paid for out of the proceeds of the coal and wine duties. The Secretary of the Treasury has recently introduced a Bill empowering the Board to raise all loans by means of a Metropolitan Consolidated Stock, the security for which would be the whole rateable property of the metropolis, about nineteen millions.

It appears that last year the Fire Brigade attended with their engines, &c., at 1,585 fires. The chimney fires occurring during this period have been 2,130. The Board remarks that there is some little difficulty in knowing where water for extinguishing these fires is to be obtained, since the Company's turncocks alone know where the plugs are. The proceedings in Parliament in 1868 resulted in the passing of the City of London Gas Act, which has done much good to consumers.

The South Metropolitan Gas Company applied for power to raise £375,000 capital, and proposed that their dividends should be limited to 10 per cent., and that the price of gas should be 3s. 6d. per 1,000 feet, and the illuminating power 14 candles. With these remarks we must conclude our notice of this important Report.

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Turkish Cuisine.—The *Gazette de France* states that among the dishes composing the bill of fare of the dinner given by the Sultan to the Empress of the French on the evening of her arrival at Constantinople was one composed entirely of the brains of ostriches.

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* Waterlow and Sons, pp. 116.

A MEDICAL TRIP TO PARIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

PARIS, AUGUST 21, 1869.

SIR,—In a former letter, dated the 20th of August, I endeavoured to make known to you the admirable site and construction of the hospital for scrofula at Berk-sur-Mer. With your permission, I will now relate a few of my experiences during a week's stay in Paris. One of my first visits to Parisian hospitals was to the Hôpital du Midi, the male venereal hospital, where I found that great changes had taken place. In the first place, the service of that hospital is now performed by two physicians, Drs. Simonet and Charles Mauriac, and one surgeon, M. Liegois, instead of, as formerly, by three surgeons, or two surgeons and one physician. I have long thought that this was a change that ought to be made in the interests of science. In former days in Paris, and still in London, surgeons alone were supposed to pay attention to syphilis, and you know that our Lock Hospital is still entirely under the care of surgical gentlemen. This is, in my opinion, the chief reason why the knowledge of these diseases has progressed so slowly. Had syphilis been, as it certainly ought long ere this, considered as rather the province of the physician than the surgeon (for comparatively few and slight surgical operations are ever required at the early part of this disease), we should not have been only now at the commencement of the subject, and so deficient in knowledge of the specific diseases of the liver, the kidneys, the brain, and the lungs and their treatment. Let us hope that the Lock Hospital may soon imitate the good example of the Parisians, and appoint physicians to its next vacancies. The Midi Hospital for male venereal cases contains 300 beds, always full, I believe. At the "consultation," or out-patient department, about 100 cases attend daily, except Sunday; and all severe cases, such as orchitis, or bubo, or secondary syphilis, are immediately received into hospital, if there is room, and entirely at the option of the medical man, and (thank goodness!) without anything to do with those detestable "*Governors*" who make such a parade of their charity in this metropolis; but who, as you know, *cher confrère*, have their prejudices and their pet complaints and *protégés*, whom we must attend to, *nolens volens*. And, of course, in a country like ours, long afflicted with the malady of puritanism, venereal diseases are not admitted into almost any of our hospitals; and thus our unfortunate male, and, above all, female citizens, when *poor*, and affected with such diseases, are, as I am sure you know as well as I, often most truly *unfortunate*.

In my first visit to the Hôpital du Midi, I saw in the wards of Dr. Charles Mauriac a most well-marked case of double synovitis of the knee-joint, distinctly gonorrhœal in its character. The man had suffered from the complaint thrice. As some among our ingenious brethren here seem to wish to cast doubt on the existence of gonorrhœal rheumatism (I think Mr. Skey is among the number), I can only say that this one case would, I think, have made them believe in the reality of the disease for the rest of their life. Among the details of practice observed by me at the Midi, I saw that Dr. Mauriac was in the habit, in almost all cases, of using blisters, or iodine paint, to endeavour to stop the onward progress of suppurating buboes, and, apparently, with considerable success. His application to soft sores was invariably the solid stick of nitrate of silver, and this, with the tincture of iodine, he also applied to chancrous buboes when they would open, notwithstanding the application of blisters. Well, you will ask, how did he treat syphilis? To this I reply, that M. Mauriac is a mercurialist, and that the same formulæ as were made use of in the days of the illustrious M. Ricord still remain in vogue at the Midi at present. Here is the formula of the pill still used at the Midi for syphilis—"1st. To take morning and evening, fasting, one of the following pills:—Protoiodide of mercury, ·003 centigrammes, (about gr. ½); extract of quinia, ·006 centigrammes; extract of opium, ·001 centigrammes; to make a pill, of which make 60. 2nd. Avoid all excess and all fatigue; substantial diet." All this is written in French, not in dog-Latin, as we do. Another favourite mercurial prescription with Cullerier was as follows:—"1st. To take morning and evening, fasting, in half a glass of sugar-water, and to which are added some drops of orange-flower essence, a tablespoonful of the following mixture, viz., liquor of Van Swieten (a solution of perchloride of mercury), 500 grammes. 2nd. Avoid all excess and all fatigue, and take substantial diet." Lastly, in order to give our friends the mercurialists a choice of their weapons, is added the following:—"1st. To make, morning and evening, on the internal aspect of each thigh, above the knee, inunction with the size of a hazel nut of the following ointment:—Neapolitan ointment, 60 grammes (*i.e.*, unguentum hydrargyri), and cover the parts anointed with a flannel compress. 2nd. Avoid all fatigue, and eat well." Some mercurialists have a taste for their favourite drug in all stages of syphilis, so, to suit them, the following prescription is among the *armamenta*:—"1st. To take at night, on going to bed, a tablespoonful of the following mixture:—Biniodide of mercury, ·025 centigrammes (about gr. iv.); iodide of potassium, 25 grammes (about ʒ v½); syrup of saponiaire, 500 grammes (about 16 ounces). (This gives about gr. 1-6th of the biniodide, and gr. x. of the iodide of potassium as a dose)." All of these prescriptions are, as perhaps you know, disliked by myself and the non-mercurial school; but the following prescription is employed by all of us, as well as by the staff of the Midi, in tertiary lesions:—1st. To take, morning and evening, a tablespoonful of the following solution, in a cup of infusion of saponiaire, viz., iodide of potassium, 30 grammes to water a litre" (about gr. vijss. to each dose). I must not omit to say, that the treatment of the initial lesion of syphilis has the following consecrated to it:—"1st. To take every two days, for a week, fasting, in the morning, a litre of infusion of herbs, in which shall be dissolved one of the following, sulphate of magnesia, 90 grammes (*i.e.*, ℥iij) divided into three parts. 2nd. Smear the parts affected morning and evening with the size of a hazel nut of the following pomade:—Neapolitan ointment, 30 grammes (*i.e.*, mercurial ointment); extract of belladonna, 6 grammes (ʒiss.); and cover them entirely with cataplasms of linseed meal. 3rd. Every two days, an entire bath, of one hour's duration. 4th. Avoid all excess and fatigue, sober diet and absolute rest of the organ."

I have now, I think, exhausted the list of prescriptions for that formidable disease, syphilis; but, perhaps, some of your readers may wish to know how they treat chancres at the Midi, I mean soft suppurating sores. Well, the first of these prescriptions is as follows:—"Dress the affected part three or four times daily with lint, soaked in the following solution:—Nitrate of silver, one gramme; distilled water, 20 grammes." The next prescription is as follows:—"1st. Powder thrice a day the affected parts with a pinch of the following powder:—Iodoform finely powdered, 3 grammes; having washed them first with fresh water; avoid all excess and fatigue, and keep the parts quite at rest." The next prescription for soft chancre is:—"1st. Dress thrice daily the affected parts with lint smeared with the following ointment:—Ceratum opii, 20 grammes; calomel, 10 grammes." The next prescription is, I presume, for chancres beneath the prepuce, it is, "Make four times a day an injection between the prepuce and gland with the following solution:—Nitrate of silver, 2 grammes; distilled water, 60 grammes. Take a bath every two days." The last prescription for chancre is as follows:—"Dress, seven or eight times a day, the affected parts with lint dipped in water, in which one of the following is dissolved:—Chlorate of potash, 40 grammes (℥i., ʒiiss.); divide into four parts."

Such is the present treatment of syphilis, and its ally, soft chancre, at the Midi, as practised by Dr. Simonet and Dr. Mauriac; but, I must add, that the surgeon, M. Liegois, is not content with inunction, perchloride mixture, or iodide of mercury pills, but seems to prefer entirely the use of subcutaneous injection in all his syphilitic patients. And, I daresay, he does as well with mercury in that form as his *confrères* with their formula, *i.e.*, I suspect all of them do a great deal of harm to their patients by administering this enfeebling drug; but I intend returning to this subject again, when I speak of the Lourcine, so at present I will try to explain how they treat gonorrhœa or *blenorrhagia* at the Midi in the male. The first prescription I shall mention is as follows:—"1st. To take, for a week, a litre of infusion of herbs in which are dissolved the contents of one of the following papers:—Sulphate of magnesia, 90 grammes (℥iij.), divide into three parts. 2nd. Cover entirely and constantly the parts with a linseed meal poultice. 3rd. A bath every two days. 4th. Sober diet; avoid all excess and fatigue, and absolute rest of the affected organ." The staff of the Midi seem still much enamoured of copaiba, notwithstanding the writings of Graves, Sir H. Thompson, and Weeden Cooke. Hence, the following is constantly ordered:—"1st. To take, morning and evening, fasting, the size of a walnut of the following: cubeb powder and copaiba equal parts, 100 grammes, or as much as may be required to make a paste easily divided into pieces. 2nd. Drink as little as possible, diet sober. No pure wine, liquors, or beer. Avoid all fatigue, and use a suspensory bandage; keep the affected part quite in repose." Here is another prescription frequently ordered:—"1st. Take on three occasions during the day, from fifteen to eighteen soft capsules of copaiba. 2nd. Drink as little as possible, abstain from pure wine, liquors, or beer. Avoid all fatigue, and use a suspensory bandage." Another prescription commands the patient—"1st, to drink each day a litre of decoction of dandelion roots, in which are to be dissolved one of the following:—Nitrate of potash, 10 grammes, divide into five parts. 2nd. Every day a complete bath of an hour in duration. 3rd. Abstain from pure wines, liquors, and beer. Avoid all fatigue, and wear a suspensory bandage; absolute rest of the affected organ." Here is another:—"1st. To drink every day five to six glasses of tar water. 2nd. To take on these occasions, and fasting, during the course of the day fifteen soft capsules of turpentine. 3rd. Diet light, mingled with one-third of wine, and two-thirds of water, in a litre of which one of the following is to be mixed:—Bicarbonate of soda, 10 grammes, divide into five parts. 4th. Dress warmly, and avoid excess and all fatigue. Use enemata to keep the bowels open." The following is a list of the injections for clap:—"To make three injections daily with the following liquid:—Rose water, 200 grammes (℥viss.); alum, tannin, equal parts, ·050 centigrammes (gr. 8); red wine, 50 grammes (℥iss.)." The next is—"To make, three times daily, an injection with the following:—Rose water, 100 grammes (℥iij.), sulphate of zinc, acetate of lead, equal parts, 50 centigrammes (gr. viii.); extract of rhatany, laudanum, aa. 1 gramme (gr. xv.). 2. Sober diet, abstain from pure wine, beer, and liquors. Avoid all fatigue, and wear a suspensory bandage. Absolute repose of the affected part." Such are the chief prescriptions of the Hôpital du Midi, that classical ground of the great Ricord and his celebrated school. I must not omit to add that each physician attends daily from half past eight till ten or eleven A.M., and receives,—(would you believe it, Mr. Editor?), is actually *paid for his services*,—1,500 francs a year. Of course, we shall never receive anything from our immaculate Governors in London. Here a physician is supposed to be too much of an aristocrat to care for payment for his services. Truly, as Sterne says, "They do these things better in France." As I walked homeward with Dr. Mauriac through the charming Jardins du Luxembourg, he informed me that he had just translated the work of Dr. West, on Diseases of Women, into French. I said I believed that it was the very best work in the English language on this difficult subject, with the addition, perhaps, of that by Dr. G. Hewitt. Dr. Mauriac is of the school of MM. Nonat, Bernutz, and Aran, that is, he is much opposed to the heroic surgical practices of Dr. Marion Sims, and those gentlemen who are constantly splitting up the cervix uteri, or doing something to it with the knife. He thinks that the key to uterine pathology is inflammation, in which I heartily concur with my learned *confrère*. I mentioned to him that there has recently been some grave debate on the question as to the effect upon the health of the female of the almost universal domestic habits made use of in Paris, in order to avoid adding to the responsibilities of an already sufficiently numerous offspring. M. Mauriac said that he had noticed this fact in a remark made by Dr. West in his work; and that he believed that the idea was absurdly exaggerated, since, he continued, by far the greatest part of the diseases of the uterus are consequent upon the inflammation which follow pregnancy and parturition.

He added that he had thought of making a note to that effect in his translation of West. M. Mauriac confessed himself to be a convert to Malthusian principles—"Here is," said he, "the way in which I look at the question. In a new country, like America, a rapid increase of population is useful; but in Europe what is wanted is the wellbeing and development of each individual, not any increase in population." I need not, perhaps, say that I heartily agreed in this with my respected *confrère*. M. Mauriac stated that the ordinary method used by the French families for restraining their numbers was, as I had thought, a very simple one. And it is clearly a matter for grave debate, whether the well-being of the Parisian population, as a whole so evidently superior, I humbly believe, to that of the London population, is not cheaply purchased by the slight self-denial required, and if the practices of Paris, if disagreeable, are not at any rate less distressing than the infanticide said to be common in London, the starvation of Ireland, or the dangerous practices of our American relatives. By the way, I see that at the British Association meeting, some of our well-meaning but rather violent brethren, have lately been *pretending to believe* that the Dialectical Malthusians did not refer, in their celebrated debate, to the small-family system of the French. This is, truly, a feeble invention of anti-Malthusians. Let such gentlemen learn that we should always take the best parts of our adversaries' case, and try to attack that. You don't take Sebastopol by demolishing some mud-hut, but by taking the Malakoff. Now, the Malthusian Malakoff is the fact that the *French don't increase in numbers* their poor are better off on the whole than our poor; they do not emigrate, and yet don't grumble so much as our pseudo-philanthropists of the violent, or anti-Mill and Malthus school. Listen to the words addressed by a distinguished Frenchman, Maire of Amiens in 1832, M. Charles Dunoyer, in a letter to J. Garnier (*J. Garnier, sur la Population, Paris*, 1857, p. 95) on the question of casuistry, too!

"It is incredible, that the action of calling beings into life, that, without doubt, of all human actions the most important in its consequences, should be precisely the one which persons have the least felt the necessity of regulating, or have regulated the worst. It is true that the fashion of the civil act and the sacrament has been arranged; but persons have desired that the consequences of marriage should be left, so to speak, to the will of God. The sole rule prescribed has been, that it is necessary either to abstain from all conjugal approaches, or to omit nothing which might render the union prolific. So long as the married pair may believe that they do not commit a vain act, the morality of the casuists finds nothing to reproach them with; let them be wanting in care for themselves, let them ill-treat one another, and, above all, let them dispense with all care for the absent, and perhaps unfortunate, third party, whom they are about to call into existence without caring for the lot which awaits him,—all is of little consequence; the essential is, that they should avoid doing a vain act. Such is the morality of the casuists, a morality in contradiction to all morality of common sense; for what good sense and morality require is not, assuredly, that we should abstain from vain acts, but that we abstain from injurious acts." M. Joseph Garnier (p. 98) adds, "It is because they have remained strangers to the researches and studies concerning population, which have recently enlightened and rectified the morality of the casuists, that the modern Doctors of the Church still spread abroad, especially at the Confessional, advice opposed to the sense of families and to the interests of population. Thus is sold at Paris, chez Poussielgue-Rusand, bookseller of the clergy, a book entitled 'Mæchialogie, a Treatise on the Sins against the Sixth and Ninth Commandments of the Decalogue, &c.,' by Debreyne, with this indication, between parentheses, 'It is exclusively destined for the clergy.' The author says he is a physician, professor, priest, and brother of La Trappe; it is a collection of doctrines and counsels, in French and Latin, directed against conjugal prudence, which the confessor is enjoined to represent to his penitents as the most damnable of mortal sins."

In a work before me, entitled "Rapports Conjugaux," by Dr. Alexander Mayer, Baillière, Paris, 1857, I find in the Preface, p. 5, "We had proposed to ourselves to stigmatize a vice deeply rooted in our manners, to such a degree that one may affirm *almost*—and I put this restriction from pure condescension—that very few families are exempt from it. We do not exempt even those *where virtue is hereditary*, or where religious sentiments have preserved their empire. We confound in our affirmation *all classes* of society, except those which are debased by misery and despair." If such be the case, it would appear that the ghostly confessors of France do not find a very obedient set of penitents. It is in Ireland, alas! that they must look for devout believers in their erroneous doctrines, not in enlightened France or Paris, and, when the iniquitous land customs of Ireland shall be altered, as probably they will soon be, the peasantry of that long-suffering country will soon learn to repel such silly advice, and, perchance, teach the Catholic priesthood that *they* must, like Chalmers, Whately, and other divines, learn to distinguish *utility* as *the true basis of morality*, instead of sentiment. Were the works of Mr. Mill on political economy and on morals but well known in Paris, I think that poverty would soon be an affair of the past. Meanwhile, there is not in Paris such a blind superstition in favour of "quivers full of them," &c., as we find on our side of the Channel; and the French population, on the whole, as you know, may be said to be stationary. Indeed, they do not seem in Paris to me to be far from the day when the saying of Mr. J. S. Mill may be considered a truism:—"Little advance can be expected in morality, until the producing of a large family is looked upon in the same way as drunkenness, or any other physical excess; but, while the aristocracy and clergy are foremost in setting an example of this species of incontinence, what can we expect from the poor?"—"Political Economy, People's Edition," book ii., chap. xiii.

(To be continued.)

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 308.)

Mr. President, you have thought it your duty, whilst in occupation of the chair of this Society, to throw yourself into this debate, as you have a perfect right to do; but whilst in dealing out criticism as a member of this Society, you must recollect that you have stepped down to the level of your compeers. You, Sir, like them, must be satisfied, therefore, to accept such retort to your observations as they seem to require at my hands. Before dealing with your criticism, Sir, you will permit me respectfully to refer to certain preliminary observations made by you in answer to my remonstrance upon the highly inconvenient, if not objectionable, manner of conducting this debate. I already declared that my object in producing my paper at this Society, in place of simply publishing it, was to secure full discussion. But, Sir, "Il est a des fagots et des fagots." Can you for a moment imagine that I ever contemplated that I should have been called upon to sit out—I thank you for the word—the "crambe repetita" objections of fourteen speakers of written treatises, each extending to an unlimited period of time, some to an hour and a half, and one "horresco referens" to one hour and forty minutes? Can it be supposed that in my most sanguine aspirations for fame, I could ever have anticipated that the rules which bind all societies of limiting the speakers in a debate to reasonable and practicable allowance of time should have been totally disregarded in this instance? And that I should have been martyrized to the extent I have been, and obliged to sit out in silence the same, I shall not call them futile objections or platitudes; but the freedon of debate enables me to denominate them as the same erroneous statements, the same unworthy imputations iterated and reiterated, "iterum iterumque," by fourteen learned but verbose doctors.

No, Sir, such a trial was beyond human endurance, and I remonstrated, but alas without effect, and I was eventually obliged to discontinue my attendance. If the Council of your Society determined upon adopting such a system of *discussion*, if so you designate the preparation and utterance of fourteen elaborate papers in answer to my one, they should, at least, have informed me of their intention as well as the fourteen learned doctors, and I should have well considered whether I should have submitted myself to such an infliction. Does any gentleman mean to tell me that he would have gone through these fifteen papers, my own included, in his own study, were he a free will agent, and not caught in such a trap as I was? I therefore maintain, Sir, that I was justified in remonstrating, as I did, against the novel system of debate by bill and answer of unlimited length, adopted especially in my case, and that I was not only justified in doing so, but as the founder of this Society, in warning you, that although it may survive one such *irregularity*—that is your own language, Sir, not mine, and a very appropriate word it was—although, as I said, it may survive one such *irregularity*, repititions would prove its destruction.

Sir, I regret to be obliged to state that, exactly upon the same grounds, I have felt it my duty to abstain from noticing all those gentlemen who have commented on the few observations made upon treatment in my paper: I feel constrained to abstain from noticing any observation in that branch of your criticisms.

Respect for the Society over which you preside, and regard for yourself, have determined me not to apply the same rule to your other criticisms.

We shall therefore, with your permission, pass to the second point, as you term it, in which you put the word "pest-houses" into my mouth as applied again to the great lying-in hospitals. Sir, I tell you the word is yours, not mine. And sitting as you do in *quasi* judgment in that chair, it is a serious thing for you to use such language lightly, to whomsoever imputed. Be careful, Sir, I beseech you, how you repeat such a phrase. These epithets stick. I am the more induced to offer you this advice, unasked, from your conveying to me that you are still open to conviction, and not a member of that overwhelming "organization" alluded to by the naughty press, "got up to stifle free discussion on a great sanitary question." I admire your defence of the speakers upon one side of this question. It is worthy of all praise, the breaking a lance with the all-powerful press, if done in the right way. But, Sir, I confess I think you, the chairman of this Society, whose duty it was to secure free discussion, and to act the even-handed judge upon the occasion, ought, at least, to defend the Society at large, and not merely one side of it engaged in a discussion. And you must excuse me, as a well-wisher to the Society, when I say you have gone further by your defence to convict the Society, or a portion of it, of the charge brought against it, than all the straightforward criticism of the press has done. Sir, it may appear ungracious my being thus explicit upon this subject, more especially when my eye is attracted a little lower in your paper to the graceful words applied to me, in which you conclude your remarks upon the criticism of the press.

Sir, much as I feel obliged and gratified at your good opinion, you cannot misunderstand me when I say I decline to accept a compliment, paid even by you, to my self-apparent objects and motives at the expense of my judgment, my discretion, capacity, and duty.

But, Sir, let us deal briefly with your reasoning upon my figures. These you call in question by a general denial as regards the Dublin Lying-in Hospital, without any grounds, and by a special denial as regards the Coombe Hospital, of which you have been for twenty-eight years physician, upon the following grounds.

You deny my calculation that 3 out of 4 die in the Coombe Lying-in Hospital "that should not," or in other words, from "preventable causes," and say certainly my calculation cannot be based on the return made to me of the Coombe Hospital for the last seven years; and you add that the tabular statement subsequently furnished by Dr. Kidd in no wise corroborates it. Now, with Dr. Kidd's, or any subsequent returns or with how they may vary or how affect the death-rates I have nothing to do. I have only to deal with the authentic paper upon which I based my calculations, furnished me by the Registrar of the Coombe Hospital. This places the death-rate of the Coombe Hospital for the last 7 years at 1 in 72·25. Now, Sir, the mean of the three small hospitals with which the Coombe were compared, gave a death-rate of 1 in 282¾. Four times 72 make 282, therefore if one in 282¾ was taken as the basis of our calculation of the average proportion of inevitable deaths in labour, we were justified in treating this great sanitary question, to state that 3 out of 4 of the deaths that occurred in the Coombe were unnecessary, in other words, if only one constituted the necessary or inevitable proportion of deaths *ceteris paribus*, that the 3 others were in excess evitable and consequently unnecessary, and if this be so, you, Sir, by a parity of reasoning were not justified in your special denial.

You will, Sir, I trust, excuse my declining to take in detail your explanation or ideas showing why the deaths should be taken, in the case of the Coombe, out of the general category, or admitting that your cases, many of which, in all likelihood, died of metria, should be classed under different heads, and not metria. The forceps may be used, version may be necessary, that dire necessity—craniotomy, or cephalotripsy may occur, and yet it is but too familiar to us to know that all these cases may die of metria. Thereupon the three pages in which you have amplified upon the distinctions of the state that led, possibly to metria, in its different modifications, is not germane to our discussion. In entering upon this inquiry I distinctly disclaimed attempting to base my calculations upon the numbers of cases of metria. I found the difficulties of arriving at what was metria so great that I determined to rest upon the general mortality as the only true basis of calculation. It is a very simple matter for you, Sir, or any other inquirer, to arrive at your own conclusions upon the proportions of metria and accidents in childbirth, but as it has nothing to do with the calculation at issue, I must simply reiterate that Dr. Ringland has failed to shake my statement, based on the authority of his own registrar's return of the Coombe death-rate for the seven years furnished to me, which leaves me no alternative but to arrive at the conclusion that 3 out of 4 evitable deaths occur in the Coombe Lying-in Hospital.

With Dr. Ringland's third point I quite agree. He says, and saves me much trouble by saying manfully, when dealing with the alteration of our hospitals, to prevent contagion—"I believe the true prevention is isolation." Had he stopped here I would have accepted his opinion as conclusive and valuable, but unfortunately he adds—"instant and complete isolation of the infected from the healthy." That is, he is satisfied that the true prevention is isolation, but he would not insist upon this until probably the mischief was done. But he corroborates this opinion by begging the question as to the time contagion develops itself, which he has fixed at some convenient season after the attack that admits of the removal of the patient: yet, on the other hand, you have Dr. M'Clintock and others assuring you that the attack sets in at any period, and spreads at the earliest period after, or almost simultaneous with, its own commencement; and you have me, as well as Dr. Stokes and others, telling you that it occurs before delivery.

What becomes, then, of the statement that "contagion does not exist in the incipience of the attack?" Sir, it does not require to prove even this, as the fact is, in the cases where the disease shows itself, it don't require immediate contact. The poison pervades the hospital. The hospital is its habitat, and be the patient removed or not the taint spreads, when it generates, haunts, and destroys. You, Mr. President, give us one crumb of comfort in the debate. You, like Dr. Kidd, announce, and speak with confidence of a plan to be adopted in the Coombe Hospital, in future, of keeping an isolated building, entered by a separate stair, for metria patients, to be removed to when attacked. I accept this announcement as that of a step in the right direction. But I could have wished you had been able to announce a step farther, and that isolation in its true sense had been determined upon in your new structure.

I may mention, before passing from this subject, that a very valuable testimony is afforded on the subject of isolation in a report furnished by Dr. Graily Hewitt, of the British Lying-in Hospital, in which he remarks :—"During the early part of the year 1862, and before I had taken, in conjunction with Dr. Murray, charge of the in-patients of the hospital, several patients were the subject of puerperal fever, and four of them died; two others were discharged in a very weak state; and the hospital was for a time closed. As soon after taking charge of the in-patients as circumstances admitted, steps were taken by Dr. Murray and myself to isolate the patients to a greater extent than before. The number of beds in each ward was reduced from six to four, and the communication between the wards as much as possible cut off."

Let us now see what was the result of the partial approximation to isolation, for Dr. Hewitt does not lead us to suppose it was quite perfect. The mortality in the four years previously, in which time there were 428 deliveries, amounted to 7, that is, to 1 in 61; whereas in the next four years there were 10 deaths in 761 deliveries, which was only 1 in 75, and this although the number of deliveries was nearly doubled. This calculation I look upon, therefore, as extremely valuable, as showing the advantage to be gained by even an approximation to isolation, whilst it also shows the check to the benefit that would in all likelihood have been derived from it had not the crowding on admission of an increased number of patients counteracted the advantage of the attempt at isolation. It is thus very valuable in showing that partial and not complete isolation will only disappoint our expectations of preventing the disease.

(*To be continued.*)

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FRACTURE OF THE SCAPULA.

E. E. Coleman, M.D., of St. Louis, Mo., contributes the following case to the *Med. Archives*, June, 1869 :—

On December 19, 1867, I was called to see Mrs. P., æt. 53, of delicate frame and nervous temperament, who, while stooping, in the act of making a fire, was struck on the shoulder with such force by a piece of plaster falling from the ceiling, as to prostrate her on the floor, from which she was unable to rise, until assisted by her children, by whom she was placed in bed, where, on my arrival, I found her in a very excited condition, and complaining of excruciating pain whenever she attempted to move.

On examination I found, with much contusion of the soft parts, a fracture of the body of the scapula, extending through the spine, about an inch and a half from its lower extremity, for which I applied the usual dressing, in such cases, of compress and roller around the chest, and fixing the arm so as to immobilize the parts. The case progressed satisfactorily for several weeks, when the bandages causing such excoriation of the axilla as to necessitate a different form of dressing, I contrived an appliance which, upon trial, I found to obviate the inconveniences of the roller, while it met all the indications, and was much more simple. This consisted merely of a form of "waist," made of three thicknesses of muslin, to give it firmness and strength, and laced over each shoulder, and under the arm of the side opposite the injury, in such manner as to make it fit perfectly tight by lacing. This, as stated, answered an admirable purpose; she could wear it with comfort; in a few days its effects were well marked, and the case progressed favourably until a firm bony union was secured. I have since used the same appliance for fractures of the ribs, and found it equally efficacious. I also exhibited a specimen of it before the Medico-Chirurgical Society, of this city, the members of which were favourably impressed with it, and expressed their determination to use it.

But an interesting phase of the case now commences. From the long continued immobility of the parts there was a false or partial anchylosis of both the shoulder and elbow joints. This I endeavoured to overcome by passive motion, and, even under the influence of chloroform, with but partial success. She was unable to straighten the arm, and was barely able to get the hand to her head by carrying the arm forward. She was unable to elevate the elbow in a line with the body, and an effort to raise it by force caused her much pain. On the 10th of April, 1869, while coming down stairs, she missed her footing, and fell a distance of thirteen steps of eight inches rise each. In her efforts to save the affected side, she instinctively threw out her arms, and received the force of the fall on the opposite side. Of course she was considerably jarred by the fall, somewhat bruised, and no little frightened. I was sent for immediately, and being apprised of the nature of her fall before I left my office, expected to find some serious injury, possibly a re-fracture of the same scapula. Before I arrived, she herself had made up her mind for another six months' suffering. But, upon examination, I not only found that she had received no fracture, but that she had recovered *complete* use of her "lame arm." Her accident had accomplished, in a moment, that which I had unsuccessfully attempted for fourteen months. Except from the few contusions she had received, no pain or inconvenience followed.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 20, 1869.

UNPAID SERVICES OF MEDICAL MEN.

There seems to be a tendency at present to endeavour to redress some of the wrongs under which the Medical Profession have long patiently groaned. One degree for all is demanded, in order to save the amount of trouble and expense incident on the numerous titles we are obliged to purchase by our toil and funds. Examinations instead of lectures are demanded. A representation of the Profession in its own Council is another movement towards better days for the Profession. And we believe that the time has now come also when medical men have come into such a position that they are enabled to make some head against the trades-unionism of the rest of society, and that they are now determined that their means of earning a subsistence shall not be wrested from them by pretences of charity, without some protest on their part. The amount of medical charities in London now-a-days is enormous; and we are not saying a bit too much when we express it to be our belief that these charities are doing great harm to the cause of even medical science, by their being so frequently officered by gentlemen who give their time and experience gratis. The labour of the unpaid may often be of the first class, when we meet with the rare combination of an active mind co-existing at the same time with an independent pocket. There are, doubtless, numerous exceptions to the law which says that when a workman *has* no interest in his business, he cannot *take* much interest in it. There are in Medicine, as in the Church, devoted men, who, like the ascetic followers of all religions, are only anxious to do good, at all cost to their own comfort, and think no self-sacrifice too great to promote the happiness of the masses. But such a set of men are the great exception to the general rule. Men desire, usually, in pursuing their professions, to gain by them food, clothing, and other necessaries, besides that *consideration* which Voltaire so amusingly depicts as causing men to do so many foolish things, and suffer so much pain.

The Profession is now gradually, in London at least, getting tired of doing all the disagreeable work of attending to the most unfortunate and miserable of the poorer classes, in order to listen at the end of the year, at a bad dinner, to some trashy talk among the enlightened members of the Common Council, or other Governors, who are usually long-winded and detestably illiterate, and yet exceedingly fond of being praised and praising each other after dinner at some of these charities. We have usually noticed at such post-prandial exhibitions that the "Medical Officers" is a toast which is given at the fag end of everything, as a matter of but little consequence, after the usual loyal and patriotic toasts, the health of the Lord Mayor, the Aldermen, &c., had worn out the enthusiasm and destroyed the eloquence of the guests. But as to medical men getting any honorarium for attending hospitals or dispensaries, of course, this has been an unheard of idea. Oliver Twist asking for more is the picture we may have in our mind as to the treatment such extraordinary demands would be likely to call forth from the committees of our dispensaries, unless we are *alive to our own interests.* Fortunately, there has recently been a considerable difficulty experienced by the committees of the various dispensaries in obtaining new physicians and surgeons to fill up the vacancies in their honorary staff. And, hence, what would vainly have been demanded from any sense of justice, is now becoming wrung from Governors by the best of all means, viz., necessity. A few of the London Dispensaries have been honourable exceptions to the mass of these *charitable* institutions, and have been in the habit of rewarding their medical men by a small gratuity at the end of the year. Thus, the Bloomsbury Dispensary, in Great Russell street, which has annually 4,000 patients, and an income of £800, gives £105 a year to one physician, and the same to a surgeon; the London Dispensary, Church street, Spitalfields, has 3,000 patients, £400 income, and gives two physicians £45 each, and one surgeon the same; the Eastern Dispensary, Leman street, Whitechapel, has 4,250 patients, an income of £800 to £1000, it has one physician and one surgeon, who divide between them £132; the Finsbury Dispensary, Woodbridge-st., Clerkenwell, has 22,000 attendance, an income of £500, and gives two physicians each £40, and one surgeon the same; the Surrey Dispensary, Great Dover street, Southwark, has 5,000 patients, an income of £1,300, and pays four physicians £42 each, and two surgeons an equal sum; the Tower Hamlets, the St. Paul's, and St. Barnabas Dispensaries also pay their physicians and surgeons, and only quite recently, the Royal General Dispensary, in St. Bartholomew's Close, has been obliged, after long advertising in vain for honorary officers, to give each of its staff £40 a year. We hear that the Farringdon General Dispensary is also about to do something similar. Of course, in all these cases, the existing medical staff have been retained, and sometimes no new appointments have been needed. We have no hesitation in urging our brethren to try to make this an universal custom in all our hospitals and dispensaries, wherever there is no medical school, indirectly to give some remuneration for their labour. Even as a question of morality we urge it strongly. There can be no doubt that the tendency of doing a great deal of work gratis is to diminish the care, and sometimes to lower the interest the physician or surgeon ought to take in *every case* he sees. What tales do we not hear of seeing a case every forty seconds in many of our charities? In Paris there is scarcely any gratuitous public medical charity. Some there are, of course, as in the case of M. Langlebert's special clinique, and this we do not wish to see altered. Specialists may sometimes require a place where they wish to see a number of one class of cases, and this may, indirectly, be advantageous to them and to the Profession, by making them able practitioners of a particular branch; but the present system of wholesale unpaid medical services in our smaller general hospitals and dispensaries has not this excuse. It is simply a means of defrauding the whole Profession out of all the small fees that would otherwise reach it, without any, or almost any, counterbalancing advantage that we can clearly see.

ARMY SURGEONS—THEIR DUTIES AND GRIEVANCES.

"WITHOUT branches the vine yields no fruit." Such is the purport of one of the oldest known proverbs; and to nothing can it with more propriety be applied than to an army. The actual thews and sinews of war—that is, our battalions—may be compared to the stem; but in order that they may yield actual fruit, or, in other words, effectually perform the functions for which they are maintained, the co-operation of several branches or *departments* is required. Thus, in order that men may fight, they require to be fed, clothed, armed, supplied with ammunition, provided with shelter, have sufficient means of transport, and last, but not least, be preserved in the highest possible state of physical fitness for undergoing fatigue and the harassing duties inseparable from their occupation. It is with reference to the last of these requirements, and of the officers concerned in the important duties connected with it, that we would now offer a few remarks. To the members of the medical department are entrusted the responsible duties of selecting for the ranks of the army human material, sound in body and mind, and of rejecting such as would, if passed, only serve to impair the efficiency of the general machine; to them the country looks for the proper treatment of her soldiers when stricken whether by the enemy or by the far more dangerous, because ever present, endemic diseases of the countries wherein they are sent to serve; to them, in times of war, we look not only for sufficient professional and other attendance on all who, by wounds or sickness, become non-effective, but also for the selection of suitable shelter; and to them commanders naturally look for reliable estimates of the amount and nature of transport required for their conveyance, for approximately correct views in regard to the rate of loss by sickness, in order that reinforcements may be applied for in such time as to maintain the numerical strength of the force; to them also the commanders and their country look for devising means by which, under the varying conditions of military science, the health of armies may be best preserved, and the ravages of epidemics, when unfortunately they occur, reduced to a minimum. Nor must we forget that to them, under many conditions of military science, not only soldiers and their wives, but officers and their families, have to trust entirely for professional aid.

There are numerous other duties than those just enumerated which fall to the medical officers of the army, but the list is already sufficient to indicate some measure of the importance which attaches to this "branch" of the service, and it becomes apparent that the measure of efficiency with which the department is administered, must have a most important bearing upon the success or failure of military expeditions.

Unfortunately, this discovery had not been made in all its fulness at the commencement of the Crimean war. Long before the end of that expedition, however, the vast importance of an efficient body of medical men to an army had, through sheer force of circumstances, made itself apparent to all who were interested in the success of our forces. The committee which subsequently investigated the arrangements made in reference to that expedition, recorded in very decided terms how highly they estimated efficient medical services, and, acting upon their views, the late Lord Herbert set himself to work to place that department upon a more improved footing to what up to that time had been accorded to it. Soon afterwards the China war occurred, to test the efficiency of the department in its improved state, then the war in New Zealand, and, more recently the expedition to Abyssinia; and the published records of each and all of these indicate the high estimate in which officers in command held the services of the department, while, if we revert to the period of the Indian mutiny, the military despatches contain many acknowledgments of how greatly they were indebted to their medical officers.

The importance of this branch of the service being such as we have indicated, it becomes a question really of national concern, in what manner, with due regard to economy, it can be maintained in the highest state of efficiency, and, unfortunately, there exist at the present time, not a few indications that the condition into which it is drifting is likely at no distant time, unless checked, to bring it to what may be called a dead lock. Let us, therefore, briefly indicate some of the measures which we deem likely to bring about the required improvements.

We willingly acknowledge that, as compared with bygone times, much care has been taken to ensure the appointment of highly qualified candidates, and to afford them special training for their particular duties. We question, however, whether the success of these measures has been equal to the anticipations regarding them, and whether, notwithstanding the improvements of late years made in pay and retiring allowances, the inducements are sufficient to encourage the better class of young professional men to enter the service, or those who are now in it to exert their talents as they should. Thus, in respect to rewards, honorary and otherwise, medical officers are, we think, unfairly kept at a disadvantage, both as compared to their professional brethren in civil life and as compared to their brother officers of the military branches of the service; and we submit that this state of matters should be rectified. On the score of promotion, the medical department is placed at a material disadvantage as compared to other non-purchase corps in many ways; one of which is that there appears now to be no limit to the period during which the officers holding the highest rank are permitted to serve in their grade, short of their reaching the patriarchal age of five years under the allotted span of human existence. Why, let us ask, should Inspectors-General not be forced to retire after, say, three or five years in their grade?—General, and other staff officers are so. The rule holds good in the Indian Medical Service, and was rigidly observed in the Army prior to 1858, a similar proviso having apparently been omitted by an oversight in the Warrant of December of that year. Is it said that such a regulation would be attended by considerable increase in the allowance granted under the head of non-effective services? We believe that, on the contrary, an actual saving in this item of the Budget would accrue, as surgeons-major and junior deputies-inspector, instead of quitting the service in which they saw no prospect of further advancement, as they have already done, and will do in still greater numbers, would be induced to serve on in the hope of succeeding to some of the vacancies upon which they could calculate to occur at stated periods.

Promotion by selection, although theoretically excellent, has in practice been found to have its seamy side. Distinguished services or merit should always be rewarded, but in a manner to inflict the minimum of injury upon the less fortunate officers; thus, honorary distinctions and brevets might be given as they are to what are termed the *executive* branches. Steps in the ordinary course should, as a rule, among the administrative grades, be given according to seniority. From the executive to the administrative grades a certain degree of selection is doubtless necessary, although the occasion very rarely occurs. Let the officer in either case, who is deemed ineligible for advancement, be placed upon the retired list, and thus avoid the chagrin of being superseded. A man who is passed over seldom works cheerfully or efficiently afterwards.

In the next place, army surgeons complain, and with justice, that while little inducement for exertion is held out in the service for them, they are at a disadvantage as compared with those of what are called the "executive" ranks in obtaining appointments in civil life; thus, whereas a captain, colonel, or general is eligible for any appointment, from the governorship of a colony to that of a gaol, medical officers are virtually debarred from every appointment, save and except that very invidious one of charge of a military prison. This is not as it should be. There are many appointments for which the training of military medical men especially fits them; for it must be allowed that they are at least taught not only to form their opinions on subjects that come before them, but to express, and often defend, those opinions. Among the positions for which we consider them to be in a special manner fitted are those connected with inspections and supervision under the Poor-law, the inspections of lunatic asylums, the sanitary administration of towns, and many others; while we consider that no others than medical officers retired from the army should be employed in connection with the Militia.

Were it made a condition that candidates for employment in either of these capacities had spent a certain number of years in the army, and were in possession of certificates from their professional and military superiors, not only would additional zeal be imparted to them while serving, but their retirement, with or without pension according to their length of service, would create vacancies for which, we venture to predict, there would be a keen competition among highly trained candidates.

Notes on Current Topics.

Diseased Meat.

At a meeting of the Public Health Committee of the Corporation of Dublin held on the 8th inst., Dr. Cameron, the City Analyst, in reporting that 10,000 pounds weight of diseased meat had been seized and condemned in Dublin during the month of August, made the following remarks:—

"There are certain diseases of the animals used as food which render their flesh unwholesome and sometimes poisonous. The more important of these diseases affecting the ox are contagious pleuro-pneumonia, or lung distemper; foot and mouth disease, or *epizootic aphtha;* the different forms of carbuncular fever—anthrax, blackleg, &c., and dropsical affections. Sheep suffer from blackleg, *variola ovina*, or small pox, anthrax, splenic apoplexy or "braxy." The pig is liable to various forms of carbuncular fever, and suffers from hog cholera (also called the *soldier*, from the red colour of the animal's skin), a kind of typhoid fever. Oxen, sheep, and swine become diseased from the presence of small animals, termed entozoa (internal parasites), within their bodies. The measle of the pig is the larva, or immature form of the tape worm, and is termed *Cysticercus cellulosus.* The "rot" in sheep is produced by a little animal, a kind of "fluke" (*Distoma hepatica*), in the animal's liver, where hundreds of these parasites are often found. Another parasite takes up its abode in the sheep's brain, and developes the fatal disease termed "sturdy" or "gid." A small worm termed *Trichina spiralis* occurs occasionally in the muscles of the pig, and it has been found in many other species of animals.

That perfectly fresh meat, not obviously diseased, may yet possess poisonous properties has been repeatedly proved. Dr. Kesteven mentions a case where twelve persons were poisoned by eating pork which was neither putrid nor even of (apparently) bad quality. He shows that the poisonous qualities of the flesh must have been the result of disease which had affected the living animal. Dr. Letheby, the Medical Officer of Health for London, states that in 1860 no fewer than 63 persons were poisoned by the flesh of a cow that had been killed whilst suffering from lung distemper. One of the cases terminated fatally, and the cause of death was clearly established before a jury. At Newtownards, County of Down, three years ago, two persons died and several others suffered considerably after partaking of veal not *obviously* diseased, and in which chemical analysis could detect no poison. Dr. Livingstone states that when the natives of Africa use the flesh of oxen affected with pleuro-pneumonia, they suffer from carbuncular fever; and the Registrar-General of England remarks in one of his reports that since the introduction of the lung distemper of cattle into England the deaths of human beings from carbuncles, and similar diseases, are greatly increased.

The flesh of sheep affected with small-pox produces, says Dr. Parkes (Manual of Hygiene, page 194, third edition, 1869), "sickness and diarrhœa and sometimes febrile symptoms." The Belgian Academy of Medicine inquired into the results of eating the flesh of animals affected with "blackleg," and they came to the conclusion that such flesh was unwholesome. The Government of Belgium, therefore, interdicted the sale of carcases of animals affected with that disease.

Large numbers of persons have lost their lives in consequence of eating flesh containing parasites. In Iceland 20 per cent. of the deaths among the population are caused by the ravages of a parasite derived from the sheep and other of the lower animals.

The tapeworm (*Tænia solium*) which affects mankind is derived from the measle worm of the pig, and another kind of tapeworm (*Tænia mediocanellata*) is derived from the flesh of the ox.

Indian Native Midwives.

Dr. Corbyn, the Civil Surgeon of Bareilly, in his report to the Inspector of Dispensaries for the year 1867, gives an account of the establishment of a school for educating native females in midwifery. There are few medical officers in India who have not witnessed most horrible and fatal scenes from the ignorance and infatuation of the present class of "Dhais;" the movement, therefore, is an enlightened one and well worthy of extension. At a meeting of the committee of the Charitable Dispensary, a wealthy banker of the city, Lalla Luchmi Narain, read a paper, setting forth the great evil and mortality that resulted in all classes of female society from the ignorance and prejudice of their midwives, and the need that was felt of trained and educated nurses, and he went so far as to state as a fact that any respectable native would rather let his wife, sister, or mother, die than permit her to be examined by any one of the opposite sex.

Medical and Hospital Reforms.

Mr. Simon's speech at the Medical Teachers' Association appears to be at length bearing fruits. Dr. Hearne, of Southampton, seems to have taken up the question warmly, and, as we ourselves have sometimes said, he seems to think that, in respect to the attainment of medical qualifications, all the existing restrictions should be removed, and, the examinations being made thoroughly searching and effective in their character, it should be immaterial how or in what particular sphere the knowledge of the candidates presenting themselves is obtained. The *Lancet* seems rather to favour this idea, and although we confess ourselves to be in favour of certificates of attendance on practical dissections and hospital practice, we must say we agree with the writers on that side, that the attendance on lectures now obligatory is an absurdity and a bore, unless the student finds it a good way of learning, which it often is not.

With regard to the large hospital system, we have expressed our conviction before, that Sir J. Y. Simpson's views are the correct ones. For instance, taking the mortality attendant on parturition among poor patients, he states that of 888,303 delivered in hospitals, 30,394 died, or 1 in 29; while of 934,781 delivered at home, 4,405 died, or 1 in 212. What need have we of more than this to prove the dangers of large hospitals for the sick? If there be need, let us say that of 618 cases of amputation of the leg in country practice 13 per cent. only died; whilst 44 per cent. of 613 cases in hospital practice succumbed. Cottage hospitals, then, such as that for consumption at Ventnor in the Isle of Wight, are what are now pointed out by the observations of Simpson and others.

Fever at Chippenham.

A pertinent letter on the outbreak of fever at Chippenham appears in the *Devizes Gazette*. The writer, referring to the death of a very intelligent and valuable member of our profession resident in Chippenham, Dr. Wm. Henry Colborne, says:—

"Not long ago the death of Peter Awdry, Esq., of the same town, was recorded in your columns. Both these gentlemen owe their death to typhoid fever, of which disease Chippenham has been for some time, and now is, the chosen seat. It is true that not very many deaths may have taken place from this disease in Chippenham; had many deaths occurred we should probably have heard quite as much about this pretty town as we heard not long since about Guildford and some other localities. It is, however, sufficient to know that a medical authority in Chippenham during Dr. Colborne's late illness voluntarily proffered to show Dr. Colborne's medical attendants *twenty* or *thirty* cases of typhoid fever in Chippenham! The unobserved poor man may die and be buried, and the exigencies of life in his circle may soon cause the bitterness of his loss to be benumbed; but when men like the late Mr. Peter Awdry and the late Dr. Colborne are struck down in the middle of a useful and honourable career, depriving the community of intelligent and active members, perhaps the town may be unwillingly drawn to reflection. There can be no doubt that Chippenham is a focus of fever—and must be cleansed. Corporations and Town Commissioners may quarrel and wrangle as they will; but bad drainage, bad sewerage, and the prevalence of diphtheria and fever must not be allowed to exist while human means are available to control or arrest their deadly course. There are those in the Corporation and among the Town Commissioners who know what ought to be done; *their* course is clear; let them combine and represent the state of the town to the Medical Officer of the Privy Council, and the disgraceful condition of Chippenham in a sanitary point of view will soon be corrected. It is a gross offence against Christianity, against morality, against social order and common decency, that in a town like Chippenham sanitary measures should be so neglected that a medical man should be able to say he could point *to twenty or thirty cases of fever* IN ONE DAY."

Poor-Law Medical Officers' Association.

The quarterly meeting of this Association will be held this day, at the Freemasons' Tavern, at half-past seven o'clock, p.m. After the Report of the Council has been submitted, the President, Dr. Rogers, will state his experience of the working of the Irish dispensary system, acquired in a recent visit to Ireland for the purpose. We understand that the Council will be happy to see medical officers (whether members or not), and guardians who are desirous of obtaining information on the subject, and we therefore hope to witness a large attendance.

Anti-Vaccinating Madness.

The anti-vaccination maniacs have taken to blasphemy. A handbill has been distributed in Sheffield from which we quote our proof of this:—

"The Mark of the Beast!" "And I beheld another beast coming out of the earth; and he had two horns like a lamb, and he spake as a dragon. . . . . And he deceiveth them that dwell on the earth. . . . . And he caused all, both small and great, rich and poor, free and bond, to receive a mark on their right hand (arm?) or on their foreheads. . . . . And the first angel went and poured out his vial upon the earth; and there fell a noisome and grievous sore upon the men which had the mark of the beast." "Vaccination is a sin, a delusion, and a snare; spreads broadcast through the land scrofula, syphilis, consumption, and all other hereditary diseases; does not, as proved by experience, prevent small-pox; costs the country over 250,000*l.* per year, and is the chief cause of that fearful infant mortality which carries to the grave half the children born in Sheffield before the age of five years." "Is it not rank blasphemy for poor, erring human nature to assert that when God created man in His own image, He left the work of His hands—which He pronounced good—imperfect until Jenner's so-called discovery, as asserted by the vaccinators? Is it not the height of impiousness to tamper with the Creator's chiefest work, by wickedly inserting into the pure blood of the healthy babe poisonous corruption cast out from the body of the diseased brute?"

Such ravings as this might well be mistaken for the production of one of those lunatics who in some asylums have taken to writing. The anti-vaccinators have long made themselves ridiculous; but their noise has drawn upon them some notice. After the above the quiet contempt of respectable citizens may possiby extinguish them.

Copper as a Cure for Cholera.

Dr. Burg, in a work on the prophylactic and curative influence of copper in cases of cholera, quotes a report made by M. Vernois to the Council of Hygiene and Sanitation of the Seine, on the immunity of Parisian copper workers during the cholera epidemic of 1865-66.

The entire number of these workmen, comprising a population of 37,000, only presented 29 cases of cholera, a proportion of 1 in 1,270.

The author institutes a comparison between them and the workers in iron and steel, who had 202 cases of cholera in a population of 28,000, that is to say, 1 in 209.

Lastly, in a population of 7,500 workers in other metals than copper, iron, or steel, 42 cases occurred, making a proportion of 1 in 178.

It is worthy of remark, that during the terrible epidemic of 1832, the numerous population of nightmen, dustmen, and knackers of Paris and Montfaucon furnished no victim to the epidemic.

Charing-Cross Hospital.

We learn from the *Medical Times* that this Hospital has at last succeeded in finding a physician for its skin department. Dr. Beigel is the fortunate person; but as we have heard that he was also a candidate on the former occasion, it is to be presumed that the desperate advertisements of the Governors have not procured them any additional choice. The only thing the public will be concerned about is, whether Dr. Beigel has been required to give up all his other appointments "*within a month*," as was so harshly insisted on in the case on which we have several times commented. If so, the Hospital Governors are to be congratulated on having obtained so much more than they deserved to secure the exclusive services of so respectable and able a physician as Dr. Beigel has proved since his residence in this country. We wish that gentleman may find the position he has accepted prove satisfactory to him. He might have easily found a more liberal governing body to which to transfer the good work he has long been doing as physician to other charities. It is to be hoped that the fact of having obtained some one to take charge of the department will not make the governing body less sensitive to their position. They should not forget that, after unusually extensive advertising, they are obliged to fall back upon a gentleman who was previously a candidate, and to appoint him legally they must alter their bye-laws.

Nursery Reform.

Any one who takes a turn in the Park in the hours that are given up by the fashionable to children and their nurses may easily convince himself of the carelessness and neglect, if not absolute cruelty, of the guardians of the little ones. Genteel mothers pay good wages for their nurses, but little know to whom they commit their darlings. We are certain that what these children need is the care of some *gentlewoman*, and not a few such would find situations of this kind far better than the overstocked governess market. What more appropriate employment for ladies than the care of children? For this reason we heartily wish success to a scheme started by a lady correspondent of the *Times*, under the signature of "Mater." The plan was taken up by Miss Heath, the head of the Home and Foreign Governess Institute (148 Brompton Road). The scheme is said to have already contributed to the comfort of some gentlewomen, and we hope it may extend its benefits to thousands of others.

Clinical Examinations at the Queen's University.

At the examinations for the medical and surgical degrees of the Queen's University, held last week, the candidates were examined upon the cases of patients in the South Workhouse Hospital, Dublin. The Examiners—Dr. Mapother, and Prof. Cuming, of Belfast—obtained the permission of the medical officers and the Board of Guardians. We understand that the plan worked well, and that the answering was satisfactory, although a very short noticê was given. Other licensing bodies in Ireland are likely to adopt this practical mode of examination.

The Tactics of the Vaccinomaniacs.

In a matter which would appear to affect the interests and views of the Profession medical journals must necessarily address the public under the suspicion of bias. For this reason the medical press is comparatively powerless for many objects which it is best qualified to deal with, which is yet much more tellingly treated by extra professional periodicals. It is a satisfaction to us, therefore, to see the Anti-Vaccination movement shown to the public in its true light of folly and wilful falsity in the *Daily News*. Plain facts and homely speaking are the most convincing eloquence in such a matter, and we transfer, with pleasure, to our columns excerpts from the article.

"That any doubt should be thrown upon the value of Jenner's famous discovery after it has been accepted throughout Europe, is indeed astonishing. Upon inquiry, however, it appears that for some time there has been a league established for the special purpose of counteracting one of the wisest acts of the Legislature in connection with public health. The Anti-Compulsory Vaccination League is not to be blamed for fairly advocating its own views, but it incurs a serious responsibility when it appeals to ignorant prejudice. A handbill, which is dated Sheffield, Feb. 5, 1869, and is signed by the hon. secretary of the

Anti-Compulsory Vaccination Committee, begins with this side heading :—' The Mark of the Beast !'—' Vaccination is a sin, a delusion, and a snare ; spreads broadcast through the land, scrofula, syphilis, consumption, and all other hereditary diseases ; does not, as proved by experience, prevent small-pox ; costs the country over £250,000 per year, and is the chief cause of that fearful infant mortality which carries to the grave half the children born in Sheffield before the age of five years.'

"It would be scarcely worth while to notice such stuff as this were it not necessary to expose the ingenious manner in which the society endeavours to charge the large number of deaths in Sheffield in 1863, and again in 1867-8, upon vaccination ; whilst the health return proves that the plague actually arose through the refusal of mothers to take their children to the vaccinators. In the year 1867-8 especially, a very severe epidemic of this formidable disease broke out in Sheffield and other places, and as a matter of course found out those who were unprotected. The consequence was that 468 young persons died from small-pox. That the vaccine matter has the power of transmitting syphilis is a simple untruth. Mr. Tomkins, the Inspector of Vaccinations of the National Vaccine Establishment, who has himself vaccinated 50,000 children, has never seen syphilis produced by vaccination. In addition to this personal experience he has had for thirty years a knowledge of the results of the operations of the establishment, and in no case has such a result happened. In order to put the question to the severest of all tests, syphilitic persons have been vaccinated, and the lymph taken from their arms transmitted to others, without the slightest ill effect arising. The experiment has been tried over and over again by medical men of all nations, and the absolute impossibility of transmitting any infection with the vaccine lymph established. That consumption or scrofula is so transmissible is absurd. It would be as intelligible to say a Roman nose could be passed on by the lancet. If any sore should arise, or any scrofulous ulcer break out in the young children after they have been vaccinated, it is put down as a consequence instead of a sequence. If the public were aware of the amount of scrofula and skin disease prevalent among the poor, they would know how to value the evidence upon which mothers are now and then led to resist the obligations of the law. That the act of vaccination, and the disturbance it sets up in the constitution, may lead to the production of slight forms of skin disease is acknowledged to be an open question by those skilled in the art, and it is just possible that the irruption on the child that was presented to Mr. Vaughan at Bow-street the other day by its mother, arose from this cause, but that it had nothing to do with the impurity of the vaccine matter was proved by the fact that the child from whom the vaccine lymph was produced was perfectly healthy, and continues so.

"Whilst it was at the option of parents whether they would have their children vaccinated or not, the discovery of Jenner was practically worthless as regards the poorer classes of the community; their children were left as a rule unprotected, and a prey to the first outbreak of the epidemic, when they formed centres of infection which intensified the disease. The pauper funeral expenses, thus designedly brought about, only form one part of the evil of this ignorant disregard of vaccination. In violent epidemics even a certain percentage of the vaccinated are liable to a recurrence of the disease. Thus the provident are placed at the mercy of the ignorant and careless. What would be thought of a man who refused to have his house insured at the public expense, and determined to pull down his party wall, totally regardless of the interests of his neighbours?

"In order that the public may be acquainted with the true value of vaccination, when thoroughly carried out, we may refer to the statistics of the army on this head. Every soldier and sailor is now protected against small-pox, and the effect is an exemption from the disease, which contrasts most favourably with that of the civil population, which, as we have shown, is now and then rudely seized by epidemics of small-pox, in exact proportion as the clamour of the Anti-Vaccination League has been rife in particular neighbourhoods. If we take the army returns of death from small-pox since their first publication in 1859 to 1864, and lump the six years together, we find that the ratio per 10,000 of strength only yielded 0·84 deaths—or less than one per cent., whilst among the sailors of the Royal Navy, it was less during the same period than two per 10,000. We are told indeed that it is in the nature of epidemics to 'wear themselves out,' and in this manner the wonderful immunity of those protected by vaccination is accounted for by the Anti-Vaccination League. But the answer to this is the virulence with which the disease, with unerring aim, seizes and slaughters the young unprotected children whose mothers have taken up the cry urged against vaccination by this very society. Witness the epidemics in Carnarvon and Sheffield in 1857 ; that again of Carmarthen in 1858, and of York in 1862, when the slaughtered innocents had never been touched by the lancet of the vaccinator."

Death from Bichloride of Methyline.

On Friday evening Mr. Langham held an inquest at Charing-cross Hospital, on Mr. Charles Verner, aged 39, an actor of some repute, long connected with the London theatres, who died the preceding Monday in the hospital. Mrs. Verner said deceased was her husband. He had been an in-patient of the hospital for the last three months, labouring under a disease of the jaw. His sufferings were of the most acute character. It was at the joint request of herself and the deceased that the operation was to be performed. The medical gentlemen of the hospital had informed both herself and the deceased that the operation might afford a chance of saving her husband's life, but it was only a faint chance. They were made fully aware of the danger attending the operation, but were prepared to have it done at all hazards, the sufferings of deceased were so great. All that had been done was with the full consent of the deceased, and also with her consent.—Mr. Edwin Canton, surgeon to the hospital, said the deceased had been under his care for several weeks past, suffering from a malignant disease of the upper jawbone. It was a disease likely to prove fatal, and from the progress made by the disease, the death of the deceased must have occurred in a few weeks. He suggested that an operation should be performed, with the very faint hope of a cure, at the same time informing the deceased and his wife of the great danger attending it, but they replied they should wish it to be performed at all risks. The witness here handed in a paper to the coroner, which he stated was in the handwriting of the deceased, and on which was written, "I, Charles Verner, give my free consent to the operation upon me being performed by Mr. Canton, and will bear all the risks."—The anæsthetic used in the hospital was bichloride of methylene, and on the present occasion was diluted with air to make it less powerful. Every care had been taken to prepare the deceased for the operation. The bichloride was administered in his presence, and that of several of his colleagues, by Mr. Peter Marshall, the regular chloroformist of the hospital, and was skilfully and properly administered. Within two minutes of its being administered the patient fell back and died. The galvanic apparatus and all other appliances used in cases of this kind were at once resorted to, but life was extinct. No attempt had been made to perform the operation. The Coroner said he had felt it his duty, in the interest of the hospital, to make this inquiry, and in his opinion the result clearly proved that it was one of those occurrences which no human agency could prevent. Every care appeared to have been taken, and all that had been done was with the full knowledge of the deceased and his wife. The jury returned a verdict accordingly.

Removal of the Dead.

Dr. Tripe, the medical officer of health for the parish of Hackney, applied for a magisterial order under the following circumstances last week:—The Public Health Act, 29th and 30th of Victoria, cap. 90, provided that in the case of death resulting from an infectious disease, and when the room in which the body lay was occupied and slept in by others, it was incumbent on the friends to have the body removed to the parish mortuary within the space of 48 hours. Dr. Tripe said that he had discovered two infringements of the provision, and he asked for orders in accordance with the Act. The application was immediately granted. Dr. Tripe said it was worth mentioning that these were the first cases of the kind which had occurred in the district.

Chloral.

The chloral controversy is not yet at an end. On Monday week a memoire was presented to the Paris Academy of Science in support of the proposition that chloral is neither anhypnotic nor anæsthetic, but in reality a powerful excitant. On Thursday, M. Leon Labbé read to the Academy of Medecine a communication which maintained, in opposition to M. Demarquay, that it is a powerful anæsthetic. The authors of these three contradictory propositions base them on the results of experiment.

Infant Mortality in France.

The Imperial Academy of Medecine of Paris listened last week with much satisfaction, and with symptoms of unequivocal approval, to a very remarkable discourse of M. Fauvel on the question of Infant Mortality. What, he asks, are the causes of the fearful death rate amongst nurselings? The principal ones may be divided into three heads:—Want of supervision, want of care, insufficient or unhealthy food. Of these causes, the last is undoubtedly the most hurtful; but the question is, how can it be remedied by regulations? Are there not general causes which will escape every supervision and every regulation? The deductions drawn by M. Fauvel from the social condition of most nurses, their poverty and their discomfort, which forbid them to afford to their unfortunate nurselings anything but an inadequate quantity of food. Female lactation is utterly deficient in France; this is the fact enunciated by M. Fauvel, and it is deficient because maternal nursing having become exceptional, hired nursing no longer supplies the demand. There is no longer any choice of nurses, and it becomes necessary to employ those who are available, whatever they may be.

Cattle Typhus in Sicily.

The *Journal de la Société Agricole de Brabant* informs us that the ravages of typhus amongst the Sicilian herds has cost the country more than 300,000 head of cattle. The pasture land remains unproductive, and the animal strength necessary for the cultivation of crops is totally insufficient. The prices of milk and meat are very high, and in the centre of the island and at Palermo it has become altogether an article of luxury. It is sold at 1 franc 50 cents., or about 1s. 3d. per lb. In Palermo, a town of 200,000 souls, scarcely twenty bullocks a day are slaughtered, and part of that supply is for the use of the troops and hospitals.

Hospitals and Asylums in France.

A full report has lately been made by the inspectors-general of charitable establishments, and has been printed and distributed by order of the Minister of the Interior. The following is a *resumé* of the general facts contained in the report:—

The funds placed at the disposal of these establishments since the commencement of the present century have been very large. The gifts and legacies, which amounted to less than two millions sterling in the time of Louis Philippe, have nearly doubled since; between the years 1852 and 1868, the funds received for charitable purposes amounted to £3,260,000. The sums voted by the communes have also considerably increased, having risen from £332,305, in 1847, to £568,034, in 1864. The municipal council of Paris votes an annual subvention of £351,492; Marseilles, £23,720; Rouen, £18,880; Bordeaux, £16,800; and Nantes, £15,200. The hospitals have also benefited largely by the general increase in the value of land and house property. The annual income of the Paris hospitals from this latter source amounts to £133,100, Lyons about half as much, and other great towns in proportion. The total amount devoted annually in Paris alone for all kinds of charitable purposes has risen from £320,000, in 1804, to £815,254, at the present time.

Previous to 1790, there were 1,224 hospitals and asylums existing in France; the number is now 1,557. These 1,557 establishments contain 141,576 beds, and receive more than half a million of persons annually, either as patients or pensioners. Paris possesses 18,785 beds; Lyons, 4,176; Nantes, 2,716; Lille, 2,188; Rouen, 2,073; and Orleans, 1,641.

The increase in the funds devoted to such institutions has been divided between the erection of new and the improvement of old hospitals and asylums. Of these, 115 have been entirely rebuilt since 1852, and all the others have either been enlarged or improved, or are being placed on a much more efficient footing than formerly.

The friends of the late Mr. Alex. Bruce propose to erect a tablet in University College, or some equally suitable memorial to him. Subscriptions will be received by Dr. Wiltshire, of the Privy Council Office.

THE *Madras Athenæum* states that Lord Napier has appointed a Commission consisting of Dr. Ranking, Sanitary Commissioner, Dr. Smith, of the Medical College, and Native Surgeon Ayyasawmy Pillay, for the purpose of discussing the best means of utilising the provincial dispensaries as popular schools of medicine.

MR. MURRAY'S new publication, "The Academy," will unquestionably take the highest position forthwith. It contains articles by men of world-wide renown. We find it announced that Mr. Darwin will shortly publish another important volume.

MR. COLEMAN, of the Dental Hospital of London, has tried with great success the nitrous oxide in a purer form than heretofore by causing the residual atmospheric air in the lungs to be diluted previously by administering nitrogen before the oxide.

WE learn that scarlatina has appeared in the person of an officer, and in the family of another, belonging to the 2nd Regiment now stationed near Gosport, and that one or two cases of typhoid fever have occurred among the men of that corps. We trust that these are only accidental cases, but precautionary measures have been taken to guard, as far as can be done, against a further extension of either disease.

A CONGRESS of naturalists and doctors was held at Fiume, in Hungary, on the 5th September. The assembly was presided over by Baron Vecsey, who inaugurated it by a very remarkable discourse. Amongst the most interesting communications which were read were those of Dr. Bodogh on the Darwinian hypothesis, the same author on the influence of natural causes on nations, and by Dr. Domini on different climatological, meteorological, and sanitary questions in connection with the marine service.

A NEW and very easy method of acquiring and preserving talent and intelligence has been discovered. Simply to eat fish. Our authority is the celebrated Agassiz, who, in his report to the Legislative Council of Massachusetts on the preservation and propagation of fish, writes as follows :—

"It enters largely into the requirements of the human organism. It is an aliment refreshing to the system, especially after intellectual fatigue. No other nutriment provides for the outlay, so to speak, the expenses of the head, so completely as fish, and the proof of the fact may be found all over the world. The inhabitants of places close to the sea are always the most intelligent.

"Fish contain phosphorus in great quantity, a chemical element required by the brain for its healthful development. It is not to be supposed that the exclusive use of fish can make a wise man out of an idiot, but only that the brain ought not to be allowed to want its essential elements."

THE *Journal de Pharmacie* narrates as follows :—

"It will be remembered that a catastrophe occurred some time ago at Quenast, from the explosion of nitroglycerine. The remainder of the consignment of this dangerous material was deposited in the magazine at Lauden, and it excited the greatest alarm amongst the inhabitants, who petitioned the Government to relieve them of this perpetual cause of anxiety.

"The magazine at Lauden contained still 75 kilogrms. of it in six tin cans. Last week, M. Deplomque, Captain of Engineers, received from the War Department instructions to destroy all the nitro-glycerine which remained in Belgium.

"The authorities handed him the key of the magazine, and it is hardly necessary to say that no one came to impede him in his duty, or that he did not find it necessary to place sentinels. In fact, the whole population ran away. The six baskets containing the cans were brought to an isolated valley without vegetation. The cans were laid down at a distance from each other in the hollow of the ravine. Then six frightful explosions, succeeding each other by some minutes, shook the ground and the air, and announced that the nitro-glycerine had gone off.

"Not the least accident or the least mishap occurred, and in an hour the expedition was ended."

THE *Rivista Cimica* publishes a description of a new method for producing artificial respiration. The method has much analogy with that of matter described before the Academy of Medicine of Paris under the name of "*Succussion.*"

It is practised in the following manner :—Take the child under the axillæ, and holding the head fixed by the palms of the hands, impress upon the body repeated shakes. The entry and exit of the air through the glottis are indicated by a peculiar sound. The priority of discovery of this method is due to Paccini. It is based on the amplification of the thoracic cavity, produced by the elevation of the shoulders, which, by means of the clavicles, acts upon the sternum, and it acts upon the ribs.

Care must be taken that the head is neither much extended or flexed. The following is the manner of proceeding :—

The patient, being extended on a bed or table, the doctor takes his place at the head, and fixes it against the breast, then he pulls strongly with his hands on the arms of the patient, applying the four last fingers in the axillary cavity, and placing the thumb on the neck of the humerus. This being done, he gives the shoulders a forcible movement upwards and forwards.

It is necessary to make counter-extension by fixing the feet by some means or other.

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THE MEDICAL CLUB.

THE members held their Annual General Meeting at the Club on Wednesday last, Sir Wm. Fergusson in the chair. The attendance was by no means so large as at the meeting last year.

Dr. J. H. Waters proposed the resolution of which he had given notice—

"That the Medical Club shall now cease to be a Proprietary Club, and that the resolution passed on the 8th of November, 1866 (limiting the liability of the members to the amount of their entrance fee and subscription), shall now be rescinded, and an allotment made, in equal shares among the members, of the necessary capital to enable the Committee at once to carry this resolution into effect."

Which was seconded by Dr. Ligertwood.

Mr. Cockayne moved, and Dr. Bushnan seconded, as an amendment—

"That it is not desirable to rescind the resolution passed on the 8th November, 1866, but that the Medical Club be conducted on the proprietary principle, the same as heretofore, in accordance with the agreement now existing between the Honorary Secretary and the Club."

The agreement between the Club and Dr. Marsh, as proprietor, having been read, a discussion ensued upon the resolution and amendment, in which Dr. Douglas, Mr. Winchester, Mr. Rayne (of Newcastle-on-Tyne), Dr. Swettenham, Dr. Prosser James, Dr. Lorrimer, Dr. Thorp, Mr. Nunneley (of Leeds), and others took part. On the one side, Dr. Prosser James and one or two more advocated the registration of the Club in accordance with the provisions of the Companies' Act, 1862; on the other, it was urged by most of the speakers that the Club could be conducted more efficiently under a proprietor than under a Board of Directors, and that the risk of personal liability would have the effect of making many leave the Club at once.

Upon the amendment being put, only two hands were held up against it, and the Chairman declared it carried and the resolution lost.

The Committee for the ensuing year was elected as follows:—

J. Brady, Esq., M.P.
W. J. Clement, Esq., M.P.
B. W. Cockayne, Esq.
Sir W. Fergusson, Bart.
Dr. Bell Fletcher.
Dr. Peter Hood.
Sir J. G. Logan, K.C.B.
Dr. J. A. Lush, M.P.
Dr. McEwen.
Sir C. R. McGrigor, Bart.
Sir Ranald Martin, C.B.
Dr. Russell Reynolds.
Dr. B. W. Richardson.
Edwin Saunders, Esq.
Dr. Swettenham.
Dr. Webster.
Dr. Wiblin.
Erasmus Wilson, Esq.

Our readers would see, from the figures which we published last week, that although the Medical Club has successfully struggled into a recognized position, yet it requires the increased and liberal support of the Profession to render it worthy of its name, and to ensure its answering those enlarged purposes held in view by the influential men directing its affairs. We are given to understand that gentlemen joining during the remaining months of the present year will be expected to pay only one subscription to the end of 1870.

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LARGE FAMILIES—"PRUDENTIA" AND THE *ELGIN COURIER.*

After the first outburst of indignation against a noble lord and some other members of a learned London Society have a little subsided, and the air is becoming still again and silent after the storm, a few small voices are beginning to protest that perhaps after all the members of the Dialectical Society may have some small amount of truth on their side, and, if so, that they should be heard calmly, and not treated as "bad men" or "naughty," which is a style of criticism not likely to convert any now-a-days, except, indeed, children and dependents. The members of the Dialectical, *i.e.*, some of that intelligent society, assert, either truly or falsely, that human beings *tend*, just like other animals, to breed far more rapidly than they can get food. And they assert over and over again that Mr. Malthus proved to demonstration, that in America in the United States the population did between the years 1790 and 1820 very nearly double itself entirely by the procreative powers of the inhabitants, and making ample allowance for immigration into the States. This being granted (and Dr. Beatty and others have not as yet attempted to assail the position) the followers of Malthus and Mill point to the fact that the increase of population in European States is always much slower than this, Great Britain having once, and only once, doubled in about fifty years, and France now being all but stationary. The inference from these *facts*, admitted by all but the ignorant, is that as population must be checked somehow or another in old countries, it is as well for us to see that we check it in the manner which is likely to create the least suffering to mankind. Emigration is evidently quite inadequate to relieve poverty in Europe, *i.e.*, to take off the surplus that might arise, if all countries were to breed so fast as they do in the United States. Emigration has been shown by Chalmers and others to be only a remedy for existing evils, not a prevention of the disease, poverty. Late marriages were recommended by Aristotle, by Plato, and recently by Malthus, and his peculiar school of theological Malthusians, such as Whately and Chalmers. The argument against late marriages is that it engenders prostitution and great and manifold vices among both sexes, ending frequently in insanity. Wars, plagues, and famine are, of course, the very evils we are trying to get rid of. They used to be the main check to population. Now they are fortunately but rare. Poverty is now the gigantic evil of our time, and the great check to population, producing early death, especially among the children of the poor, fevers, consumption, &c. The last check of population (without enumerating those dangerous ones said to be common in America at present, and which of course are not to be thought of) is what may be denominated the French Malthusian plan. That is the custom of having very small families, as is now almost universal in Paris, and in all parts of France, except in those where misery has so degraded the poor as to make them careless of everything. We have, we confess it, almost a mind to say that the French are not so far wrong, after all, in preferring comfort with two children and prudence, to misery with eight or ten.

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Correspondence.

PHYSICIAN AND SURGEON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—On reading an article "Physician and Surgeon" in the *British Medical Journal*, and since copied into *Public Opinion*, the writer considers that there should now be no distinction between the title of *Physician* and *Surgeon!* There is no denying that Surgery and Medicine are one science, yet, until all have undergone the same curriculum of study, and been subjected to the same searching examination, to test their fitness to practise medicine in all its several departments, I do not think it would be fair to designate all by the title of Doctor until that has been accomplished. In the article referred to the writer says, "In the majority of cases it does not imply either more extended education, or longer experience." I can only say that in many instances within my own knowledge, it has done so in graduates of our old universities after four years of hard study, and being subjected to three separate literary and medical examinations, before they were considered competent to practise. These degrees were obtained in a legitimate and proper way, and not as conferred upon between 300 and 400 surgeons and apothecaries by one of the northern universities a few years ago (*and in a few days*), many of whom, I had reason to know, had had some difficulty in getting their names placed on the Medical Register a short time previously; others, again, I have known, had purchased for the sum of £10, a *Licence*, from some College of Physicians (wishing to do a little business in that line); and these have styled themselves M.D. on their door plates, cards, &c.; others there are, who have done the same, after purchasing a Degree for £5 or £10 from the U. S. of America from their London agent. Now, after such anomalies, no doubt many possessing such worthless documents will contend strongly for a uniformity of titles, *all to be designated as Doctors!* The writer contends that, however slender their claims may be to the science and practice of medicine, such a state of things is only calculated to mislead and embarrass the public, to inflict injustice, afford opportunities for self-exultation, and to endanger the friendly relations of neighbours. so that we should now all stand nominally as well as really on the same footing, no matter how the qualification has been obtained. I would suggest that the different Universities should cease to be examining bodies in *Medicine*, that they should remain, as at present, seats of learning, and where the highest education can be obtained, that the Legislature should appoint twelve of the most competent medical men, of at least twenty years' standing, as a board of examiners, who shall devote their whole time and attention to its duties, and who shall be liberally remunerated by the State for such services. That they *only* shall test the qualification and fitness of all candidates for examination in the science and practice of medicine, for any part of Her Majesty's dominions (all students having previously undergone the recognised course of studies, as required at present, for their literary and medical education), that the board of examiners should sit each year in London, Edinburgh, and Dublin, for the time required to confer the same *degree, rights, and privileges* on all candidates found competent to practise medicine and surgery, or in any of its departments they may choose to adopt, or that their taste or peculiar talents may direct, *without any invidious distinction of title*; then, and not until then, can we expect the present anomaly to be rectified.

Yours, &c.,
M.D. Edin.

QUARANTINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some persons, enamoured of what *they imagine* to be "Free Trade," are opposed to all impediments on the locomotion of goods and persons from one part of the globe to the other. They would have it, that there is never any danger in permitting passengers to land in this country from any foreign shore. They look upon all ideas of quarantine as antiquated and useless. They say that, just as the passport system has been abolished here, and in several continental States, so should this barrier to rapid transit from one country to another be abolished. It is "old-fashioned," they exclaim, too old for the nineteenth century, &c. Now, I don't mean to proclaim myself an enemy to Free Trade, or to other improvements, because I avow myself an adherent of the system of quarantine to a certain extent. All this is said in knowledge of the fact, that the Privy Council last week ordered a West India Mail packet, the Atrato, into quarantine off the Isle of Wight, on account of yellow fever having broken out on board. Was the Privy Council right in this step it took? I believe it was. Although, doubtless, there are no certain records of an epidemic of yellow fever at Portsmouth, there have been many such epidemics at Gibraltar, and I don't see why, if the disease existed on board the Atrato, it might not have been introduced by means of the passengers into this country, just as cholera is introduced into Europe viâ Marseilles. Dr. Hearne, of Southampton, seems, however, to be opposed to the quarantine held on the Atrato; and states that the Royal Mail ships have now steamed into the Southampton waters for more than twenty years without any prejudice to the health of the inhabitants. Of course, it is said by many that yellow fever is not at all contagious; but the same thing is said by some as to cholera, typhoid fever, and many other zymotic diseases. In fine, I would rather see the Privy Council on the safe side, even if they should be perhaps wrong in this instance, and although I can sympathise with the passengers of the Atrato.

I am, &c.,
M.D.

HOSPITALISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me a few observations on Sir James Simpson's letter, as it appeared in your issue of the 6th inst., deprecating the erection of the new Edinburgh Infirmary on the large palatial plan, and advocating, instead, its construction in a series of village or villa hospitals or wards. That he fully makes out his case in favour of the superior wholesomeness of small hospitals as the rule, must be obvious to all who consider the question with fairness. Indeed, when properly stated, the proposition of Sir James Simpson becomes almost self-evident. An hospital ward is not only a sick room on a large scale, but one nearly constantly tenanted, and that with sick suffering from diseases of more than usual gravity. The difficulty of maintaining during the night a pure atmosphere in a mere sleeping room with many inmates is well known. It is no easy matter to accomplish this even in buildings specially constructed with a view to that object. But in the private sick room sometimes, and in the hospital ward always, there exist, both day and night, sources of foul and morbid exhalations that are absent from ordinary sleeping rooms, such as unclean skins, diseased lungs, suppurating surfaces, unhealthy and fœtid discharges, fæcal evacuations. If, then, ventilation be often not more than adequate to overcome the foulness attendant on an aggregation of mere sleepers during a portion of the twenty-four hours, how much less than adequate must it be to neutralize the foulness inseparable from such superadded sources of impurity? There are, in fact, no reliable data to prove that ventilation alone is capable of effectually counteracting the uncleanliness which accompanies certain cases of sickness. All that can be said is, that the foulness generated therefrom is less in proportion to the limitation of the numbers of the sick in a given amount of well-ventilated space. This is not only true of individual rooms and wards, but also of every building covered by one roof when used as an hospital. To this extent, then, Sir James Simpson's advocacy of hospitals on the villa scale, is based on sound reasoning as well as on ascertained facts.

But every one experienced in the management of the sick must know that there are single cases in private practice which require, for the maintenance of a pure atmosphere, ventilation to be supplemented by measures of disinfection. It would be something surprising if Sir James Simpson himself has never, in the course of his private practice, found it necessary to have recourse to disinfecting agents. And if disinfection be occasionally needed in the management of certain cases in private houses, it can safely be affirmed that it must be almost uniformly required in hospital wards, which, as we have seen, are but magnified sick rooms under many peculiarly unfavourable sanitary conditions.

Not satisfied, however, with showing that the rate of mortality among surgical patients decreases with the diminishing number of such patients under one roof, which is not only true but almost self-evident, Sir James Simpson has gone out of his way to speak disparagingly of all disinfecting measures. By so doing he has weakened rather than fortified his position. He was wrong to allow himself to be betrayed into running down disinfectants in general, by the tempting weakness of the argument used by one of his opponents, namely, that Professor Lister's carbolical "discoveries," by "altogether preventing noxious exhalations," had rendered it a matter of indifference whether hospitals were constructed in large lofty blocks, or in low detached buildings. In answer to this assertion he had only to point out that carbolic acid was no disinfectant at all in the proper meaning of the term, but only an antiseptic, and that its use in hospitals, as was to be expected, had not tended to diminish mortality.

Although the above alluded-to opponent of Sir James Simpson was most unfortunate in adducing carbolic acid as a substance calculated to secure purity of atmosphere in hospitals, it can, nevertheless, with confidence be stated that medical men in general, and hospital surgeons in particular, have too much neglected the advantages to be derived from disinfectants properly so-called, namely, those of the oxidizing class, some of which are well calculated to aid and supplement ventilation. No facts whatever can be appealed to in proof of the inefficacy, for instance, of chlorine as a disinfecting agent. Owing to its irritating and corrosive properties, it may not be so universally applicable in the gaseous form as was at one time expected, but in certain somewhat stable combinations, this substance is capable of conferring, in some surgical cases, immense benefits, which have been quite lost sight of by the medical profession. But this neglect of chlorine is no evidence that it is useless. In the same way the circumstance that nitrous acid, for the introduction of which Dr. Carmichael Smith received a parliamentary grant of £5,000, is now never used, affords no proof that this substance is of no disinfecting value. On the contrary, it is a most efficient disinfectant, and if it had been generally adopted, but kept to its proper uses, we should, perhaps, now be hearing less of "poison saturation" of hospitals. The truth is, that hospital surgeons have not paid serious attention to disinfection. They are not yet alive to what oxidizing disinfectants are capable of accomplishing. Among all the lectures delivered at the medical schools, there is not one in which the properties of disinfecting agents are experimentally treated of, and their applications taught. In what hospital has the sanitary value of even so capital a substance as ozone been practically investigated in a serious and sustained manner?

Greater familiarity with the principles and practice of disinfection would inevitably lead to the conviction that many cases of surgical disease, even when treated in good private houses, require ordinary ventilation of the sick room to be supplemented by the use of disinfectants, that the amount of disinfection demanded is in proportion to the aggregation of cases, more being required in hospitals with many patients under one roof than in smaller hospital buildings, but that, perhaps, no hospital, and certainly no surgical ward, can be long maintained in a sufficiently pure and wholesome condition, however well it may be ventilated, without the use of proper disinfecting agents.

I am, &c.,
John Muter, Ph.D.

New Kennington Institute,
October 16, 1869.

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Medical News.

THE Queen has been pleased to appoint Dr. George Macleod to the chair of surgery at the University of Glasgow.

THE CAMP AT COLCHESTER.—Staff Surgeon Major J. L. Holloway is to proceed to Colchester for the purpose of assuming the medical charge of the 8th depot battalion, vice Staff Surgeon D. O'Donovan, about to be placed on half-pay.

BY latest mail we learn that cholera of a virulent type is prevalent at Peshawur, and a number of European cases are reported. It is remarked that the disease appears to be spreading as it did two years ago in the direction of Cabul and Cashmere, and to gather strength as it goes.

IT is reported that printers' ink can now be used in photography. One great advantage being that photographs are necessarily as permanent as a printed text, and so easy of production that 12,000 may be produced from a single plate in one day.

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NOTICES TO CORRESPONDENTS.

IN all cases when proofs are sent, it is of the utmost importance for them to be immediately returned.

CORRESPONDENTS not answered should look to the answers the following week.

To SUBSCRIBERS.—Those gentlemen who have not paid their subscriptions for last year are respectfully reminded of the omission.

MR. DIXON.—The establishment of Dr. Blanc is in Bedford street, Bedford square, W.C. A letter to him at that address will elicit all you want.

DR. RYAN.—See answer to Mr. Dixon.

CONTAGIOUS DISEASES.—A correspondent referring to the articles that have appeared upon the subject in these columns says—It does not answer well on the Continent, and I am of opinion it would not work well in England; inspections at the best are but very imperfect, and I think would interfere too much with the liberty of the subject, and be of little use, as syphilis, as seen at present, is not the horrible disease it used to be when *mercury* was given to every patient indiscriminately.

L.R.C.S., Edin.—A registered medical practitioner can, like all medical men under the Medical Act, compound his *own* prescriptions; but under the Irish Apothecaries' Act, he cannot open shop or compound the prescriptions.

R.G.—We regret we cannot advise you. The disease from which you suffer is very common, and if self-denial and care be exercised, very harmless. There is no occasion for great alarm, which is habitually nurtured by qu,acks for their own purposes. Take regular exercise, and cold baths, and above all, beware of such excitement as might aggravate the symptoms. Any competent medical man can cure you, if you aid him by patience and self-denial.

DR. BLAIR.—The *Journal of Practical Medicine and Surgery* was discontinued at the end of 1866.

LARGE FAMILIES.—Several correspondents have expressed concurrence with the views propounded by "Prudentia," and hope the discussion which such a letter is likely to provoke, will not leave those vital questions open to conjecture or misrepresentation, as has too often been the case, from the ambiguity of language employed. One or two other correspondents have expressed dissent at the letter in question, but would like to see the subject impartially discussed, as it can only be in the pages of a medical journal.

J. C. advises M.D.. M.R.C.P., to fix his fee at £50 or under, and sue the shabby ship-merchant in the County Court. A good plan too, we think.

HARVEIAN SOCIETY.—Mr. Gascoyen will read a lecture on "Varicocele," on Thursday, 21st inst.

INQUIRER, CASTLEREA.—A female pelvis may be had of Fannin and Co., 4 Grafton street, Dublin, for about £1 5s. to £1 10s.

DR. LUTHER ON CAUSATIVE AGENCY, &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your impression of the 29th ult., your correspondent, in his interesting letter "On the Causative Agency of the Skin and Liver in the Induction of Phthisis," refers to a communication upon the same subject which appeared in your journal of April, 1867, from the pen of Dr. Mulvany. Being particularly interested in this subject, I have referred back to my volume of that date, but cannot find the contribution of which he speaks. If Dr. Luther would kindly favour me through your columns with the exact date, I, and doubtless others of your numerous readers, would feel extremely obliged.

Yours, &c.,
October 11th, 1869. I.F.M., M.D., Lond.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having heard that arrangements were to be made to enable the Diploma in Dental Surgery to be procured in Ireland, I would wish to know from you, or any of your correspondents, if there is any truth in the statement.—I am, &c.,
A B.

SIR,—In reply to a query from Dr. A. H. Jacob, I have to state that there is no foundation for the report that Trinity College intends to grant licences to practise Dental Surgery.—I am, &c.,

School of Physic, Trin. Col., S. HAUGHTON, Medical Registrar.
Dublin, Oct. 18th.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. Fifth edition, with an Introduction by T. Holmes, M.A. Cantab. London: Longmans, Green and Co.

Exercises in Practical Chemistry. By Messrs. Vernon Harcourt and H. G. Madan. London: Macmillan and Co.

Manual of Comparative Anatomy and Physiology. By S. M. Bradley, F.R.C.S. London: Simpkin, Marshall and Co.

Diseases of Children, with a Formulary. By Edward Ellis, M.D. London: John Churchill and Sons.

St. Bartholomew's Hospital Reports. Vol. V. London: Longmans, Green and Co.

A System of Surgery, Vol. I., General Pathology. Second Edition. By T. Holmes, M.A. Cantab. London: Longmans, Green and Co.

Practical Anatomy. Second Edition. By Christopher Heath, F.R.C.S. London: John Churchill and Sons.

Human Osteology. Fourth Edition. By Luther Holden, F.R.C.S. London: John Churchill and Sons.

Practical Medicine with Particular Reference to Physiology and Pathological Anatomy. By Dr. Felix von Niemeyer, Vols. I. and II., translated from the German by Drs. Humphreys and Hackley, New York. London: Trubner and Co.

Electricity in the Relations to Practical Medicine. By Dr. Moritz Meyer, translated by Dr. W. A. Hammond, with additional notes. London: Trubner and Co. The Quarterly Journal of Mental Science. Edited by Drs. Robertson and Maudsley; The Pharmaceutical Journal; The Practitioner. Edited by Dr. Anstie; The British Journal of Homœopathy; The Monthly Homœopathic Review; The Journal de Medicine de Bordeaux; The Westminster Review; The Monthly Microscopical Journal; Science Gossip; Universal Penny Railways; New York Medical Gazette; Australian Medical Gazette, &c., &c.

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Deaths.

BIRCH.—On the 3rd inst., at Barton-under-Needwood, William Birch, F.R.C.S.E., aged 68.

BLACK.—On the 27th ult., at Sydenham, Dr. J. R. H. Black, late of Summer place, Brompton, aged 73.

CALVERT.—On the 23rd ult., Edward Statter Calvert, L.S.A.L. of Bramley, Leeds, aged 63.

COLBORNE.—On the 27th ult., W. H. Colborne, M.D., of Chippenham, Wilts, aged 47.

DAVIES.—On the 8th inst., Francis Davies, M.R.C.S.E., of Pershore, Worcestershire.

DICKSON.—On the 12th inst., Samuel Dickson, M.D., of Bolton street, Piccadilly, aged 67.

DICKSON.—On the 15th ult., Edward Thompson Dickson, Surgeon, of Jersey, aged 76.

DRUMMOND.—On the 1st inst., R. Drummond, L.F.P., & S., Glas., of Stirling.

FLINT.—On the 6th inst., Richard Flint, F.R.C.S.E., J.P., of Tiviotdale, Stockport, aged 74.

GEERE.—On the 23rd ult., Richard Geere, M.R.C.S.E., of Edenbridge, Kent, aged 53.

GIBSON.—On the 25th ult., at Brookside House, Birtley, Fence Houses, Geo. Gibson, M.D., aged 48.

GREENWOOD.—On the 5th inst., Darnton Greenwood, L.S.A.L., of Clapham common, aged 68.

HEWITT.—On the 28th ult., Frederick Hughes Hewitt, M.D., of Chapel street, Belgrave square, aged 47.

KERSHAW.—On the 30th ult., at Park House, Royton, William Kershaw, M.D., F.R.C.S.E., in his 55th year.

M'GILL.—On the 14th ult., at Poyntz Pass, Armagh, Edward M'Gill, M.D., Surgeon 68th Light Infantry, aged 36.

PATMAN.—On the 22nd ult., at Nottingham, Edward Patman, C.M., of Broughshane, Co. Antrim, aged 51.

RANSFORD.—On the 13th ult., lost with the "Carnatic," in the Red Sea, James Inglis Ransford, M.R.C.S.E.

STAMP.—On the 26th ult., Thomas E. Stamp, M.R.C.S.E., of Hartlepool, aged 67.

Advertisements.

SUBSCRIBERS TO THE QUINAN TESTIMONIAL.

LIST No. 5.

	£	s.		£	s.
Dr. O'Sullivan, Clane, Kildare	0	10	Dr. Beatty, 18 Merrion square Dublin	1	0
„ Fryer, Fenagh, Carlow	0	5	„ Vesey, Magherafelt, Derry	0	5
A Friend	5	0	„ Ferguson, 20 Upper Sherrard street	0	10
Dr. Brassington, Rathgar road	1	0			
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G. MORROGH, M.D., Hon. Treasurer.

1 Belvedere Place,
Saturday Morning, Oct. 16, 1869.

SUMS RECEIVED FOR THE IRISH MEDICAL ASSOCIATION.

LIST No. 5.

Dr. O'Sullivan, Clane, Kildare ... ... 10s.

G. MORROGH, M.D., Hon. Treasurer.

1 Belvedere Place,
Saturday Morning, Oct. 16, 1869.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 27, 1869.

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ON PAIN AT THE HEART AND IN ITS NEIGHBOURHOOD—CASES AND APHORISMS.

By Horace Dobell, M.D.,
Senior Physician to the Royal Hospital for Diseases of the Chest, &c.

(Continued from page 269.)

The following are some of the principal points of practical interest in the four cases recorded in my last paper:—

1. The similarity between the symptoms produced by the organic disease and those produced by the dyspepsia.

2. The frequency with which dyspeptic symptoms are conjoined with those of organic disease.

3. The danger of mistaking the relief given by removing the dyspepsia for a cure of the organic affection—a mistake by which the practitioner may be led to release the patient from those cautions and restrictions upon which his future safety depends.

4. The great importance of diagnosing and treating the dyspepsia attendant upon heart disease, not only on account of the immense comfort which can thus be secured for the patient, but also because by this means an important addition to the difficulties with which the heart is encumbered may be removed, and the patient's life thereby rendered much safer.

5. Case 8 is a striking example of the great caution required in giving a prognosis in these cases until they have been carefully watched.

6. The extension of painful sensations to the *right* arm in severe cases—a point to which I shall have to refer again.

7. A most important and interesting point, exemplified especially by Cases 7, 8, and 10, is the rapidity with which rest from exercise relieves the pain, and the facility with which the heart accommodates itself to its defects if permitted. We cannot be too much alive to this in treating these cases, for by taking judicious advantage of it in our directions as to the habits and pursuits of patients, and explaining the *rationale* of it to them, a permanent accommodation of the heart to its difficulties may be gradually established in many cases which would otherwise soon become fatal.

8. The point, however, to which I wish especially to direct attention is the distinctive diagnosis between *pain at the heart* and *in the left arm* due only to dyspepsia, and the same symptoms due to organic and incurable disease. It amounts to this—that whereas the first is soon cured by appropriate remedies for the dyspepsia, the second remains after such means have been adopted, and after all dyspeptic symptoms have disappeared. But beyond this, the diagnosis may often be made without waiting for the effects of treatment, though it needs great circumspection. The first point to make clear is, whether the pain at the heart, &c., comes on after food or after exercise; but here it is necessary to distinguish between exercise taken after food and exercise taken when the stomach is free from food. If the pain is only excited by exercise taken with a full stomach, it may still be due to dyspepsia only; but

Aphorism 3.—If pain is excited by exercise taken when the stomach is not distended with food or gas, and especially if it comes on quickly and increases steadily in severity with the continuance of exercise, it is almost certain that there is some serious disease of the circulatory organs.

A perfectly healthy heart, fully nourished by healthy blood, ought to be able to bear an ordinary amount of stomach distension, either with food or gas, without sufficient embarrassment to lead to any serious inconvenience, even with the addition of moderate exercise. Therefore,

Aphorism 4.—When it is found that flatulence or a full meal embarrasses the heart painfully, a careful investigation should be made into the condition both of the organ itself, and of the blood.

The following case shows the importance of such precautions, and of not too readily deciding that the organ is healthy because the painful symptoms are relieved by removal of the dyspepsia.

Case 11.—R. P., fifty-five, a fine, tall, well-built man, consulted me Dec. 1862, when I made the following note—palpitation very easily set up by hurry or excitement, and always after breakfast if he moves. The palpitation is *accompanied by severe aching pains in the arms and scapulæ*, and sometimes there is a little swimminess. These symptoms are of about four months' duration. For the last twelve months has been much confined to a counting house lighted with gas, for five years before this had lived in London but took much out-of-door exercise. Anterior to that he lived in the country, hunting and shooting much, living generously, and enjoying very fine health.

Paternal grandfather very gouty. Father slightly gouty. Eldest brother gouty. Urine very acid, loaded with urates. Bowels irregular. Pulse fair average. Heart sounds sharp and loud, otherwise normal, cardiac dulness normal. Ordered diet, regimen, and medicines for gouty dyspepsia, and in two weeks he was *relieved from all uncomfortable symptoms*. Ordered a continuance of the same plan of treatment, and cautioned him as to the management of his thin walled heart. I heard no more of this patient till January, 1868, when I was summoned into Essex to see him in consultation with his family doctor, and found him sinking. He was breathless, pulse extremely quick, very feeble, irregular, intermitting, spitting a considerable quantity of blood. Heart's action fluttering, irregular, no bruit, cardiac dulness normal. Liver four inches below the ribs, round, smooth, and blunt. Legs and thighs œdematous, no ascites. Urine scanty, loaded with urates, acid, no albumen. Intellect quite clear. I learnt that after I saw him in 1862 he had lost his dyspeptic symptoms, and very much improved in health, but always suffered from palpitation on exertion, and had easily got chilled in cold weather In the frost of 1866 he had been "paralyzed with cold," and nearly died from walking home one night in the frost. But the immediate cause of his present condition was prolonged and excessive *overtax of his weak heart*, by ill-advised over-exertion. He had undertaken a walking tour in the Isle of Wight with much younger and stronger men, felt getting more and more ill every day, but was persuaded it was due to dyspepsia, and that more walking exercise was the remedy. Thus persuaded, he foolishly pushed on until he came to a dead stand, and was brought to his home with difficulty in an invalid carriage four days before I was sent for. He only lived nine days. His doctor wrote me that after I left him the hæmoptysis and anasarca increased, and the other symptoms got worse. On the evening of the night on which he died, the doctor found him sitting up in bed, having been seized with intense *pain about the base of the heart*, face livid, panting much for breath, intellect clear. This state continued up to his death, which was sudden at last.

(To be continued.)

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Hospital Reports.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

In a recent visit to this hospital we observed the following cases:—

Case 1.—October 15th. An elderly woman was operated on by Mr. Bowman for double cataract. Both lenses were extracted by the method which now seems to be in universal use at the hospital, namely, by means of a small linear incision, made by a narrow-bladed knife, of the upper part of the juncture of the cornea and sclerotic, followed by excision of part of the iris. Mr. Critchett informed us that this operation is very much more successful than the old flap operation by Beer's knife, and that whereas one-fifth of the cases of operation used to go wrong, now only one out of sixteen or so turn out ill. The above case of double extraction was successfully accomplished by Mr. Bowman, the eyelids being kept open by means of a small instrument invented by a German, whose name escapes our memory. After extracting the cataract from the left eye, a slight amount of blood was seen in the anterior chamber, arising, Mr. Bowman observed, from the vessels of the cut iris. This blood he removed as well as he could by means of slight pressure of the probe; but it would not be of much consequence after all, he continued.

Case 2.—The next case of operation was performed by Mr. Critchett. The patient was a young girl, aged about twenty, the subject, it was supposed, of hereditary syphilitic taint, which had caused in her interstitial keratitis of both eyes, followed by adhesions of the iris, and total want of vision in both eyes. Mr. Critchett performed excision of a piece of iris in the left eye, by means of an incision effected by a lancet-shaped knife, with which the cornea was incised about its junction with the sclerotic. A piece of the iris was then drawn out of the wound and cut off.

Case 3.—An elderly woman, who had been operated on by Mr. Critchett for double lenticular cataract some months previously, returned with capsular cataract of one eye, the left. The opaque capsule was seen distinctly behind the cornea. Mr. Critchett introduced two needles, one with the right the other with the left hand, through the opposite side of the cornea. Fixing the capsule by means of one of these needles, he entered the point of the other needle at the same point; and then, moving it upwards, he tore through the opaque capsule, leaving a wide opening, through which light could attain to the retina. Mr. Critchett observed that in many cases operators fail to accomplish this desired end by using only one needle, because the capsule follows the one needle and does not become torn sufficiently, unless the other needle be used in order to fix one point in the membrane.

Case 4.—A remarkable case of "Grave 's disease" is now attending at the desk of Mr. Couper. The eyeballs project greatly, there is violent impulse of the heart, and slight swelling in the region of the thyroid gland. The patient is a woman of about thirty-five years of age. The treatment by Mr. Couper has been by means of the tincture of belladonna, which seems to have relieved some of the worst and most painful symptoms. It is proposed, also, by that gentleman, to attempt to ameliorate the general appearance of the patient's countenance by using a slight operation to narrow the aperture between the lids, by making them adhere at the outer canthus.

Case 5.—A child, aged six years, a girl, came with great staphyloma of the left eye, the consequence of purulent congenital ophthalmia. Mr. Critchett proposes to excise the cornea by a method peculiar to himself, *i.e.*, firstly inserting needles through the sclerotic from side to side, and then excising the cornea.

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SPECIAL REPORT
ON
STUDENTS' TEXT BOOKS.

(Prepared expressly for the Medical Press and Circular, by Professors in Schools of Medicine.)

No. IV.

Our last remarks were directed to the subject of Systematic Surgery. We have now a work on Operative Surgery, to which we would direct attention. It is the 2nd edition of a neat and illustrated "Manual of the Operations of Surgery," by Dr. Joseph Bell, of the Edinburgh Royal Infirmary; published by Messrs. Maclachlan and Stewart, and in London by Mr. Hardwicke. The four plates that precede the letterpress particularly please us, showing as they do, in the clearest possible way, the lines of the incisions to be made in all the most usual cases. Dr. Bell makes some apology for the "baldness and brevity of the style," but none is really required. A condensed work like this is far more useful than one three times as large. Of course, the first use of the book is as a guide to operations on the dead body. It may, we suppose, be looked upon as the author's syllabus in teaching his class of operative surgery. But it has another use or two. It will help those preparing for examinations to keep the details of operations fresh in their memory, and it will also serve the surgeon in districts, away from the aid of professional brethren, to refresh his memory before undertaking an operation. That Mr. Syme's assistant should lean to the Edinburgh School is not surprising; but his manual will be none the less useful to students in other schools.

At a later period of his student-life, when his first examination at the College has been passed, works on the practice of Medicine naturally occupy much of the student's attention. We do not mean to say for a moment that all reference to practical works on Medicine should be deferred till after the close of anatomical studies. Such a course, however much to be desired, is at present impracticable; and attending hospital practice during his first and second year, the student must have books from which to obtain that supplementary information so essential to his profitable work in the wards. In Medicine we know no better books for the junior student than Dale's "Compendium;" "The Art of Case-taking," by Dr. Warter; Tanner's "Clinical Medicine;" and Hooper's "Physician's Vade Mecum." With the two former books for reference in the wards, and the last mentioned to solve other difficulties when the day's work is over, the junior student will find himself well supplied.

Among the more useful, if the least known, of manuals of medicine is the "Compendium of Practical Medicine," by W. Dale, M.D. Lond. (published by Churchills). It is a small 8vo volume, containing the result of many years' experience, gives an excellent epitome of diseases, and, above all, is based upon morbid anatomy. This volume appears to have been printed at Plymouth, no doubt as a matter of convenience to the author. This accounts for its want of that appearance which in London goes so far. We can, however, promise the purchaser that he will find it full of solid information condensed into a small compass. We should be glad if this publicity were to cause it to be rapidly sold, so that the author might have the opportunity of bringing out a new edition, in which case we would advise him to give his best attention to the revision, and make some arrangement with his publisher by which it might at once take the place it deserves as a text book of practical medicine based on pathology.

In the latter part of his curriculum, when the student is really seeking to obtain a closer acquaintance with disease, when he is practising himself for the struggle he must soon engage in as a surgeon, the books we have mentioned above will no longer suffice; stronger food must be found to develope the thews and muscles of the mind. At this time the student should read Watson's "Lectures," and have them by him as a refreshing book when the less brilliant style of Tanner's "Practice of Medicine" and Aitken's "Science and Practice of Medicine" have wearied him. When a new edition of Watson has brought the work abreast of the present state of knowledge, it will again, as in the past, be the most popular of all books; but till then it must not be alone relied on. Of the other books, the best and most comprehensive is Aitken; but to many the vast collection of opinions to be found in its pages makes it wearisome reading. To such, Aitken must be left for reference, or its use deferred till the time of actual practice, and Tanner's "Practice of Medicine" will be found the best text-book. Barlow's "Manual" is a good one, but it has never been popular. The pathology is excellent, and the treatment good; but it would be better if re-edited, and brought more into sympathy with existing opinions. In addition to the books already named the student will find Dr. Hughes Bennett's "Clinical Medicine" invaluable. There is no book he will find a more trusty and instructive companion. Finally, it may be mentioned, that students preparing for the higher class examinations will find a careful study of the last edition of the "Encyclopædic Aitken" indispensable.

MIDWIFERY AND DISEASES OF WOMEN.—It appears natural that we should commence our advice to students respecting the works on Midwifery they should study by a brief notice of Dr. Fleetwood Churchill's excellent, well-known, and highly appreciated Manual on the "Theory and Practice of Midwifery," published by Messrs. Fannin & Co., for of modern works, undoubtedly, this book is the most popular and most frequently trusted in. The information and advice contained in the work are thoroughly sound and practical; and we trust the great obstetrician, who, for many years, has himself minutely superintended each succeeding edition of this Manual, will be long spared to witness the fruits of his teaching in the increasing importance with which obstetrics, not in the Profession only, but with the public, are daily being regarded.

The same author's Manual on "Diseases of Women" is a companion volume to his Midwifery, and has reached a fifth edition. It would be almost impossible to exaggerate the value of Dr. Churchill's work; whether we regard it as an exposition of the principles of gynecology, or as a most faithful guide in the treatment of female maladies, it is alike invaluable, and to the student and practitioner it is easy of access in consequence of its very moderate price. Notwithstanding the large number of works on this subject that have been produced since Dr. Churchill's book was first brought out, it still continues in this country, in Ireland, and America, to be by far the greatest favourite.

To those students who desire simply to obtain knowledge enough of the theory and practice of Midwifery to enable them to pass an examination, Dr. Tyler Smith's excellent "Manual on Obstetrics" (London: John Churchill), or the manual of Dr. F. Churchill already mentioned, is amply sufficient; in fact, we have known more than one successful candidate at the M.B. Lond. examination, who assured us that they read no other work when preparing for that severe midwifery examination. We earnestly advise, however, every student who has the industry, thoroughly to master the several articles in the "Cyclopædia of Anatomy and Physiology" bearing upon the ovum, the pelvis, and especially that by Dr. Arthur Farre on the uterus and its appendages, which will be found in the supplementary volume; having done this thoroughly, he should next slowly digest that splendid work Cazeux's "Midwifery," (the edition in English is published in America). Having completed these studies in the manner indicated, no man need ever feel fear of presenting himself for *any* examination in the theory of midwifery. The practice *can* only be learned by the patient attendance upon a large number of women actually in labour; the *number* of cases attendance upon which is demanded by the examining bodies, is ridiculously small, and wholly insufficient to give the best read man in Midwifery any adequate notion of its exigencies, its anxieties, or its perils, and wholly insufficient to beget in any man that self-fortitude and reliance, without the possession of which no man can ever be a successful or accomplished accoucheur.

Every student is now examined not only in Midwifery, but also in Diseases of Women. For an examination, the late Dr. Rigby's very valuable and concise little work on "The Constitutional Treatment of Female Diseases" is both appropriate and sufficient; but no practitioner can feel himself at home in the diagnosis, pathology, and therapeutics of this very important class of cases, without becoming intimately acquainted with the contents of that truly wonderful work, Scanzoni's "Diseases of Females," which has been translated by Dr. Gardner, of New York, and published in that city, and may be had through Messrs. Trübner, of London.

A host of other works on these subjects could be named. Many of them are simple compilations, others are far behind (in our judgment) both in Pathology and Therapeutics the advance which has been made in every branch of obstetric knowledge.

(To be continued.)

A MEDICAL TRIP TO PARIS.

(*Concluded.*)

In a visit to the Lourcine, female venereal hospital, of 300 beds, I found a distinguished gentleman with whom I have had an acquaintance of several years' standing, Dr. A. Fournier, acting as physician, and also M. Dèpres, as surgeon, to the hospital. M. Dèpres is a strong anti-mercurialist; and will, I am glad to say, have nothing to do with mercurial courses in any shape or form. He treats the early stage of syphilis entirely by topical applications, such as a saturated solution of chloride of zinc to mucous tubercles, and, for the rest, waits and treats symptoms, such as iritis, by belladonna lotions, &c. M. Dolbeau, his predecessor in the same position, did the same; only *he* gave, as an internal remedy, chromate of potash for secondary eruptions, and iodide of potassium for tertiary syphilis. Of course, M. Dèpres, like myself, and others, who have abandoned mercury, is bitter against the evils caused by the drug. He accuses it of causing the patient to become pale, and thus lowering the power of casting off the disease by the skin. Alas! how difficult it is to prove any point in therapeutics of such complication as this! As I always like my antagonists to be heard, although they don't like the contrary, I shall quote from a lecture I heard from A. Fournier, a few days after his views, as to the exhibition of that metal. M. Fournier began by observing that "Of late a revolution had sprung up against the administration of mercury in syphilis; but, thanks to experience, mercury would survive. According to what has lately been said (he continued) syphilis is a very simple disease in most cases, and will get well of itself. Mercury, too, is injurious. But let us open a work on pathology, and we find periostitis, alopecia, iritis, loss of vision, sarcocele, necrosis, and disease of the nerves causing death, all consequent on syphilis. Is this the disease you call benignant? You ask me to await the coming on of such symptoms. But the patient demands a remedy against such a terrible fate. But you say, Ah! if the disease were always so severe, perhaps, but there are numerous cases of mild syphilis, which require no treatment. Yes, perhaps; but how are you to recognize them? I know of no method of doing so. There is no provisional diagnosis of syphilis. The necessity of treatment, then, being agreed on, can mercury do any harm?

"Now, there is no remedy so detested by the outside world as mercury. The patient says, 'Doctor, do you order me mercury?—then adieu to my teeth, adieu to my hair! How will you take the mercury out of my body?' The barbarous treatment of the 16th century has caused this terror. And, indeed, mercury may produce, if not carefully administered, stomatitis, dyspepsia, and disturbance of nutrition; stomatitis, however, may be avoided by suspending the drug. Our patients here at the Lourcine never have stomatitis. In some cases mercury is ill-tolerated. It gives dyspepsia and diarrhœa. We can prevent this by varying the dose. Mercury *may* disturb nutrition; but this, too, we can obviate; 19 out of 20 patients thrive under the drug, get fat. If it is too long given, it is hurtful: profit, then, by its good qualities and be careful. But is mercury advantageous? Some say that mercury can cure syphilis, others that it does nothing. Mercury does act on the symptoms, and will in 15 weeks, or less, remove roseola. In some cases of obstinate syphilides mercury removes them at once. Mercury, then, acts on the symptoms, and hence it must act on the disease. When syphilis is treated by mercury, we only see serious cases in about 5 per cent.; when not treated, multiple lesions are seen followed by caries and other tertiary lesions. The results of expectation are disastrous, and I say that a physician who has remarked this is inexcusable if he does not give mercury. Mercury allows of relapses. We only make the disease milder; but the worst accidents read of in books occur among patients not treated by mercury. In most cases mercury acts well; but in some it fails. So does quinine, so does opium sometimes. If we had an excess of remedies we might get another for syphilis; but where are they? I do not like friction; it is a dirty way of giving mercury, and may cause stomatitis; it should only be used exceptionally. The horrible taste of corrosive sublimate is against it, and it causes dyspepsia frequently. The protoiodide of mercury is the best, and in 8 cases out of 10 is well borne. Subcutaneous injection is difficult, and not free from danger, and painful. How long should patients take mercury? Some say 100 spoonfuls of Van Swieten's liquid. M. Ricord says, six months with protoiodide of mercury, followed by three months with iodide of potassium. These prescriptions are not sufficient. Mercury ought to be given far longer. Time does more than the dose; given continuously it loses its efficacy. Therefore you must interrupt your courses, and I propose the method of successive treatment. In a case of roseola, give mercury two months. Then stop. Again in two months time recommence, whether there are symptoms or not. Two years of treatment are required, of which ten months' treatment by mercury and fourteen months of repose. In chronic disease, chronic treatment. Gout is not cured by one season at Vichy. If mercury is the treatment for the diathesis, iodide of potassium is the treatment for the tertiary symptoms. Specific treatment must be aided by good habits. Syphilis is a far graver disease in women than in men. Tonics and hydropathic remedies are often most useful. After all this treatment, what are you to say to your patients? You must tell them that you cannot say that in 10, 20, 30 years they may not have tertiary symptoms. Tell them this, that they may inform their attendant in after years, if any anomalous symptoms arise, that they once had this disease. It may be the saving of their lives that he should know this."

Such is the lecture on the mercurial treatment of syphilis by Dr. Alfred Fournier, the most distinguished of M. Ricord's school. If M. Fournier would only have looked at the admirable statistics of treatment of syphilis contained in Professor Bœck's "Recherches sur la Syphilis," I cannot help thinking that he would never have uttered this address. What! after all the deplorable results seen after the treatment by calomel, inunction, protoiodide and perchloride of mercury there recorded, is it possible to assert that a two years' course of this terrible drug will prevent tertiary accidents! Why, I believe that, instead of preventing the occurrence of tertiary symptoms, M. Fournier's treatment is probably one of the most certain means he could adopt for causing cases of syphilis, which would otherwise prove but slight affairs, to destroy the constitution for life.

Before proceeding further in this letter, Mr. Editor, I may mention that being anxious to see M. Lancereaux, I called at the Hôtel Dieu, but found that he was not there; but that he was competing for a place as "medecin des hôpitaux" before a jury of his brethren. Happy country, I thought, where open competition exists like this, instead of back-stairs influence, or currying favour with the physicians to the Queen or the treasurer to some hospital, or rushing round a crowd of governors with testimonials obtained by genteel begging, or flattery. At any rate, in Paris the candidate must know something of his profession, even if he may not have attained to the noble art of pleasing persons in high places. To do which latter thing, of course, he must usually sacrifice most of his independence of speech, if not of thought. Shall we, Mr. Editor, ever attain to the dignity of the *concours*?

You know that we are in great excitement about introducing the foreign system of police inspection of prostitutes, and that many of our most distinguished medical brethren are profoundly convinced of the absolute necessity of extending the provisions of the Contagious Diseases Act to the civil population. Now, I am much interested in seeing that plague of modern days (syphilis) abated in its ravages, and were this plan of our *confrères* likely to accomplish this end, I would support it; but is it likely to do so? Let us see. I told you that I had visited frequently the two Parisian hospitals, the Lourcine and the Midi, each of which was full, and each of which contains 300 beds, and that 100 out-patients daily come to the Midi for advice. But I found at the Hôpital Saint Louis, that an immense proportion, both of the in- and out-patients were venereal cases. At the other hospitals also I found the same thing. So that I asked myself, Is it true that the Parisian system, so much talked about, has really the effect in large towns of lessening the spread of venereal contagion? and, Sir, I had no hesitation in replying in the negative to this question. Well, then, if it does not lessen venereal contagion, has it no evils of itself? It has, Sir. The women of the Dispensaire may be compared to white slaves. They have no liberty, but are as completely under the espionage of the police as a galley slave is. The Habeas Corpus Act, of which we justly boast, can have no meaning for these women. They can be shut up in a gloomy prison, St. Lazaire, which I have visited in company with my friend, Mr. Dunn, at any moment, for any length of time the physician pleases. I would not like to be that physician. If you call that equality of rights, what is inequality? What is aristocracy? I visited M. Lefort, a distinguished young surgeon, formerly of the Hôpital du Midi, who, you may be aware, has paid much attention to the subject of prostitution. He found, as others have lately found, by interrogating the patients of the Midi, that most of them had contracted their contagions, not from their unfortunate prison-women at all; but from a class which manages to escape from the lynx-eyed police of Paris, and who are technically denominated "insoumises," and he calculated, I think I remember, that, instead of about 4,000 or 5,000 prostitutes in Paris, there ought to be under police regulations nearer 30,000. I accordingly asked M. Lefort, if this was the idea he still entertained, or whether he did not see that the fact was, that the Parisian system was a bad one, and required remodelling. He replied, that he thought that what was wanting was, that the 30,000 women should be brought under police inspection. I urged against him a fact mentioned in a most enlightened and able article on this subject in the "Westminster Review," for July last, that it had been found of late that the number of known prostitutes, and especially of brothels, had actually diminished in Paris, although the city had enormously increased in dimensions, showing, as I said, that the system had broken down from the dislike of the citizens to such a premeditated system. To this he objected, that it was simply on the score of expense that these brothels had been discontinued, and added, that he was about soon to report on the subject to the Académie de Medecine, asking me, at the same time, to send him over anything we had lately been doing on this question. I paid a visit also to M. Lecour, of the Bureau des Mœurs, but did not find him in Paris.

My own idea is that the Parisian system will always fail in large cities, however it may succeed in small towns such as Christiania, where, according to our illustrious *confrère*, Mr. Jonathan Hutchinson, it appears that justice is sometimes even-handed, for a wonder, and shuts up the male contagion-spreaders, as well as the poor prostitute, until cured. Were this law proposed in London, I don't think the extension of the Contagious Diseases Act would be so popular as it now is, at any rate amongst our younger *confrères*,—do you? What is wanted here is venereal wards in our hospitals, maintained not by silly governors, but by municipal rates, enforced by government authority. [I was, Sir, distressed and disgusted but the other day, to find that one of the only wards in our big City for prostitutes, that in the Royal Free Hospital, was shut up, ostensibly for want of funds. This was, in fact, the only result obtained by the article fired off by the *British Medical Journal*, against what was in respect of hygiene certainly *one* of the most useful of the London medical charities.] I believe, Sir, that this measure, conjoined with the spread of toleration of opinions, and open discussion of different social topics, such as the contracts between the sexes, is the right direction to take in order to lessen the spread of venereal contagion, not the introduction of the Continental system, which, I feel convinced, will have to be modified ere long, to suit the growing ideas of sex equality and liberty. I see that Mr. Mill's excellent essays on "Liberty" and on the "Subjection of Women" have both been translated into French, and I hear that they have been greatly read by the intelligent portion of the Parisians, and I much mistake if these works do not tend to convince our clever neighbours of the mistake they have made in rendering compulsory what they should only have done by the Christian spirit of true devotion to the cause of human health and happiness.

Many of the Parisian medical men are much opposed to the system. It has been opposed also by M. Auzias Turenne at the Congrès in 1867; and I believe that it is a well-known fact, that the wholesale examinations, which I have witnessed in company with Mr. Robert Dunn, at the police office in the Rue de Jerusalem, not very unfrequently, may be the cause of spreading syphilis, by means of the instruments used. It is well known that catheterism of the Eustachian tube even has spread the disease; and it is, I believe, almost impossible to avoid the occasional contamination of female specula, where frequently used for a hundred or more prostitutes in the course of one morning's examination.

In a lecture at the Hunterian Society delivered by Mr. Hutchinson, a gentleman whom I consider as at the very top of scientific observers in this country, he told us that medical men had no business with politics. Hence, I suppose I have no right to say that I was disgusted to find that one of the students of the Hôpital du Midi had been locked up in a prison called Mazas for six weeks, for asserting his ideas that the Emperor of the French was not acting according to the laws of France. I saw him just on his exit after being, forsooth, *pardoned* by the same Emperor on the 15th August. He did not, it is true, seem at all obliged to the august head of the State; and, as Virchow has set us the example of speaking out, Mr. Editor, I confess, I must say I hope sincerely, that the empire may ere long come to an end, since it seems to me that laws are made to be obeyed by all, and not only by subjects.

I remain, dear Sir, yours faithfully,

Charles A. Drysdale, M.D.,
(M.R.C.P., L. & F.R.C.S.E.)

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LETTERS ON LIFE ASSURANCE.

No. 2.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In my letter No. 1, which appeared in your issue of Oct. 13, I ventured to submit to your readers a few words of advice relative to the selection of an office for the assurance of lives; and, in doing so, I confined myself to the single element of *safety*. As, however, by means of premiums disproportioned to bonuses, or *vice versâ*, such safety, like everything else, may be bought at too high a price, it yet remains to be considered, where security may be met with in connection with the greatest possible corresponding advantages of other kinds.

In appointing myself as a guide to the obtainment of these combined *desiderata*, which have formed the subject of so much contention, my apology must be found in the fact, that what follows is an exposition simply of my own views, as deduced from those expressed by leading authorities.

In pursuing our search, the first point to be decided is, which class of office is best to assure in. I leave the Proprietary Companies out of the question. Shall it be a Mutual Society or a Mixed Company? Here it would be well to note, that by a Mutual Society is meant one in which the members assure each other. In such offices the safety is provided for by means of a fund reserved from the premiums; whereas, the Mixed Company is one in which the safety is provided partly by a fund reserved from the premiums, but mainly by means of a subscribed capital. Before proceeding further, however, I should state, that, as firstly, some considerable time must elapse before an adequate number of members could be enrolled to secure the operation of the law of average; that, as secondly, the primary death-claims might prove to be those of large amounts, rather than those of small sums; and that, as thirdly, the expenses incident to the establishment of such a business are of necessity heavy,—it would, therefore, be imprudent, if not impossible, to *start* a Mutual Office without some sort of principal sum answering to the subscribed capital of the Mixed Company. In actual practice this is often raised by way of loan repayable by instalments in a stated number of years. If, indeed, it were necessary to prove the desirability of capital in the early stage of all offices of whatever class, it would be easy to instance a society established within the first twenty years of this century, when competition was far less rife than it is now, whose sole means for a time consisted of something less than £40. We have it on record that the greatest uneasiness prevailed amongst its members, the manager himself expressing the gravest doubts of its continuance for the first year or two of its existence; and well he might, seeing that, had a single claim of £100 fallen in while the society was in the state just described, there would not have been sufficient in the coffers to meet it with. That the society in question outlived the difficulties with which it was surrounded, was, as we say, "more by good luck than good management," though, no doubt in a great measure its success was, attributable to the latter cause.

Respecting the theoretical correctness and practical advantages of these two classes of offices, there has been, and still is, much diversity of opinion. Some object, that, in the case of the Mutual Offices, the early members are made to suffer, either in heavy premiums or in small bonuses, in order to repay with interest the loan, the benefit of which is reaped by others. A second class of persons, taking the opposite view of the question, complain of the Mixed principle, on the score that whatever is paid to the shareholders for the use of their capital over and above the interest realized by investing it, is so much out of the assurers' pockets; while the risk to which their money is exposed, provided that the business be conducted ably and economically, is more nominal than real: that, indeed, the only value of capital is at the start, as above alluded to in connection with the Mutual Offices; and that the share of the profits, which is over and above interest paid to the shareholders, would in many instances, if reserved and invested at compound interest, for, say, thirty or forty years, amount to more than the capital itself. Is it not evident, such persons ask, that a Mutual Office can, in the same space of time, accumulate for themselves a capital which will not, as in the case of the Mixed Offices, act every year as a continuous drain upon its coffers?

Though I, for my own part, am disposed to favour the Mutual principle, I cannot altogether agree with the latter portion of the objection raised against the Mixed plan; for the loan fund needed for the Mutual Office at the start could hardly be procured, except at a higher rate of interest than that which its re-investment would secure. Though, therefore, it be allowed in the shape of extra interest, we have something here answering to the "participation of profits" awarded to shareholders in the case of Mixed Offices. For this reason, a Mutual Society could not well accumulate a principal sum for themselves equal to the capital of their competitors, or, in other words, pay off their loan with interest in the time that the dividends paid to the shareholders of the latter would take to exceed that capital.

That the Mutual Offices are the most perfect in principle, there is, I think, little room to doubt. That, in their maturity at all events, other things being equal, they are to be preferred, I, for my own part, am fully satisfied. That, in the commencement, the early members are in many instances made unduly to contribute for the safety and benefit of those that come after them, I, for one, shall not attempt to deny. It occurs to me, however, that this inequality might, in a great measure, be done away with, by devoting the profits arising out of the "term" and "non-participating" policies to the repayment of the loan fund. But, should the fund from these sources not be deemed sufficient for the purpose, supposing the loan to have been arranged for a longer term than is usually the case, it is easy to see that the contributions to its repayment might be more equally shared. The point, to my mind, lies just here. In a Mutual Office, the guarantee fund may be, in some shape and to some extent, a drag on the early members; in the Mixed Office, the capital is a certain and perpetual drag on all the members, from generation to generation.

To conclude: there are, however, a number of Mixed Companies which I should infinitely prefer to assure in to many of the Mutual Societies; for, be it always remembered, there are several other points connected with the subject of far greater importance than that of class of office merely.

I am, &c., F. A. C. HARE.

Literature.

THE MEDICINE OF TO-DAY.*

WHATEVER comes from Sir William Jenner is always worth reading, and at least demands respectful attention. We have been not a little pleased with the two addresses delivered, one before the British Medical Association, and the other before the Epidemiological Society, which Sir Wm. Jenner has given the world in a pamphlet form. They are characterized, as all Sir William's writings are, by deep thought. In the first of these he discusses the scepticisim so many now-a-days, we regret to say, express respecting the remedial power of drugs, pointing out that the causes of this scepticism are, 1st, that practitioners have found many acute diseases terminate without a drug in the perfect restoration of health: 2ndly, that many diseases have a definite duration to pass through before they are worn out; and, 3rdly, that disbelief in what our forefathers taught was the action of a certain medicine, is not disbelief in the action of that medicine. Sir W. Jenner protests rightly against those who are constantly asserting that the art of medicine is at a standstill. He points to our advancing knowledge of the various minute changes the tissues undergo, the changes structures experience when removed from the body (*passive changes* as he calls them), in contradistinction to those changes that take place in the living organism as a result of old age, or in the young of disease. Nor are these facts of *minor* importance; as Sir William points out, they are facts that play no little part in the successful treatment of disease. Then, again, he refers to the advantage in diagnosis of thermometric examination, how latent typhoid fever may be at once detected, when perhaps there are no other symptoms to guide us, and when in our treatment it is all important that we should discover it, and how acute tubercular deposit may with comparative ease be discovered by the aid of the thermometer, when without it it was almost impossible.

Again, we are referred to our growing appreciation of the mechanical consequences resulting from disease. As, for example, our recent knowledge of embolism and its causes. He points out the progress made in our acquaintance with blood poisons—their effects and consequence, and to the revelations of the microscope, and the vast field microscopic investigation offers. More than this, Sir William shows that we not only discover disease more readily, but the treatment has also become more sure and more certain. We wish we could agree with him in the remaining part of his able address. But his views on the water question are diametrically opposed to the views we have always advocated, and shall continue to advocate, unless we have some more certain experiments and proofs presented to us than any we have seen or heard of as yet. He refers to the water as the one cause of the cholera outbreak in the East of London—a view we must repeat again and again is perfectly untenable and unsupported by a single fact. We do not say that water will not produce cholera,—we know it will; but to assert that the outbreak in question was the result of impure water, is, we feel sure, to be unacquainted with the whole circumstances of the case. The Registrar-General may succeed by this means, aided by one who is no chemist, and to whose *elaborate researches* (!) Sir W. Jenner refers, in fanning the fire of sensationalism, but we are convinced that before long this miserable attempt will only disgust those who ask for facts, and not merely for the far-fetched sensational ideas of one or two individuals. We are, for ourselves, astonished that one so strongly gifted as Sir William Jenner should have been led astray by views as unsound as they are positively ridiculous.

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* The Practical Medicine of To-day, by Sir W. Jenner, Bart., M.D. London: H. K. Lewis, Gower street.

The second address, delivered at the opening meeting of the Epidemiological Society, is occupied with pointing out the means of preventing certain diseases, and diminishing the mortality of others. The accomplishment of this Sir William thinks may be effected in three ways: 1st, by the spread of the knowledge of sanitary laws; 2ndly, by the force of special legal enactment; 3rdly, by the philanthropic efforts of the wealthy. Both addresses are most carefully written and well worth attentive study.

Dr. Angus Smith gives us the result of his great experience in "Disinfectants and Disinfection." He deals with the various substances recommended, and shows their several advantages and disadvantages. For domestic use, Dr. Smith seems to prefer carbolic acid to most others.

The "Philosophy of Food," by W. Willmott, is the title of a lecture delivered before the Association of Chemists' Assistants. It is carefully written, contains a large number of facts, which, however, are not very systematically arranged.

Mr. Gamgee presents us with one more proposal for the preservation of fresh meat ("On Fresh Meat Preservation, by John Gamgee"). We trust it may be successful. It seems to be the result of most careful and numerous experiments. The process Mr. Gamgee proposes is not altogether a new one, but a new modification of an old one.

MAUNSELL'S DUBLIN PRACTICE OF MIDWIFERY.

It is now thirty-five years since this was issued from the press, having always held its place as a sound practical work, and offering to the obstetric student a faithful guide in the difficulties which beset his path.

In the new edition, 1869, are supplied the improvements that have taken place in this important branch of medicine.

In the signs and symptoms of pregnancy, allusion is made to Jacquemier's test.

A good description is given of the nature and properties of the secale cornutum or ergot; and the best mode of preserving it. Dr. Maunsell gives admirable advice as to its administration, and regarding the effects of this drug on the life of the fœtus. He says:—"As a general rule it should not be given when there is a likelihood of delivery not being accomplished within two hours. It appears to have a deleterious action by inducing a tonic contraction of the uterus. The circulation in the fœtus is interfered with; in addition a poisonous influence through the medium of the blood is believed to take place."

He recommends its use as a precautionary measure in cases where hæmorhage either before or after the expulsion of the placenta has happened in former deliveries, an admonition that may safely be followed. The method of inducing labour prematurely by douche is entered into briefly, and a remark occurs relative to those unprincipled practitioners who unscrupulously use such means, by no means out of place. The last chapter contains some observations on anæsthesia, entering into its history, use, and method of inhaling the vapour, and the class of patients to whom it ought not to be administered.

The time at which to commence giving chloroform in labour is fully enlarged on, and will depend on the object in view. If in cases of difficult labour requiring operative interference, it may safely be laid down, that in the entire range of human suffering, there are no cases where its efficacy is greater; proving an inestimable blessing to the patient, and facilitating the efforts of the operator in the highest degree; or it may be given with the object of alleviating the pain of childbirth. In the latter case, complete unconsciousness is not desirable. The aptitude to hæmorrhage after delivery is mentioned by the use of the drugs, and, therefore, particular care must be taken after the birth of the child. It is hardly necessary to give greater praise to this little work than to add that it fully sustains the reputation of the first edition, whilst it advances the knowledge of obstetrics to the standard of the present time. The "Dublin Practice of Midwifery" is a book which every student in that art will do well to read who wishes to have a thorough knowledge of the subject.

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COCOA.

THE PUBLIC PRESS, AND TRADE ADVERTISEMENTS.

It is with some surprise that we observe such papers as the *Standard* inserting what is evidently only a trade puff as a paragraph of valuable information. If we do not take this view of the case the writer of the paragraph to which we refer is evidently writing upon a subject which he has not taken the trouble to investigate. Our attention has been attracted to this matter by the indignant protest of a manufacturer, whose refutation of the said paragraph has been refused insertion in the *Standard*. We now insert this paragraph as it appeared in that paper a few days since:—

"Maravilla Cocoa.—Much attention has of late been called to the valuable properties of good cocoa, and to its capabilities to supersede, to a great extent, the compositions known as tea and coffee. This is entirely owing to the introduction by Messrs. Taylor Brothers of their already famous Maravilla cocoa. It is very well known to medical men that neither tea nor coffee possesses qualities that allow of the free participation, even by the most healthy, of one or the other. Dyspeptic people know what they suffer after partaking of what has become known as the "refreshing beverage," and even the strongest experience its enervating effects. The need of a good substitute for both has been for a length of time felt. The Messrs. Taylor have long studied the subject, and they can be fairly congratulated upon having hit upon a beverage that will stand the test of the most searching inquiry and of the most practical proof. The Messrs. Taylor bring this valuable cocoa from an estate in South America, which they have purchased, and they have organised a system of preparation that realises a refreshing drink quite new to the palates of the people of the existing generation. The Maravilla cocoa has had already passed upon it the encomiums of a large portion of the press of this country. All the refreshing effects attributed to tea are felt after an indulgence in the Maravilla cocoa, and—what is important—little of the nervousness and derangement of the stomach occasioned by the use of some descriptions of tea."

On reading the above paragraph only one impression can remain. The public read *as news*, that the popularity of cocoa is due to the introduction, within the last few years, by a certain firm, of a cocoa having "Maravilla" as a trade mark. That "Maravilla" will stand the test of a most searching inquiry—that there is something quite new in the system of preparation—and that "Maravilla" is the best of pure cocoas.

Now, what are the facts of the case? In a series of articles now in course of publication in this Journal upon food products, the subject of the present supply of cocoa to the British market has been carefully examined. These articles are produced *pro bono publico*, and at considerable expense to ourselves our only return having been their popularity. On reference to our analyses we find that although there are plenty of good aud pure cocoas in the market, "Maravilla" is adulterated with sugar and arrowroot,—the first to a considerable amount. Perhaps it is this amount of sugar that gives rise to the statement, made in an advertisement which appeared in another daily paper, viz., that "Entire solubility" is one of its properties, &c. We find, on reference to our notebook, that the sample examined contained over thirty per cent. of insoluble matter when treated with cold water. We have not dragged the subject of "Maravilla cocoa" before the light out of any other feeling than of justice to the public and ourselves.

In justice to the public, we must protest against such paragraphs as the above appearing in respectable papers, unless there is a legible intimation that it is an advertisement. *Amor nummi* may be some kind of an excuse for the high colouring of an advertiser—not so for an editor, who, directly it appears as emanating from himself, is responsible to the public for the correctness of the matter contained therein. In justice to ourselves we must protest against what may be construed into an indirect contradiction of our report.

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THE ORGANIC MATERIA MEDICA OF THE BRITISH PHARMACOPŒIA.*

THE above collection is issued in the form of a large wooden box, containing specimens in paper bags. It is got up to assist students in preparing for materia medica examinations, and really consists of (as the firm describes it) *carefully selected* and characteristic specimens of the roots, barks, flowers, fruits, leaves, resins, gums, &c., of the British Pharmacopœia, 1867. Each specimen bears a label containing a description of the source from which the article is derived, its natural order, characters, and tests, dose, and the names of the Pharmacopœial preparations into the composition of which it enters.

It contains the whole of the Materia Medica, with the following exceptions :—

Ten specimens (being ordered in their fresh state) are omitted from the collection : — Aconiti folia, Armoraciæ radix, Ecbalii fructus, Lactuca, Laurocerasi folia, Limonis cortex, Rhæados petala, Rosæ caninæ fructus, Rosæ centifoliæ petala, and Sambuci flores ; but *dried* specimens of Aconiti folia and Limonis cortex are included. Of the following nine which are ordered both fresh and dried, only the dried specimens are included :—Belladonnæ folia, Colchici cormus, Conii folia, Glycyrrhizæ radix, Hyoscyami folia, Rosæ Gallicæ petala, Sabinæ cacumina, Scoparii cacumina, and Taraxaci radix.

It is not too much to say that this collection is invaluable to the medical and pharmaceutical student, and is a prodigy of cheapness. The whole is sold for 25s., which amounts to about 2d. for each specimen. The value of the contents of the bags is in many of the specimens four times the real amount ; and when we consider the care with which the collection is evidently made as regards typical specimens, it appears wonderful how it can be got together for the money. We are informed that four editions have been issued since its first appearance, twelve months ago. Nothing can speak more emphatically than this as regards its value. There can be no doubt that with a little attentive practical study with the above specimens before him, the aspirant will obtain a saving in money, time, and mental anxiety. In fact, no verbal or engraved description can replace real specimens.

Although there is some little difficulty in extending this arrangement to the other articles of the Pharmacopœia, we hope Messrs. Southall, Son, and Dymond, will be induced by their present success to issue a more comprehensive one to include the preparations. In the form of tube specimens, we think this might be accomplished. In concluding this notice we should be glad to offer a suggestion. There is a general mixed odour pervading the whole of the specimens, in spite of the fact that most of the strong-smelling ones are wrapped in gutta percha. We think this could be avoided by coating one side of the paper which is used in making the bags with indian rubber or gutta percha varnish. The odour is rather an important characteristic.

Summary of Science.

BY C. R. C. TICHBORNE, F.C.S., M.R.I.A., ETC.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

RECENT WORK DONE WITH THE AID OF THE SPECTROSCOPE.

IT will be remembered that a great part of the Inaugural Address of the President of the British Association was taken up with a consideration of some of the spectroscopic discoveries recently made, particularly those of Norman Lockyer, Frankland, and others. In reviewing the discoveries in astronomy, he specially considered the application of the physical sciences to that branch, and divided his address into the following heads :—The velocity of light, which may be considered as the connection of optics and astronomy ; the proper motion of the fixed stars ; and the alteration of the refrangibility of a ray of light—and what may be almost considered as the most popular researches of the day ; Huggins' researches on Sirius and determination of radial proper motion ; also an account of the spectrum observations made of the solar eclipse. In reference to the last, he said that the rarity of the occurrence and the shortness of the duration of a solar eclipse afford opportunity for only a hasty study of the phenomena which may present themselves. Among them, one of the most remarkable consists of a number of mountain-like or cloud-like luminous objects, seen outside the dark disc of the moon. They have been more specially studied by the photographs made by Warren De la Rue, which photographs prove conclusively that these appendages belong to the sun and not to the moon. The photographs also prove these prominences to be remarkable for actinic power. The light proceeding from them had been examined by an equatorially-mounted telescope provided with a spectroscope, which was procured for the purpose by the Royal Society, and was entrusted to Lieut. Herschel, then about to proceed to India, one of the countries crossed by the line of the central shadow.

Afterwards it was discovered that these prominences could be traced with the aid of the spectroscope itself.

By these investigations it was proved that they were not clouds — in the strict sense of the term — but shining by virtue of their own heat, or by light reflected from below ; they must consist of incandescent matter in the gaseous form. One of the most striking results of the habitual study of these prominences is the evidence they afford of the stupendous changes which are going on in the central body of our system.

APPLICATION OF SPECTRAL ANALYSIS TO PHARMACY, &c.

Although perhaps not so ambitious a flight in connection with spectral work, the paper lately communicated to the Pharmaceutical Society is of importance. The value of this practical line of investigation cannot be underrated. The ground has been vigorously broken by Mr. Stoddart. We have in this case to do with absorption spectra. The author chiefly deals with the tinctures of the pharmacopœia. "It cannot be doubted," he says, "that the use of the microspectroscope is most valuable in many analytical researches." It must not be expected, however, that every mixture will show separately the several constituents by their individual peculiarities. This is only true in a few instances. Cochineal may, for instance, be instantly detected in tinct. cardam. co. and tinct. cinchon. co. The spectrum of the biennial henbane differs from that of the annual. Thus the biennial, the violet, and two-thirds the blue of the spectrum are absorbed. The green is darkened and extended to the yellow. This handsome spectrum is crossed by four distinct lines. The first is a dark chlorophyll band at B ; the second, just beyond D, is narrow ; the third is a much stronger one, at E ; the fourth is a very broad dark band, at F, at the commencement of the blue.

Annual.—This spectrum is very different to the last, and cannot be mistaken for it. The chlorophyll line at B is not so decided, and the second and third lines are so weak as to be barely visible, and the fourth is absent.

ABSORPTION BANDS OF BILE.

Dr. Andrews sent a communication to the British Associa-n in which it seems that bile gives rise to a series of absorption bands, which are distinct from those exhibited by blood. A solution of bile in water, or alcohol, exhibits in the spectroscope well-marked absorption bands.

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* Arranged by Messrs. Southall, Son, and Dymond, Birmingham.

The bands may be used as a characteristic test for the presence of bile, and even as a means of estimating, approximately, its amount in urine and other liquids having no absorption bands of their own. It is self-evident that it would be particularly useful in the practical examination of the last-named fluid.

GASES GIVEN OFF BY CRYPTOGAMIC PLANTS.

The fact that ammonia is given off by mushrooms during their growth has lately been re-examined by Dr. Lehmann. Alexander von Humboldt stated that they gave off both ammonia and hydrogen. So decided is this, that on bringing a glass rod moistened with muriatic acid near a vigorously growing mushroom, there appeared a volatile vapour, evidently due to the formation of chloride of ammonium.

Different species of mushrooms, according to the carefully conducted experiments of M. Borscow, give off, when growing vigorously, weighable quantities of ammonia. The elimination of ammonia is not confined to the full-grown mushrooms, but is found in the young plants, and even in the spawn of certain species. There is no direct relation between the quantity of ammonia and carbonic acid given off during any given period of time.—*Journal de Pharmacie et de Chimie.*

TEST FOR BRUCIA.

M. Colton recommends the following :—When to a solution of nitrate of brucia hydrosulphide of sodium is added in the form of a concentrated solution, the solution becomes first violet, next green, providing the brucia is in excess. Morphia does not give this reaction. Diluted acids render it rose colour, while sulphuretted hydrogen is given off. Two milligrammes of brucia impart in this manner a colouration to half a litre of water. We, however, already possess some valuable and good tests for brucia.

"SWEET QUININE."

Under this name a preparation is in use in America, which, according to Prof. Procter (*American Journal of Pharmacy*), is an imposition. That gentleman finds that it does not contain any quinine at all, but is mainly cinchonine precipitated from the sulphate, dried, and triturated with impure glycyrrhizin, prepared from liquorice root. The tastelessness of "sweet quinine" is simply due to the insolubility of cinchonine. That alkaloid requires 4,000 parts of cold water. When treated with acids which produce salts, or with a solvent, such as alcohol, its bitterness becomes apparent at once.

SOLUBILITY OF CARBONATE OF LIME.

M. Cossa has been trying experiments to prove Professor Bischof's hypothesis, that the state of aggregation had a great influence on the solubility of this salt. One thousand parts of water saturated with carbonic acid at atmospheric pressure dissolved of carrara marble 1·81 parts, at a temperature of 7·5° to 9·5° ; ·9487 parts at a temperature of 20·22° ; chalk, ·835 parts ; precipitated carbonate of lime, ·95 parts ; oölithic limestone, 1·252 parts ; dolomite, ·573 ; these three last being at a temperature of 15°. The reading of the barometer at the time of the experiments varied from 7·5° to 28°.

SINDOR OIL AND SINDOR BALSAM.

These substances are said to be most valuable in skin diseases. They are extensively used by the Javanese. The balsam should have, if genuine, a sp. gravity of ·922, and boils at 225°. It strikes a blood-red colour on being brought in contact with sulphuric acid.

HYDRATE OF CHLORAL.

When dry chlorine is passed through perfectly pure alcohol a substance is formed which has been named by Liebig chloral. This product absorbs moisture on exposure to moist air, and forms a crystalline hydrate, which is very soluble in water. It may also be viewed as trichloretted acetic acid, and is likewise formed by the action of chlorine upon starch.

Hydrate of chloral, when decomposed by soda, yields chloroform and formic acid thus—

$$\underset{\text{Chloral.}}{C^2H\,Cl^3O} + \underset{\text{Potash.}}{KHO} = \underset{\substack{\text{Formate of}\\ \text{potassium.}}}{CHKO} + \underset{\text{Chloroform.}}{CHCl^3}.$$

It is supposed that when this hydrate of chloral is injected into the body it is gradually decomposed in the alkaline fluid, and chloroform is produced. A solution made with an equal quantity of water has been used. The largest quantity yet given has been four grammes of the solution, equal to twenty-one grains of chloroform. Drowsiness comes on, and soon perfect stupor ; the effect is said to be mild and gradual. This death-like stupor was prolonged, according to the strength of the dose, as far as eighteen hours.

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THE DIAGNOSIS OF CHANCRES.

Dr. A. C. Haynes gives the following differential diagnosis of chancres in the Nashville *Journal of Med. and Surg.*, culled from the best authorities.

Constitutional Chancre.

1. It has an incubation of about twenty-five days.
2. It comes first from the direct application of the virus of a constitutional chancre. Second, from secondary accidents in a secreting form. Third, sometimes from the blood of a syphilitic person in the secondary period.
3. It occurs most often alone.
4. It will not inoculate itself on the individual who bears it, nor on a person who has the constitutional syphilis.
5. It does not begin with a vesico-pustule, but by a simple erosion, and somtimes by a papule.
6. The constitutional chancre presents itself under the form of a superficial ulceration with edges inclined. This ulceration is covered, in part, by a false membrane, which resembles, in a very marked degree, the spawn of a frog. The borders are of a lively red, the form of the ulceration is generally regular ; it suppurates a little.
7. It is rarely painful.
8. It is accompanied, ninety-nine times of a hundred, by an induration at the base ; elastic, chondroide induration, having no characters of inflammatory induration.
9. The lymphatic ganglia in the neighbourhood of the chancre become indurated and enlarged, hard, and indolent, having no tendency to suppurate.
10. The constitutional chancre produces but very little reaction ; has a great tendency to heal ; it ulcerates but little, and seldom ever takes on the gangrenous or phagedenic form ; it has a very regular march.
11. It is the first apparent manifestation of the syphilitic diathesis ; it is then the sign of the general infection of the economy ; we sometimes see the roseol, angine, &c., appear before its complete cicatrization.
12. It belongs especially to the human family.

Local Chancre.

1. It has no incubation.
2. It comes from the contagion of a local chancre or a virulent bubo.
3. It is generally multiple.
4. It is inoculable, *ad infinitum*, to all individuals, including the one who bears it. The pus from the suppurated bubo is inoculable only when it is virulent.
5. It begins with a vesico-pustule.
6. Presents itself under the form of a deep ulceration ; the bottom is filled with a species of organic detritus mixed with pus. The borders are as if cut perpendicularly, separated from the adjacent parts.
7. It is nearly always painful.
8. The local chancre is generally accompanied by inflammatory induration, but never by specific induration.
9. It is nearly always accompanied by adenitis in a suppurating form, and sometimes furnishing inoculable pus.
10. It is a very grave local lesion ; has a very strong tendency to ulceration ; very irregular in its march ; has no tendency to heal as the constitutional chancre ; it sometimes takes on the phagedenic and gangrenous forms.
11. It is purely a local accident ; has no connection whatever with syphilis.
12. Transmissible to some animal species.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 27, 1869.

THE ARMY REPORT*.—No. 3.

THE Health of the Troops serving in the Mediterranean is the next heading. At Gibraltar, the average strength of the troops during the year was 4,555; there were 3,234 admissions into hospital, and 29 died; also 6 persons sent to Netley died; total, 35. Continued fever was more than twice as prevalent as in 1866, from the occurrence of a fever resembling the dengue fever of the West Indies. About two-thirds of the inhabitants of Gibraltar suffered from it. Enthetic diseases were more prevalent, and especially syphilitic. The deaths per 1,000 were 8·67 as compared with 9·18, which occurred in the seven previous years on an average. The Surgeon-Major of the 75th Regiment alludes to "defective drainage being the cause of typhoid fever in the Buena Vista Barracks; and among the causes of phthisis pulmonalis the Surgeon-Major of the 78th Highlanders enumerates over-crowding and bad ventilation." In Malta, the average strength of the troops was 4,919, and there were 119 deaths—100 in and 19 out of hospital; the admissions thus being in the ratio of 863, and the deaths 24·19 per 1,000 of the strength. This is a terrible death-rate, and far above the average rate in Malta. Continued fever prevailed to a great extent from June to September, and proved very fatal. Spasmodic cholera, also, prevailed to a great extent in the early part of the summer, in Sicily and Turin. The annual death from tubercular disease was very low, namely, 1·86 in 1,000. Probably, fever cut off some of those who would have succumbed to this more chronic disease. Inspector-General Paynter says, in reference to the opinions of the different Medical Officers, that he is disposed to consider that drinking to excess has been a fertile cause of disease. With regard to invaliding from the Mediterranean, it seems that 221 invalids were sent to England, and 143 finally discharged the service at Netley during the year, being 23·3 and 15·1 per 1,000 of the mean strength.

The next heading is, the Health of the Troops serving in British America. There were, in 1867, 11,240 men serving in Canada, and the death-rate was 9·87 per 1,000 of the mean strength. There were 10 in 1,000 admitted into hospital, and 1·42 deaths from tubercular diseases in the same year. Enthetic diseases were more prevalent than in former years, especially primary venereal sores. There has been no difficulty in getting the requisite quantity of cubic space for the soldiers, except for a short time in winter. The health of the troops at Nova Scotia and New Brunswick seems also to have been excellent. In Newfoundland, there were 280 troops, who had a high death-rate, namely, 17 in 1,000. The occurrence of drunkenness seems to be very frequent in Newfoundland; one man, poor fellow, was frozen to death near the barracks. In Bermuda there were 1,249 men in 1867. The death-rate was high: 17·61 per 1,000. There were 11·2 admissions per 1,000 into hospital for phthisis, and only 0·80 deaths per 1,000 from other causes. Continued fever furnishes less than half the average proportion of cases, and there were four cases of yellow fever admitted into hospital, of which three terminated in death. The troops were immediately removed from the barracks when the deaths took place, and consequently no more were attacked, except the orderly, who was left at the hospital. This points to the value of quarantine in cases of yellow fever. The cases were attributed to the noxious exhalations from the military cemetery, which was close to the forts.

The Health of the Troops serving in the West Indies is next reported upon. Continued fevers were below the average in 1867.

Yellow Fever.—On the 5th October, an officer of the 16th Regiment, just arrived at Barbadoes by the mail steamer from Halifax, *viâ* St. Thomas', where he had been ashore for 36 hours, and when yellow fever was prevailing, was attacked by the disease and died on the 8th. And, note! on the 31st, an Ensign of the same Regiment, occupying quarters on the upper floor of the Brick Barracks, closely adjoining those in which the first case died, was attacked, and died on the 7th November. We suspect our readers will be inclined after such cases to admit that yellow fever is contagious. There has been an increase in the quantity of enthetic diseases, principally at Barbadoes, which, with Trinidad, were the only stations in the Windward and Leeward Commands occupied by white troops. There were 603 black troops in the Command, and they appear to have suffered greatly from enthetic diseases, as also from diseases of the tubercular order. The surgeon of the 4th West India Regiment hazards the assertion, that the prevalence of consumption among the black troops is in a great measure to be attributed to "the venereal poison acting on a constitution weakened by sexual excesses committed at a very early age." We rather suspect that this, like many other of our medical guesses, is only an hypothesis. At Jamaica, there were 788 troops in 1867. The death-rate was excessive, amounting to no less than 71·07 per 1,000 of the troops. There were no less than 114 cases of yellow fever, of which 48 died per 1,000 of mean strength. There was also much remittent fever. Dysentery and diarrhœa were considerably above the average, and enthetic diseases much below the average of ordinary years among the white troops. There were 722 black troops, and their death-rate in the year was only 29·08 per 1,000. Tubercular diseases were more fatal than usual among the black troops. As much as 31·9 per 1,000 were admitted into hospital, and 8·31 died of phthisis. Indeed, tubercular disease is reported to have caused one-fourth of the mortality among the blacks.

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* Army Medical Report for the year 1867. London, 1869. Pp. 563. London: Harrison and Sons.

Port Royal was occupied by white troops from January to April, during which latter month cases of yellow fever occurred in the men of the Royal Artillery, and their removal to Newcastle was recommended. The disease was prevalent among the seamen in Port Royal Harbour, but was not at the time epidemic on shore. The removal was very successful, no other death occurred, and only two cases of the disease were treated at Newcastle during the stay of the battery there. Port Antonio has been occupied by 27 men and one officer—3rd West India Regiment—and a Staff-Assistant-Surgeon; the latter died of yellow fever. In the Bahamas, there were only 14 white troops stationed in 1867. There were 392 black troops, however, among whom enthetic diseases seem to have been very prevalent, and tubercular disease continued to furnish a high rate both of admissions and of deaths. The Medical Officer attributed their prevalence to over-crowding of the barracks, and to defective ventilation. In Honduras there were only 11 white troops, and 363 black men. Enthetic disease is again mentioned as being very prevalent, in the form of primary syphilis. During the year 1867, there were 37 of the white troops invalided to England from the Windward and Leeward Command, and 17 from Jamaica; and there were 69 of the black troops serving in the West Indies and Western Africa discharged the service as invalids during the year, being in the proportion of 22 29 of 1,000 of the strength employed in the Colonies.

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SANITARY MEASURES AT BRISTOL.

Much prominence has lately been given to the sanitary measures which have, it is asserted, changed Bristol from one of the unhealthiest to the most healthy town in the United Kingdom. The *Times* has devoted several columns of its space to the sanitary state of Bristol; and if all the statements made can be substantiated, the inhabitants deserve to be congratulated on their condition, and the gentlemen who have worked so heartily in the cause on the success of their plans. All that has been accomplished is compressed within a brief period; indeed, five years have seen the change from nearly the bottom to the top of the list, and no one can deny the importance of such a case. If Bristol is saving a thousand lives a year, how many hundreds of thousands of lives are being lost in other towns of the British Empire for want of that vigorous action which has been rewarded with such magnificent results? Dr. Budd and Mr. Davies, and, in fact, all concerned, have worked with hearty good will, and, whether all their theories are eventually proved correct or not, their practice claims the grand merit of success.

The Profession is well aware how much importance Dr. Budd assigns to contagion—a doctrine old enough to have numbered many enemies whose counterblasts may, to some extent, be responsible for a certain degree of carelessness in quarters where negligence is least excusable. The main point of Dr. Budd's teaching is that the contagious principle is material, and may be effectually destroyed. The aim of his practice is to destroy it as it issues from the body. It is of little moment whether the theory be preferred to that which ascribes the development of contagion to chemical changes of secretions after they have left the body or not. Either case is met by the destruction of such secretions at the earliest possible moment. What boots it if a material capable of spreading disease be decomposed or prevented being formed? The great thing is to act upon it, or the elements capable of producing it, the moment they come within our reach; and this has been the one great aim at Bristol. Few will be disposed to deny that equal promptitude and energy might everywhere prevent much suffering by diminishing both sickness and death—for the mortality returns tell but a tithe of the great hygiene battle.

Between 1851 and 1864 Bristol constructed its sewage system, and brought water from the Mendip Hills. There was henceforth no possible contamination of the drinking water with sewage matter. Still typhus raged throughout the latter part of 1864, and thus clearly proved that all epidemics do not originate in such contamination. Nearly 2,000 cases should suffice to prove that some diseases should be looked for outside the water-cistern, in spite of the men of one idea. By strict disinfection the calamity was met and at last got under, and the health of the town has been improving ever since.

By strict disinfection we do not merely mean the use of chemical agents in water-closets and drains: this is only one element in the case. The greatest care was taken to prevent the accumulation of filth in the courts and alleys. The surface drainage was never neglected. Inspection was constantly carried out by a large staff of energetic men under the direction of those who believed in their power to prevent disease. The people were visited, talked with as friends, instructed in the importance of the utmost cleanliness, urged to assist the officers in their work; above all, whenever a case of zymotic disease occurred efforts were redoubled, and the necessity of destroying by chemical means the secretions of the patient as they issued from the body was urged upon all concerned with a pertinacity that amounts almost to an enthusiasm.

The result of this care forcibly illustrates the value of sanitary measures, and should stimulate places that have no medical officer of health no longer to delay making such appointments. When we reflect how few such offices exist, how the masses of our countrymen are living with no intelligent professional guide to direct the resources of medical knowledge so as to ameliorate the evils of civilization, how few even bestow a thought on the prevention of disease, how dense is the ignorance of the simplest laws of hygiene—we are tempted to exclaim that all the questions that have agitated political circles of late are of less import to the nation than the one great question of public health. Whatever we may think of the theories propounded at Bristol, we cannot too strongly urge other towns to follow the example that has been set.

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A Cheap Grubkiller.—Cauliflowers, broccolis, and other brassicaceous plants are generally much infested with grubs at this season. To clear them off is an easier task than it appears. Dissolve a coffee-cup full of salt in hot water, then put it into a common-sized watering pan, and fill up with cold water. Just give each plant a gentle switch over with this mixture, and they will all disappear in a moment, and the salt and water will nourish the plants wonderfully. All greens are fond of salt and water. Some people would be afraid of killing their cauliflowers; but it must be borne in mind that the salt and water will not penetrate the leaves. It runs off to the roots, killing every caterpillar in its way.—*Gardener's Magazine.*

Notes on Current Topics.

St. Bartholomew's Hospital.

The Royal Hospital may yet emerge from its unsatisfactory condition. The whole Press has, as we have already shown, turned the light of publicity on the doings at Smithfield; and, the pertinacity of the obstructive party notwithstanding, the abuses that have too long disgraced the whole hospital system must be remedied. Three years ago we singled out the management of St. Bartholomew's as specially to be condemned, and urged upon the governors the necessity of enlarging their staff. A little later we exposed the hollowness of a pretended creation of departmental study which was announced with a flourish of trumpets that might have heralded a real reform, but which consisted in referring certain specialties to the care of overworked members of the staff. The obstructives triumphed, but we knew it was only for a time, and we calmly awaited the inevitable explosion. It has come, and is making more noise than the sage wiseacres would believe. Selfishness will not always succeed, and we rejoice at its ignominious failure now. There are plenty of "good men and true" worthy of posts on the permanent staff—aye, who ought to have had them long ago, but have been kept out in the cold, while the work they would gladly have done has been worse than undone, for the gigantic sham of prescribing at the rate of more than 100 per hour has still gone on. For years we have urged that a large increase of the staff was needed at all the larger hospitals to cope with the work, and to render it available for teaching purposes. At length our cry is adopted; the public has pronounced, the general press endorses our views, and only a few individuals breathe a word against the long-needed step being taken. It is something that such a power as the *Times* should be with us. In a powerful article last Friday, that journal, after lashing the authorities as they richly deserve, speaks decisively in favour of increasing the staff as the one thing wanted. Gladly we welcome such an ally in the war we have been waging, and urgently we plead with the *Times* that other hospitals too, if not in the same degree, yet urgently need the same measure. Everywhere the larger hospitals are laying on the shoulders of their staff a double burden, and nowhere is there any plausible excuse. Everywhere ardent workers are fretting their best years away, waiting to be employed.

The suggestion of a superintendent is as useless as it is strange from the quarter which once so strongly denounced such an officer.

The Late Lord Derby.

Lord Derby, who had lingered for ten days after his recovery became hopeless, has passed away. At the close he was unconscious, and therefore, happily, not suffering. He died, in fact, from exhaustion caused by another attack of his old enemy, the gout. To the country generally, his case seemed to be very lingering—a feeling produced by the intense interest felt in him by men of all parties. We have the liveliest recollection of the oratory of the "Rupert of Debate," and the greatest respect for the memory of one who only took office when he felt it a duty to his country, and whose virtues were worthy of his great position.

Royal College of Surgeons of England.

Mr. Erichsen has begun his career as a Councillor in a manner that seems likely to redeem his promises as a candidate. This is great praise considering the atmosphere into which he has been elected. We believe in Mr. Erichsen's sincerity, and therefore we are glad to announce that he has given notice of his intention to propose an alteration in the bye-laws of the College, with a view to permitting the Fellows to meet within its walls. The question will come on next month, and if Mr. Erichsen succeeds, he will have won his spurs as the champion of the rights of the Fellows.

The London Schools.

The official report shows that at the eleven schools of medicine in London 1,231 gentlemen are pursuing their studies. This is three more than in 1860, the year of the "rush" to escape the new preliminary examination. The freshmen are 96 at Guy's, 80 at St. Bartholomew's (notwithstanding the dissatisfaction that exists), 71 at University College, 33 at King's College, 29 at the London Hospital, 28 at St. George's, 28 at St. Thomas's, 16 at St. Mary's, 15 at Middlesex, 7 at Westminster. Charing Cross boasts of 18; but when we consider that there are arrangements at that school for free scholarships, and that the teachers have some privileges of introducing pupils who cannot pay the usual fees, it can scarcely be called in flourishing condition.

There are, we believe, at some hospitals a few who have not yet registered, and one or two others who only enter for partial instruction. Moreover, it is confidently stated that the official list is not nearly complete.

Still St. Pancras.

Mr. Goschen has decisively snubbed the St. Pancras Guardians, headed by, we regret to say, a medical practitioner. In so doing he has done public service, and by refusing to restore to them the power of dismissing their servants shown that his estimate of their fitness for such a position as they occupy is just that of the general public. Among the silly things said at the deputation by the medical spokesman was a complaint about inquests being held and the medical officer receiving a fee for giving evidence. Fancy a lawyer protesting against a member of his profession being paid! It is thus that the Medical Profession is brought into contempt.

We rejoice that Mr. Goschen has proved himself a strong Minister, with a will of his own. Such a man has been long wanted at the Poor-law Board. When he took the office of President, almost alone in the Press, we predicted that he would succeed. In this St. Pancras business he has shown that he has the true metal.

A New Double Diploma.

The Royal College of Surgeons of England has been roused from its apathy by the spirited action of the Royal College of Physicians of London. The latter body has, as we have previously reported, issued a complete licence in Medicine, Surgery, and Midwifery. The licence has been recognized, and Lincoln's Inn brought to reason by a fear that its occupation is gone. The probable loss of fees seems to have roused the College of Surgeons, which was insensible to every other consideration, and it now pronounces for a joint Examining Board. To the Profession it is of little consequence whether the sister College will accept the advances now made by those who so long refused to reciprocate. If Lincoln's Inn can join with Pall Mall, well and good. If not, the licence from Pall Mall being recognized as a complete diploma lands us at once on the one faculty system, and will relieve half our grievances. Let English students all take the L.R.C.P. Lond., and nothing else, and they have enough. Scotland is working its double diploma very satisfactorily. Clearly we are making progress.

Work me to Death and I will be Grateful.

THAT should be the motto of Poor-law medical officers, and, we grieve to say it, it is too generally followed. Let us record, however, our thanks to a gentleman who has resigned his appointment, with the courageous statement that "he could not thank the Board for their kindness." This was Dr. Timothy, who, in the Shoreditch Union, was paid at the handsome average of 5s. 3¾d. a day for the trifling work of giving professional attendance to six-and-thirty paupers! Dr. Timothy said something about "throwing off a martyrdom," and he is clearly unfitted for the post. He forgets that if his wages were less than a bricklayer's he had the honour of being looked down upon by the Guardians. One of these said that others were anxious to get the place at the same money. Of course. The Medical Profession always was full of men anxious to become martyrs, and ready to work themselves to death to prevent others enjoying the same luxury. Here is a chance for one! Nor is this the only chance! To the disgrace of the Profession, which despises union, a chance has already been missed, and the Spalding Guardians have not found anyone ready to jump at the offer of £45 per annum for the vacant district of Gosberton, with a population of only 3,400, and an extent of area of only 13,000 acres! Surely there is a grand mistake somewhere. Some holder of two diplomas, each of which is supposed to stamp a man as an educated gentleman, must be waiting for such a golden opportunity of "going about doing good," and there would surely be some *going about* even over only 13,000 acres.

We suppose the explanation must be that those in want of work think a population of 3,400 too small to attend for £45, and disdain to take an appointment that their brethren might fancy to be a sinecure. Still, in the present overstocked condition of the Profession, when so many hundreds cannot get a fair chance of sacrificing themselves, we think that it is not necessary to refuse any longer on this ground.

Having paid for the "one straw a day," which we suppose to be the usual diet in such cases, and discharged the rates and assessed taxes—income-tax would not be required, it will be noticed—it would be quite in the power of the lucky man who gets this berth to die at his post; and he need leave no will, as the landlord would lawfully take any balance in his house towards the rent. We shall have much pleasure, when these appointments are filled up, in contributing to the immortality to which men who accept them will be entitled, by printing their names and qualifications in full, if they will have the goodness to supply them.

Railway Reform.

THERE is some hope that our railway system may be rendered less costly, less dangerous, and less inconvenient. What with "bogies" and other contrivances, shareholders and travellers may both take courage. The great thing is to rouse directors from their apathy. Of all promises that of Mr. Jones, who gives us a plan of universal penny railways, is the most striking. We have a penny post, penny papers, and almost penny everything. We are growing a penny-wise people. The almighty penny will soon replace the "almighty dollar," and if Mr. Jones's plan give us a penny railway journey, that will be a great step in our progress. But can such a thing be done without enormous loss? Mr. Jones says Yes, not only without loss, but with a handsome profit. How, is fully detailed in his pamphlet, which those interested can consult.

Scarlet Fever.

THIS disease is still on the increase in London. There were 224 deaths in the week ending the 16th. The disease is also excessively fatal in other large towns.

The public press naturally takes notice of such a state of things. One result is a number of silly suggestions. M.D. writes to the *Times* to laud belladonna, and says that numbers of parents had employed it after reading a former letter of his.

This is not professional, nor does it tend to public good. Most medical men know how much and how little belladonna can do. But that is not the point. A public journal may be a proper medium for discussing disinfection, or how to prevent in any way the spread of a disease. Treatment should be left to professional men, and its discussion to medical journals.

Cruelty to Horses.

ONCE more an indignant cry has been raised against the cruelty involved in compelling horses to pound down the granite with which the roads are mended. There is a steam roller in London, but it is for the use of Hyde Park. Why are there not half a dozen? In Paris we have seen a road made as level as a dining-room floor, at a trifling cost, by means of a roller that did all the work between the hours of 3 and 5 A.M. In London, especially just at this season, the visitor may any day see fine horses ruined, and the unfortunate animals who draw cabs, omnibuses, and other heavy loads, straining their weary muscles in the vain attempt to overcome the difficulties that road menders should be punished for creating. It is a sad, sickening sight, disgraceful to the British Empire.

Cholera and the Sanitaria in India.

IT has been officially announced that cholera has disappeared from Allahabad, and that all the western districts of the North Western Provinces continue free from it.

The 58th Regiment is said to have lost upwards of one hundred lives by the epidemic with which it has been so long afflicted.

The *Delhi Gazette* announces that the Sanitary Commissioner of the Punjab, Dr. De Renzy, has instituted, or is about to institute, a suit against *Indian Public Opinion* for libel said to be contained in an article on the sanitation of Umritsur in the issue of the 17th of August. Damages are to be laid at 10,000 rupees.

It appears from the tables placed at our disposal, that cholera carried off in Umritsur no fewer than four hundred and ninety-three persons between the 15th and 31st July, both dates included, or at the rate of twenty-nine per day, and that between the 1st and 29th of August there have died the enormous number of *two thousand two hundred and forty-four* persons, being at the rate of a fraction over eighty per day. During these same forty-five days there have died five hundred and sixty-six persons from fever and one hundred and sixty-five from other causes, showing a total of three thousand four hundred and sixty-eight, or eighty-one and a fraction per day for these forty-five days, the ordinary death-rate of the town of Umritsur being under eleven per day, showing that during the period *under* review there have occurred *seventy* deaths per day over the ordinary rate, or three thousand one hundred and fifty in all.

The *Moffussilite* condemns the sanitarium at Subathoo :—Why the place was ever chosen as a sanitarium, or for a European cantonment—considering how other sites, preferable in every respect, might have been selected—almost passes comprehension. It is virtually a locality without a single special recommendation adducible in its favour. Yet as a sanitarium it has proved a miserable failure—a very fatal one. The 90th Light Infantry, when stationed there the year before the last, suffered most severely, and now the 41st Regiment has come in for its turn of the suffering. The senior captain of the corps has died in camp, and a fortnight ago the senior lieutenant died, the paymaster's daughter, Miss Simpson, dying about the same time. Five officers of the corps are at home or on their way home, on medical certificate, and during the late outbreak of cholera there were numerous cases, at least ten or twelve of which proved fatal. Then thirty-seven soldiers' children have died at Subathoo since the regiment went there last December. This great mortality amongst the children has for one assignable cause the impossibility of procuring at the place necessary infantine nourishment; the soldiers' wives might as well expect warm clothing for nothing as in Subathoo look for a good supply of good milk at any price! The *Pioneer* hears from Subathoo, under date the 15th ult., that, owing to one or two cases of cholera in the 41st Regiment, one of the camps had been ordered to change its ground.

Gratuitous Medical Services in the Indian Army.

A QUESTION was recently raised regarding the title of military officers and chaplains visiting a hill sanitarium to gratuitous medical attendance, and authoritative ruling was requested as to the persons entitled, when residing at such stations, to the privilege for themselves and their families. In reply to this reference the Government of India quoted a former decision on a similar reference, under which the families of chaplains and assistant chaplains, wherever they may be in India, are clearly entitled to be attended gratuitously by the medical officers of Government. It was added that this ruling holds good whatever be the circumstances under which an officer and his family are resident at a hill station, and further that all officers and their families, who are entitled to gratuitous attendance in a cantonment or civil station, are entitled to it at any other place where there is a medical officer paid by Government for staff or general duties.

Clerical Patrons of Venereal.

FREE trade in syphilis is the novel principle which certain clergy, under the leadership of a Dr. Charles Bell Taylor, have taken under their protection; and we are enabled, at least, to congratulate the Church on the ample field for their crusade which the subject affords them. In the Public Health Section of the Social Science Congress, Dr. Berkeley Hill had communicated the statistics of the working of the Contagious Diseases Act. He was followed by Dr. Taylor *contra*, and a scene followed, which is thus described by the *Times'* reporter :—

> "There then followed a scene of great confusion and disorder. A large number of persons, many of them apparently clergymen, had come to the meeting for the express purpose of protesting against the Act. In debate the advocates of both sides waxed warm, and the enthusiasm of those who fancied they saw in physical disease a Divine judgment against moral transgression was obviously much in the ascendant over the calmer views of more reasonable men. Excited gentlemen in white cravats surged tumultuously over the benches, vociferated, half a dozen at once, set the Chairman to rights about his ruling on points of order, and loudly applauded whatever seemed to tell in favour of their views. At length, after a time probably without parallel in the history of science congresses, and after resolutions and amendments had been put and stormed over, a resolution in opposition to the extension of the Act was carried by about two to one in a meeting of rather more than 100."

Cannot the vaccino-maniac fraternity take powers to add to their number by the annexation of these persons? They would be as impervious to facts, arguments, or good taste as could be desired for the service; and free trade in small-pox might be consistently combined in one agitation with free trade in the larger variety.

When persons who disclaim the possession of eyes, ears, and senses obtrude themselves into an assemblage of sensible men, they may at least be not unreasonably expected to keep down their effervescence. Their theory that syphilis is to be encouraged for penal purposes is hardly worth noticing.

University of Oxford.

THE decease of the Earl of Derby causes a vacancy in the Chancellorship of the University of Oxford. The name of the Marquis of Salisbury was put forward by some Conservatives as a likely one, even before the Earl had actually expired. Others have lately mentioned the Earl of Carnarvon, who is at present High Steward. Sir S. Northcote, the Earl of Harrowby, and Lord Churston have also been named.

The Liberals will surely not let the Chancellorship pass, without a struggle, to their opponents. They could not put up a better man than the Premier. If successful, they would do what they could towards wiping away the reproach of having discarded him, and many would vote for Mr. Gladstone as Chancellor on account of his eminence as a scholar, who could not conscientiously support him as member for the University.

Health of Dublin.

QUARTERLY SUMMARY.

Births.—In the Dublin Registration District, the number of births registered during the thirteen weeks ending Saturday, October 2nd, amounted to 2,024, being equal to an annual ratio of 1 in 39, or 26 in every 1,000 of the population. The number of births registered in the north side of the city was 825, or 1 in 33; and on the south side of the river 866, or 1 in 42; and in the suburbs of Rathmines, Donnybrook, Blackrock, and Kingstown 333, or only 1 in 45.

There were registered in London during the same period an annual ratio of 1 in 29; in Glasgow, 1 in 26; and in Edinburgh, 1 in 28.

The number of deaths registered amounted to 1,673, an annual ratio of 1 in 47, or 21 in every 1,000. The number of deaths in the northern portion of the city was 664, or 1 in 41, and in the southern portion 778, or 1 in 47; and in the suburbs 231, or 1 in 65 of the population.

The proportion of deaths registered in London was 1 in 41; in Glasgow, 1 in 37; and in Edinburgh, 1 in 37.

Of zymotic diseases, that which proved most fatal during the quarter was diarrhœa: from this disease 118 deaths resulted, being 1 in every 14·2 of the total deaths. During the corresponding quarter of last year diarrhœa caused 279 deaths. The deaths from scarlet fever registered during the quarter amounted to 94, or 1 in 17·8 of all the deaths; 80 deaths were attributed to measles, against 9 in the corresponding period of last year. Fever caused 70 deaths—viz., typhus 23, typhoid or enteric 32, and simple continued fever 15; 128 deaths were attributed to convulsions. Croup proved fatal in 16 instances, diphtheria in 4, quinsy in 1, and whooping-cough in 5. Bronchitis caused 127 deaths, and inflammation of the lungs 34; 76 deaths were referred to heart disease, 12 to aneurism, and 1 to pericarditis. Liver disease unspecified caused 29 deaths, inflammation of the liver 1, kidney disease unspecified 15, nephria or Bright's disease 8, inflammation of the kidneys 2, and inflammation of the bladder 1; 208 deaths, or 1 in every 8 of the total deaths, were ascribed to phthisis or pulmonary consumption. Mesenteric disease caused 45 deaths, and water on the brain 46; 31 deaths were caused by cancer. Accidental causes produced 31 deaths; 3 suicidal deaths occurred.

Ages.—Of the 1,673 deaths, 48·6 per cent. of the deceased had not reached their twentieth year, 37·4 per cent. were under 5, 6·2 per cent. under 10, 2·0 per cent. under 15, 3·0 per cent. under 20, 16·5 per cent. between 20 and 40, 16·1 per cent. between 40 and 60, 16·0 per cent. between 60 and 80, 2·7 per cent. had attained their eightieth year. The deaths of 9 persons stated to have been nonagenarians, and that of one person returned as 100 years old, were registered.

WEEKLY RETURN.

In the Dublin Registration District the births registered during the week ending October 16th, amounted to 162. The average number in the corresponding week of the years 1864 to 1868 inclusive, was 151. The deaths registered during the week were 138. The average number in the corresponding week of the previous five years was 150. Thirteen deaths resulted from scarlet fever, and 4 from measles. One death was caused by diphtheria. Two deaths were ascribed to typhoid or enteric fever, and 1 to simple continued fever. Croup proved fatal in three instances. Seven deaths from diarrhœa, and 1 from dysentery, were registered. Six children were carried off by convulsions. Eleven deaths were referred to bronchitis, and 4 to pneumonia. Six deaths were attributed to heart disease. Liver disease was the cause of 4 deaths, kidney disease of 1, and nephria or Bright's disease of 1. Cephalitis was the cause of 3 deaths. Eighteen deaths resulted from phthisis, 3 from mesenteric disease, and 1 from water on the brain. Two deaths were caused by cancer. Three accidental deaths were registered. A female infant was found in the Grand Canal basin—verdict of coroner's jury, "found dead." Seven of the persons whose deaths were registered during the week had attained the advanced age of 80 years and upwards.

Dr. Wilson Fox is now in attendance at Balmoral.

D. T. S. has given £1,000 to the Middlesex Hospital.

The date of the next dinner at the Medical Club has been changed to Wednesday, November 3rd.

Her Majesty is about to establish a medical practitioner at Craithie. It will greatly benefit the poor, who now have to send a long distance.

Dr. Wilkinson, of Manchester, and Dr. Broadbent, of London, were elected Fellows of the Royal College of Physicians at an *extraordinary* meeting on the 18th inst.

Bunhill Fields, the great middle-class burial ground, where rest the remains of so many of England's noblest sons, has been opened as a place of quiet recreation for the public.

Mr. Hugh Stott, M.R.C.S., died on the 5th inst. at the Royal Kent Dispensary, Greenwich, of which he was Resident Surgeon. He has left a wife and ten children, one an infant. He had practised for many years at Lewisham.

The death from bichloride of methyline, recorded in our last, was duly discussed at the Medical Society of London. Mr. Marshall (President), who administered the agent, related the means taken to resuscitate the patient. No blame can be attached to any one in reference to the event.

There is no foundation for the report circulated by a home paper that Dr. Muir, Inspector-General of Hospitals British Forces in India, is going home, and that Dr. Beatson returns as his successor.

The Rangoon papers speak of cholera as raging at Thyetmyo, the frontier station of British Burmah.

We regret to learn of the death of Dr. Dunn, of the 5th Lancers, at Lucknow, of cholera, on the 15th ult. The deceased officer is spoken of as having been one of the best doctors Lucknow has had for many years. He was noted for the assiduity and care with which he attended all in need of his advice, and more particularly for his devotion to duty during the trying time his regiment has lately passed through.

SCOTLAND.

In our number for October 6th we gave our readers the points of Sir J. Y. Simpson's letter in the *Scotsman* in reference to the antiseptic treatment and the construction of the new Infirmary. It is to be regretted that there is so much disunion amongst the Profession in Edinburgh, as the succeeding correspondence and the reports of what passed at the interview with the managers of the new Infirmary display. Whatever the merits of carbolic acid, they are not to be increased by injudicious admirers of it vaunting the ability of one individual to apply it, nor can they fairly argue that only one person knows how to employ the remedy. Such arguments dishonour those who use them, and tend to excite suspicion in the minds of all. Nor can we see why the powers of carbolic acid could be abridged by its application being watched by another Professor. If it can more than conquer "a festering mass of corruption" in a cholera burying-pit behind the Glasgow Infirmary its virtues would surely be able to withstand the presence of an Edinburgh Professor. To say No is to say it is anti-sceptic as antiseptic, and relegate it to the class of spiritualistic performances. The idea of a colleague's presence influencing the effect of a remedy is only worthy of professed mediums. We trust we shall hear no more of such logic.

The following letters to the *Scotsman* succeeded the one we quoted on the 6th. It would be as well to address such communications to the medical papers :—

Edinburgh, October 1, 1869.

Sir,—The letter of Sir James Simpson in the *Scotsman* of the 29th ult. is but one of a series of attacks which he has made on the antiseptic system of treatment, and on myself in connection with it.

Personally, I regard these efforts of his with indifference. The antiseptic treatment is making steady progress, both in its own development and in acceptance with the Profession; and as to my credit in the matter, I leave it to the impartial judgment of those who are conversant with the facts.

But, in the interest of the public, I feel bound to say that the statement lately made by Mr. Syme in your columns regarding the striking improvement which the antiseptic treatment has effected in the salubrity of the wards under my care in the Glasgow Royal Infirmary is strictly accurate, as shall shortly be substantiated by incontrovertible evidence.

I am, &c., Joseph Lister.

52 Queen street, October 5.

Sir,—Along with every true friend and well-wisher of Professor Lister, I lament that—even before he is settled in Edinburgh—he should write in your columns in such a strain of unprovoked contention and bitterness. It bodes evil days, I fear, to the Profession here. Yet, notwithstanding, he may be certain that if he has aught whatever really new or valuable to show us, it will betimes be duly accepted and acknowledged; but he must not imagine that medical men can be imperiously scoffed and frowned into convictions on antiseptic or any other matters.

I have made no attacks on the use of disinfectants in surgery, as Professor Lister wishes your readers to believe. On the contrary, in a London medical periodical of last week only, I recommended the extension of experiments with various surgical antiseptics, old and new, that were therein named.

But the real front of my offending is, I believe, something different. In 1867, when Mr. Lister first began writing on surgical antiseptics, I took the liberty of showing him—first orally, but without success, at Dublin, and afterwards in a communication in the *Lancet* of 2nd November, 1867—that he was strangely, and to my mind most unaccountably wrong, in considering as his own the discovery or employment in surgery of one excellent disinfectant—namely, carbolic acid. For, years previously to the above date, books and papers had in France, Germany, and Italy been already published on carbolic acid in surgical practice (and with exactly and precisely that same germ or spore theory of its action which Mr. Lister subsequently advanced as entirely original on his part); its use had been introduced into various Continental hospitals; and, above all, accounts of it had been, from time to time, duly given in all our leading British medical journals. In consequence of thus daring to maintain the just and indisputable claims of our Continental brethren to priority in this matter, I have incurred, it now appears, the high displeasure of Mr. Lister. But that a young and zealous teacher of surgery should be wholly unacquainted with the preceding well-known facts in the literature and progress of his art, and particularly on a subject which he was professing specially to study, seems to me almost incredible; while, on the other hand, it appears still more incredible to suppose that, knowing them, he should, against that spirit of candour and honour which is the pride of British surgery, have calmly attempted to appropriate the published thoughts and discoveries of others. Nevertheless, Mr. Lister may rest assured that, if I had not felt in a manner driven by him to point out his proceedings in this respect, they would have been denounced betimes, and perhaps far more harshly, by other pens; for there is a rectifying *vis medicatrix* in surgical history as well as in surgery itself; and even the most exaggerated misstatements ever ultimately fail either to form the facts or alter the dates of science.

I am, &c., J. Y. Simpson.

GLASGOW AND ABERDEEN UNIVERSITIES.

There are two candidates in the field—both lawyers. Mr. Gordon is Conservative, and Mr. Archibald Smith, Liberal. Neither put forward any programme of medical reform. A meeting of medical graduates took place last evening—too late for us to give particulars this week. In reference to the Irish land question, Mr. Archibald Smith says, some improvement may be effected in the law of real property, and that of landlord and tenant in particular, and the attempt must be made. He is not opposed to compulsory education provided it is not extended to the inculcation of particular religious views; and is in favour of throwing open the Universities. Mr. Gordon is in favour of an extension of the national school system of education, and to the principle of compulsion where necessary. With regard to the land question, he says a general system of leases, such as prevails in Scotland, would probably be the best protection both for landlord and tenant; but if that is unattainable, at least immediately, he would be prepared to support a measure giving reasonable compensation to the tenant for what are truly permanent improvements.

Dr. Arthur Gamgee, F.R.S., has been elected to the Chair of Physiology at Surgeons' Hall.

At Leith the mortality returns are very unfavourable. Scarlet fever and typhoid appear to be prevalent.

Drs. Angus Fraser, Kerr, and Bruce have been elected to the vacant Examinerships in the University of Aberdeen.

The returns from Glasgow still show a high death-rate, and at the Fever Hospital the percentage of deaths has increased.

Next Friday, 29th, is to be held the half-yearly meeting of the General Council of the University of Edinburgh when the resolution of the University Court to admit ladies to medical study in the University will be submitted for approval. The Rev. K. M. Phinn, D.D., will move that the General Council disapprove of the resolution of the University Court.

EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 327.)

I feel convinced, Sir, that you and this Society will agree that I have occupied sufficiently your time in dealing with individual criticism, and that you will be prepared, at this stage of our discussion, to expect me to deal with the subject generally. We shall therefore ascend *de particulare ad generalem.* In doing this I should mention that I attempted to draw out a tabulated calculation of the opposition and support given by the members who have spoken on the debate, and I find, as nearly as I can calculate, that in dealing with my thirteen propositions, the 16 speakers expressed 76 opinions. That would arrive at very nearly an average of 5 opinions each proposition. Of these 53 supported the propositions and 23 opposed them, or supported their converse. But this gives us little information of how far they supported my views, or what views exactly they supported and what they opposed. I am sure I shall be excused in making this analysis when I say, although many of my critics attacked me and the proposed changes I advocated, most of them were fain to admit the basis upon which my arguments were fixed, whilst they objected to my conclusions and remedies for grievances as patent as the sun at noonday.

We shall give one example of this which will apply equally to several other of my propositions. Ten gentlemen freely admitted metria as contagious. But, Sir, it must result from the simplest process of reasoning that every gentleman who has admitted the contagious nature of metria, in however small a degree, must, as a matter of course, and, as a consequence of the admission, agree in the truth of twelve of my thirteen propositions, including the three conclusions resulting from them. Let us just test them *seriatim.*

Proposition No. 6.—It is contagious consequently.	Proposition No. 1.—It is due to dissemination of poison.
It is contagious consequently.	Proposition No. 2.—It is absorbed into the system either of the generator or of another parturient exposed to its influence.
It is contagious consequently.	Proposition No. 3. — The generation or spread must be in proportion to the number of parturients exposed to the poison.
It is contagious consequently.	Proposition No. 4.—In lying-in hospitals where large numbers of patients are delivered under the same roof (if it exists) it *must* find its habitat; and we may add prove destructive in proportion.
It is contagious consequently.	Proposition No. 6.—It follows in steps of certain practitioners, whilst others are totally free from it in the same locality.
It is contagious consequently.	Proposition No. 7.—It is endemic, or confined to the locality where the contagion prevails.
It is contagious consequently.	Proposition No. 8.—It is not only confined to a given hospital, but is observed to haunt certain wards of that hospital in which it has its special habitat.
It is contagious consequently.	Proposition No. 9.—It occurs comparatively rarely among women confined in their own homes, where they are only exposed to the risk of self-contamination or other zymotic diseases which it is observed to succeed.
It is contagious consequently.	Proposition No. 10.—It is not observed to occur in small lying-in hospitals, or cottages where one or two patients cohabit, and the elements of its generation and spread don't exist.
It is contagious consequently.	Proposition No. 11.—We are causing the death by metria of a number of patients by continuing the gregarious system of large lying-in hospitals, who would escape under a system of segregation or isolation.
It is contagious consequently.	Proposition No. 12.—If lying-in hospitals are to be continued for the cure of patients and as schools of instruction, which they undoubtedly ought to be, they can only be so continued by substituting isolated cottages or pavilion hospitals with one or two beds in each isolated room.
It is contagious consequently.	Proposition No. 13.—With our present knowledge the conclusion is inevitable, that the mortality among parturient women would be greatly lessened by an alteration in construction and an arrangement of lying-in hospitals which would secure segregation and prevent congregation.

But, Sir, the contagionists must go much further. They must use their reason, their experience, and their common sense, in testing the value of any apparently adverse statistics, I mean statistics that appear at variance with the principles that apply in all other contagions diseases; and if they find that any collation or coaptation of figures eventuated in bringing out results at variance with reason, experience, and common sense, and with those laws that apply immutably in all diseases of the zymotic and contagious types, then they must "hold fast by sound words," and reject the figures as either exceptions which prove the rule, the explanation of which they are ignorant, or fallacies beyond their detection. Such are the figures, from what quarter soever they may come, that would go to prove that contagious diseases will not spread, *ceteris paribus*, in a direct ratio to the number exposed to the contagious influence. This, supplementing the effect of crowded houses in producing disease, is, in fact, the gist of the whole question lying at the root of this discussion. If a disease be contagious it can only spread by exposing a susceptible party to the influence of the contagion. If two be exposed the risk is doubled; four, quadrupled; and so on in an arithmetical ratio. Exactly in the same ratio is the risk in the spread of metria in the larger in comparison to the smaller cottage hospitals, arguments, elaborate treatises, and statistics *notwithstanding.*

Most of my commentators have started on a wrong basis in this discussion.

They have dealt with me as an antagonist in a matter in which there can be, or at least there ought not to be, no antagonism.

We are here as a scientific body, discussing an abstract sanitary question.

I affirm that there is a preventable loss of human life from a particular disease.

I suggest the method of lowering this mortality, and how am I met?

By a denial that the mortality exists.

I go into my proofs, and my facts are not disproved.

But a standard of mortality is set up different from that selected by me.

The invariable rule hitherto with sanitarians, whose ostensible motive is to improve the death-rates, is to place the highest standard before them, and direct their efforts to accomplish this.

The rule adopted by my commentators has been to select the lowest standard, and to level down to this.

What should we think of the physicians of Newcastle-upon-Tyne if, in answer to Dr. Farr's strictures upon the unhealthiness of their town, and his remonstrances upon their high death-rate, 37 in 1,000, they, in place of directing their attention to ascertain the causes and removal of their unenviable notoriety, denied its existence, and then set to work to prove their case by a comparison with the mortality of Manchester, which is equally notorious? Not Hull, in which the mortality amounts to only 23 in 1,000.

Yet this is exactly what has been done by my commentators, who have questioned my statistics, and adduced counter statistics showing a higher death-rate in bar of correcting the unnecessary death-rate that I have pointed out. A large proportion of this debate has been directed to this futile, this irrelevant object. Our attention has been misdirected. The "*tu quoque*" is no justification. The "I am no worse than my neighbour" is no excuse.

A grievous mortality exists in these great hospitals. I care not *where else* it exists if I can prove to you that it does not exist *elsewhere*. If I can show you that human life is preserved in the proportion of 2 to 1 or 20 to 1 in a different place by a different plan from that adopted in the hospitals or places where the mortality exists; and that such a plan is available and practicable, or even not impossible in these also, my case is made. Now, Sir, I have proved all this, and nothing remains to my opponents but to withdraw an antagonism that has already, I regret to say it, attracted to this discussion an unenviable notoriety. I have proved, Sir, not only that the high rate of mortality from metria exists in our hospital, but that it has done so with little intermission from its foundation to the present day. What says a resolution of the governors on the subject, passed on the 17th June, 1815, fifty-three years ago:—"A crowded state of the wards appears to the committee rather incompatible with the health of the patients, as, under such circumstances, the hospital will thereby remain liable to a recurrence of *that infectious and fatal fever which has on several occasions been so severely felt.*"

(To be continued.)

◆

Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—That the results to which tend the marriage-bed ethics of your correspondent, "Prudentia," in your issue for October 6th, would, in many respects, be a great improvement on the haphazard animal way in which children, often in large numbers, are procreated in wedlock, will be disputed by few who approach the subject without prejudice. But the mere question of the advantages which arise from the number of children being somewhat in keeping with the financial means of the family, and the physical ability of the wife satisfactorily to bear and rear offspring, is not one that can occasion much discussion. The question which really affords room for divergence of opinion is the practical one as to the employment of means to secure this accordance. It is hardly possible to frame a satisfactory reply to the observations of "Prudentia," without being in possession of his views on the practical question.

There would seem to be only two ways of controlling the number of births in a family, these are:—1. Seclusion of the wife from the husband, so as to remove all chances of pregnancy, except when mutually agreed on. This would be simply impossible for the great mass of the people, owing to the confined character of their dwellings, and the nature of the only domestic arrangements in their power, even if it were by mutual consent determined on. In cases where it might be possible, it would, if effectually enforced, cause such prolonged seclusion as to be almost tantamount to permanent estrangement; for there is no direct relation between immoderate indulgence of the sexual appetite on the part of any one couple, and the procreation by them of many children. Indeed, there are reasons why a woman, married, for instance, to a sailor in the foreign trade, might be expected to bear more children than if she lived in constant cohabitation with her husband. 2. The adoption of some marriage-bed check to the results of cohabitation as usually carried on. This involves grave considerations of sentiment, morality, and health; but is, at least, possible for all classes, and, being so, whereas the other alternative is impossible for comparatively few, is really the matter into which the question of "large families" resolves itself.

Such being the case, it cannot be out of place, before going further, to stop and ask whether this is the subject which your correspondent intended to put forward for debate, and you would wish to be freely discussed in your columns. If so, there will probably not be wanting persons to go fully into it; but it ought, beforehand, to be distinctly understood that the real question is to be tackled, and not some false issue having only a covert bearing thereon.

Yours obediently, J. D. M.

London.

THE PROPAGATION OF THE SPECIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Duke of Argyll, in his work on Primeval Man, states on the authority of Mr. Stuart Poole, of the British Museum, that the beginning of the Egyptian monarchy under the Pharaohs, took place seven centuries before Abraham, or in the twenty-eighth century B.C. According to Ussher's interpretation of the Hebrew Pentateuch, this would be 400 years before the Flood; so that, if we are to believe both statements, it is evident the Flood could only have devastated a small portion even of the inhabited world. The point, however, to which I would draw attention is, that his Grace, finding that according to the computation of the Septuagint, the Flood took place more than eight centuries earlier, or 450 years before the above-mentioned accession of the Pharaohs, doubts yet whether such period of time would suffice for the propagation of the human species, from the small number who left the ark, to the immense multitudes necessarily supposed in the formation of great monarchies (vide pp. 83—89).

A little consideration will show that there is no impossibility in the matter. We must remember that the eight persons mentioned in Scripture as surviving the Deluge were in an advanced stage of civilisation, and, therefore, would be able to protect themselves and their children from the hardships of savage life, and propagate much faster in consequence. In fact, they were *colonists*, who had crossed the waters from the old world to the new, and who had settled down, furnished with various implements for the tillage of the soil, and for the construction of dwellings substantial as the ark, and having, also, their several beasts of burden ready to hand. They might have considerable difficulty in obtaining a continuous supply of food; but this would be no obstacle in the way of their speedy multiplication, for, as we are all well aware, poverty and propagation are strangely allied. And to show with what wonderful rapidity the human race actually can multiply under, apparently, the most disadvantageous circumstances, I need only refer to the case of the Israelites during their residence in Egypt. The best commentators consider the 430 years of Israel's nonage (mentioned in Exodus xii. 40) as extending from Abraham's entry into Canaan (Gen. xii.), when God showed him the land which his seed should possess; that is, they place the exodus from Egypt in the year B. C. 1491, and the visit of Abraham to the promised land in the year B. C. 1920. If this be correct, Jacob's descent into Egypt took place about the year B.C. 1706; and it follows, that only 215 years elapsed before the *seventy* persons, who then composed the chosen flock, became the immense army of "*six hundred thousand men*, beside children," which marched into the wilderness (Exod. xii. 37); and even from the date of the Patriarch's marriage to Leah and Rachel (B.C. 1760), which brings us to the very point at which the family, destined to be a nation, began to enlarge its circle, there would elapse not more than 270 years, before the progeny of one man became the mighty host above mentioned; in the book of Numbers (chap. i.), we are informed that this immense number, which is specified more particularly as 603,550, consisted solely of "*men* of twenty years old and upward who were able to go forth to war," and did not include either the women or children, or even the tribe of Levi. Thus, in about 240 years (giving thirty years for the sons of Jacob to arrive at maturity), each of the twelve parent stocks would have branched out and increased to an average tribe of 50,000 fighting men: Judah, indeed, numbered 74,600 (Numb. i. 27). In another 240 years, if each of those 50,000 had founded a family of like size, each tribe would more than have doubled the present population of the globe.

But it may reasonably be objected that the children of Israel at this time were extraordinarily prolific (Exod. i. 7, 9, 12). Therefore, we will proceed with our calculations upon a somewhat lower rate of increase. Beginning with the *three* rising families that left the ark, we will suppose that each pair produced on the average *six children*, and that in succession the new families were completed before the parents had exceeded, on the average, the age of *thirty years*, all of which I imagine, is fairly within the bounds of possibility. We may, then, suppose that the female portion of the population did not outnumber the male, though, where plurality of wives is general, there, of course, propagation is more rapid; nay, we may even suppose that the parents constantly dropped into their graves as soon as their families were completed; yet shall we arrive at very surprising results, for we shall find that at the end of 450 years, this little flock must have numbered, at least, *eighty-five millions!* sufficient these, surely, to form several considerable monarchies, especially such monarchies as that of Egypt, of which the Pharaoh who reigned when Moses was born, said that it was even then outnumbeerd by the Israelites (Exod. i. 9).

To explain—the population would treble itself every thirty years, thus:—

Anno Diluvii.	Population.
0	6 Shem, Ham, Japheth, and wives.
30	18
60	54
90	162
120	486
150	1,458
180	4,374
210	13,052
240	39,156
270	117,468
300	352,404
330	1,057,212
360	3,171,636
390	9,514,908
420	28,544,724
450	85,634,172

This supposes, as I have said, that the new families were completed before the parents were, on the average, more than thirty years of age. But there is nothing *impossible* in such a supposition; and since the average age of death is allowed to be equally low, it must be admitted that we certainly do not unduly strain the figures.

Trusting that you will kindly insert this in your valuable journal,

I have the honour, sir, to remain,
Your obedient servant,
DANIEL BIDDLE, Surgeon, &c.
Kingston-on-Thames: Sept. 25, 1869.

◆

Medical News.

A QUARANTINE BOARD has been appointed in Jamaica, consisting of Deputy Inspector-General Dr. James Fraser, C.B.; Deputy Inspector-General Dr. James Donnet; Dr. William Steventon, Medical Superintendent of the Public Hospital; Dr. Charles Campbell; and Major Prenderville, Inspector-General of Constabulary.

ROYAL COLLEGE OF SURGEONS, EDINBUGH.—At a meeting of the Royal College of Surgeons of Edinburgh, on the 20th inst., the following office-bearers were elected for the ensuing year:—

President: James D. Gillespie, M.D.
Treasurer: John Gairdner, M.D.
Librarian: Archibald Inglis, M.D.
Secretary: James Simson, M.D.
President's Council: James S. Coombe, M.D.; Andrew Wood, M.D.; James Dunsmure, M.D.; James Spence, James A. Hunter, M.D.; Henry D. Littlejohn, M.D.; John Gairdner, M.D. (ex officio).
Examiners: W. Dumbreck, M.D.; A. Inglis, M.D.; R. Ormond, M.D.; J. Dunsmure, M.D.; P. D. Handyside, M.D.; J. D. Gillespie, M.D.; H. D. Littlejohn, M.D.; Patrick H. Watson, M.D.; D. Wilson, M.D.; J. Smith, M.D.; D. M. C. L. Argyll-Robertson, M.D.; J. Bell, M.D.
Assessors to Examiners: J. S. Coombe, M.D.; W. Brown, A. Hunter, M.D.; J. Spence.
Officer: J. Dickie.

OPIUM IN CHINA.—It appears from this year's consular reports from China that the consumption of opium in that empire is increasing, and that there is an increased growth of opium in China itself. Early in the year an Imperial decree was issued strictly prohibiting the cultivation of the poppy plant in the Chinese empire, and alleging that there would be danger of its interfering with the growth of food, and causing a scarcity of the means of subsistence; the apprehension of loss of tariff duty by a lessened importation of Indian opium may, perhaps, have been an influential reason for the decree. It threatens offenders with merited punishment, but attaches no specific penalty to disobedience; and it is thought that this decree will have no more effect than that of 1865 to the same purport, and that it will most likely be chiefly used by officials as an occasion for extorting money from the pockets of producers. There is evidence of extensive poppy cultivation in several parts of China. It has spread rapidly within the last few years in the vast region of Eastern Mongolia and Northern Manchuria, and is thence brought down to the coast, competing with Indian opium in the Newchwang market. Opium is grown also in several southern provinces. It has been grown for years in the extreme south-west, in the province of Yunnan, the larger proportion of which has thrown off its allegiance, and is now practically an independent kingdom, governed by a Mahomedan, named Tu Wen-hsin, said to be styled by his subjects the "Hsi-Mi-Kuo-Wang," or "King of the Consolidated West," and who has established his Court at Taili-fu, not far from the frontier of Burmah, called by the Chinese "Mien-tien." Mr. Mongan, the British Consul at Tien-tsin, states that opium is brought into that port either crude or prepared. In the former state it is generally spoken of as "tu," earth, or clay, from its resemblance to lumps or cakes of common clay; and the native, as distinguished from the foreign, which is termed "yang-tu," or foreign earth, is called "hsi-tu," or western earth, a name which seems to have a geographical reference to producing provinces. Prepared opium, called "ya-pieu-kao," is at Tien-tsin generally composed of foreign and native drug boiled down, and often largely adulterated with glutinous substances, such as a decoction of the berries of a leguminous tree called the "huai-shu," which grows abundantly in that part of the country. In quality some of the Chinese opium is not much below Malwa; but it is inferior in strength and flavour, and smokers prefer the Indian drug, although its price may be double that of the native; and, in fact, the latter is chiefly used for mixing with the former, seven-tenths foreign to three-tenths native.

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NOTICES TO CORRESPONDENTS.

ELGINENSIS.—Your signature was accidentally omitted by the printer in the article inserted in our last, headed "Large Families: Prudentia and the *Elgin Courier*."

S. U. U.—The article to which you draw attention is beneath notice.

ERRATUM.—"LARGE FAMILIES."—In the letter published on the 6th October, signed "Prudentia," for "large families are especially blameable," &c., read, "a large family is especially," &c.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to your correspondent's inquiry as to where he will find Dr. Mulvany's treatise on the "Rational Treatment of Consumption," I beg to inform him that it commenced in No. 18, Vol. V., of your Journal, that for 29th April, 1868.

Will you, or some of your readers, kindly inform me where I can procure an apparatus for making oxygen for inhalation, and the cost.

I am, Sir, yours, &c.,
Cappoquin. F. M. LUTHER, M.D.

THE INTERNATIONAL MEDICAL CONGRESS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your Journal for October 13th contains the following :—" Dr. Routh sent a communication upon the mortality amongst children, &c." Permit me to state that your Special Commissioner was somewhat in error, the title of my paper being, " On the Causes of the great Mortality amongst Children, especially in the Manufacturing Towns, and on the Means of Diminishing them." Further, that its author is not Dr. Routh, but your obedient servant, Dr. ROTH.

London.

VACCINE FROM THE HEIFER.

IN reply to the inquiries of many of our readers relative to the article which appeared in this Journal for October 6th, on Dr. Blanc's system of " Vaccination Direct from the Heifer," we have received the following letter from Dr. Blanc, who is now on his way to India :—

Southampton, 19th October.

SIR,—I beg to acknowledge the receipt of your memorandum, and to return my best thanks for your able article.

I have given up *animal vaccination in London*. My experiments were entirely in a scientific point of view, and, having succeeded in what I had desired, I now leave the work to others.

I am leaving on Friday for Bombay. Should I be so stationed as to be able to receive English newspapers, I will certainly become a subscriber to the MEDICAL PRESS AND CIRCULAR—a periodical I have always greatly admired. I remain, faithfully yours,

H. BLANC.

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

Infant Life: its Nurture and Care. By C. N. G. With Preface by Erasmus Wilson, F.R.S. London: Sampson and Low.

A Manual of Surgical Operations. Second Edition. By Joseph Bell, F.R.C.S. Edinburgh: Maclachlan and Stewart.

A Guide to the Examination of the Urine. By Dr. Wickham Legg. London: H. K. Lewis.

A Vindication of the Medical Council. By Andrew Wood, M.D.

On the Presence of Sulphocyanides in the Blood and Urine. By Arthur Leared, M.D.

Remarks on the Training of Nurses. By Dr. S. D. Cross. Philadelphia.

Novus Theætetus. By W. H. Stone, F.R.C.P. London: John Churchill and Sons.

Hospitalism and Zymotic Diseases. By Evory Kennedy, M.D., &c. London: Longmans, Green, and Co.

The New York Medical Journal. Boston Medical Journal. The New Orleans Journal of Medicine.

◆

Deaths.

ADAMSON.—On the 11th inst., Dr. W. Adamson, of Marnoch, Banffshire, aged 75.

BELL.—At Peshawur, India, Arthur Bell, M.R.C.S.E., Surgeon 36th Regt., aged 41.

CHEEK.—On the 16th inst., at The Grove, Upper Norwood, G. N. Cheek, M.R.C.S.E., Surgeon Bengal Service, aged 37.

HUMPHRIES.—On the 9th of July, at Taranaki, New Zealand, E. L. Humphries, M.R.C.S.E., formerly of the Kingsland road, aged 53.

M'KINNEL.—On the 9th inst., at M'Murdostown, Dumfriesshire, John M'Kinnel, M.D., late Assistant-Surgeon H.M.'s 73rd Regiment.

ROPES.—On the 15th ult., at Boston, U.S., Francis C. Ropes, M.D.

SWENY.—On the 4th inst., Mark Sweny, L.A.H. Dub., of Lincoln place, Merrion square, Dublin, aged 53.

VINALL.—On the 16th inst., at Chelsea, Charles Vinall, M.D., late of Birling, Kent, aged 73.

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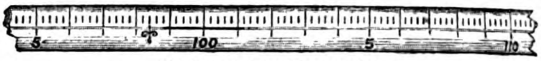

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 3, 1869.

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EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. GORDON, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 244.)

PARALYTIC AFFECTIONS.

ACCORDING to regimental statistics it would seem that paralytic affections are less common among soldiers in India than in that portion of our army stationed in the United Kingdom, a circumstance in some measure to be accounted for by the fact that diseases implicating the cerebro-spinal system in that country usually occur with such severity as to destroy life before the lesions upon which paralysis directly depends have had time to occur. Thus, no more than 28 cases among soldiers, and 2 in officers, are borne on the records of the 10th Foot throughout thirteen years' service on the Bengal side, none appearing to have occurred either among the wives or children of soldiers; although the same documents show the prevalence and mortality of the entire class of diseases affecting the nervous system to have been 288 cases, of which 53 were fatal among men; 16, and 3 fatal, among officers; 19, and 2 deaths, among women; 31, and 18 deaths, among children. Among the two latter classes of persons no case of paralysis in any form seems to have happened. Information is unfortunately wanting as to the precise nature of the affection in the case of the officers whose deaths occurred from this cause; but the soldier who died paralytic was a man who had, for a considerable time, suffered from secondary syphilis, on which lesion of the spinal cord doubtless depended. He gradually lost the power of motion in the lower extremities, and finally sank under diarrhœa and bed-sores.

It is not to be supposed, however, that because the rate of mortality by these affections was so small as is here represented, persons once their subjects returned after a time to their duty. Such was by no means the case. On the contrary, it does not appear that any instances of recovery really took place, although I do not see why, in some instances, at any rate, of local paralysis, as of the wrist or eyelid, the proper functions of the parts may not be restored. In cases of paraplegia or hemiplegia, especially if occurring as independent affections, although medical treatment may produce some degree of benefit, it is hopeless to look for recovery in India. The subjects should, in all cases, be despatched to England by the first favourable opportunity.

The particular influences upon which paralysis in some cases depends, or, in other words, its *exciting causes*, are in many cases obscure; so much so, that cases of the affection implicating entire limbs, or isolated portions of them, are often referred, by natives and Europeans long resident in the country, to the mere passage of currents of hot air across them. The effect of direct solar heat upon the head or loins is more apparent, and we observe attacks of the affection following upon partial seizures of heat apoplexy. Nor is it alone in man that this is believed to occur. Horses are said to be particularly prone to partial paralysis of the hinder extremities from the effect of solar heat upon the spinal marrow, to prevent which it is customary to protect their loins by heavy folds of cloth while picketed, as they usually are. Perhaps a similar belief, whether formed with or without reason, has led to the employment by natives of the waist cloth, or *cummerbund*—an article of dress found by several of us to have afforded great comfort during the exposure to which we were subjected in the Indian mutiny.

It has been asserted that, by a careful observation of the conditions attending paralysis of the lower extremities, the nature and seat of the lesion to which they owe their origin may be ascertained. For example, if in the application of an irritant to the foot, involuntary contraction of the limb take place, the lesion may be considered to exist in the upper part of the cord; if they are not exerted, then it either is confined to, or has descended to, the lower portion of the cord. Then, again, as to the conditions upon which paralysis depends, the following rules have been laid down*—namely:—

1. If incomplete and with spasms, it probably arises from meningitis, cerebral or spinal.

2. If gradual and with contraction of the flexors, from cerebral or spinal softening of inflammatory nature.

3. If gradual and without contraction of the flexors, from non-inflammatory cerebral or spinal softening.

4. If sudden and again suddenly disappearing, from temporary congestion.

5. If persistent and with epileptic symptoms, from hæmorrhage.

How far these arbitrary rules are trustworthy I have not personally tested; nevertheless, as they are deserving of notice I give them here for the benefit of medical officers in India.

Shaking Palsy, or paralysis agitans, is seldom met with among soldiers, probably for this reason, that this form is chiefly a disease of the more advanced in life. All the cases of this form which came under observation in India occurred in men of long service in that country, and were addicted either to spirit drinking or to opium eating. In none of them, however, was the attack of a nature to require their admission into hospital, although in all it disqualified them for further duty. And having alluded to the vice of opium-eating, I would observe that it is, in all probability, less prevalent among our soldiers in India than it was in former years. Even so lately as 1854 there were in the 10th Foot several old soldiers who were habitual opium-eaters, and there was every reason to believe that the vice was no less prevalent in other regiments. The system of "relief" of regiments now in force renders the style of persons formerly known as the "old Indian soldier" an institution of the past, and at the same time probably effects considerable changes in the habits of the men; yet that there are still some who indulge in the use of opium, not only in India, but for some time after their return to the United Kingdom, I have ascertained, and been further informed of the ingenuity practised by them in the manner in which they smuggle the drug into England, by having their boots provided with false soles before leaving India, and filling the intervening space with the narcotic.

Local Palsy.—Of the various kinds of local paralysis, those most commonly met with in India among soldiers are paralysis of one side of the face, ptosis, and wrist-drop. This form may even be confined to a finger or a phalanx, and in all cases is generally attributed to the effects of "a stroke of the wind," or, in other words, its precise cause is obscure. In addition to the above forms of paralysis, it is by no means unfrequent in India to meet with instances in which a person recovering from severe malarious fever, finds that one or more of his limbs are attacked with this form of disease, sensation being in some cases unaffected, in others impaired, in others increased; while, in other instances, the sensation of different sides of the body is deranged in such a manner, that, for example, water being applied gives a sensation of heat to one and cold to another limb. The disease in these cases has been referred respectively to the presence of inflammatory action in the nervous centres, to what has been termed "impaired nervous power," and to the poisonous effects of malaria in the system. In all such cases recovery is slow. The patient must in all cases proceed to a temperate climate, where, under suitable regimen, recovery after some years may be complete, although the instances are by no means rare in which the subjects of the disease never fully recover the full power of the affected part.

Epilepsy.—This disease, like the class of affections last described, would appear to occur less frequently among soldiers in India than in those stationed in the United Kingdom. Probably one cause of this difference exists in the circumstance that the disease, being one chiefly of early manhood, recruits are rejected when suspected to be, or are actually suffering from it, so that they do not reach the country; yet that another cause for the comparative exemption probably exists seems to be indicated by the fact that, according to regimental statistics, no case of the affection is recorded among the children during thirteen years' service of the corps in different parts of India. The children of soldiers there are, as a rule, better fed, and possibly better taken care of in other ways than are those of the poorer classes in Britain; and this circumstance may also diminish their liability to epilepsy. Yet there is another and probably a more constant cause of the difference than either of these, namely, the probability that children who have an existing tendency to cerebral disease, like "those whom the gods love, die young." Acute hydrocephalus, or convulsions, destroy them before they have reached the age when epilepsy usually supervenes.

The affection seems also to be of comparatively rare occurrence among soldiers' wives and among officers, and when happening among soldiers themselves seldom destroys life, although it unfits a man for continuing in the army, when occurring as an idiopathic affection. Cases do occur, although not frequently, in which an apparently pure attack of the disease follows upon a debauch, or is directly traceable to the irritation caused by intestinal worms, especially the long worm and the ascarides. These cases, however, are, for the most part, readily distinguished. Among other causes which induce the disease in India, local injuries are not unfrequent, while cases of the affection are by no means rare in persons who have undergone a severe attack of "jungle" or marsh remittent fever, or have been subjects of sunstroke.

(*To be continued.*)

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Hospital Reports.

UNIVERSITY COLLEGE HOSPITAL.

Last Wednesday Mr. Erichsen operated at University College Hospital for an aneurism, situated partly below and partly above Poupart's ligament, by tying the left iliac artery near to its junction with the common iliac. The patient's limb was then swathed in cotton wool and bandaged from the foot upwards. Mr. Erichsen said he thought there was every hope that the case would do well. He mentioned, too, that there happened to be in the wards at present another case of aneurism in the popliteal space, in which compression had as yet failed to effect coagulation, although it had been methodically kept up for nineteen days. It was possible that it might be necessary to have recourse to ligature.

ROYAL LONDON OPHTHALMIC HOSPITAL.

At the London Ophthalmic Hospital, Moorfields, on Friday last, we saw the following operations:—

Case 1. Mr. Lawson performed excision of the cornea in a boy of about ten years of age, who was suffering from staphyloma, as follows:—Three needles, armed with ligatures, were passed through the margin of the sclerotic from side to side, and, the cornea having been excised, the needles were pushed completely through, and the threads tied, closing up the wound in the sclerotic. The object of this process, due, we believe, to Mr. Critchett, is to prevent, firstly, the escape of the vitrious; and, secondly, to render the passage of the needles more facile, whilst the eyeball is plump. The patient was under chloroform.

Case 2. An infant, with double congenital cataract, was operated on by Mr. Soelberg Wells. The cataracts were both broken up by the needle introduced at the margin of the cornea. The child took chloroform.

Case 3. This was a case of double divergent strabismus in a young woman apparently about the age of twenty. Mr. Wells operated on one eye only, the right eye, observing that it was dangerous to operate on both in cases of divergent squint, since this might result in a worse condition than before. The incision was, as usual, made beneath the conjunctiva.

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* See Wood's "Practice of Medicine," p. 862, Vol. II.

ROYAL VICTORIA HOSPITAL, NETLEY.

(*Continued.*)

PROFESSOR Maclean's cases include four very interesting ones of abscess of the liver :—

I.—*Case of Abscess of the Liver evacuated by Bowditch's Syringe ; Rapid Recovery.*

The first illustrates the method of evacuating abscesses of the liver without the admission of air, and its successful result will encourage Medical Officers serving in India to give a fair trial to so promising an operation.

Private Johnson, age twenty-eight, six years of India, and eighteen months of home service. Suffered in India from occasional attacks of ague and diarrhœa, but on the whole had fair health. Embarked at Bombay with his regiment for service in Abyssinia. Contracted dysentery immediately on landing, which he attributed to bad water. Improved under treatment : but as he was thought unfit for active service, was invalided home. At Suez, *en route* for England, he was seized with the first symptoms of hepatitis. These appear to have been well marked. On admission at Netley he was in a condition of great debility and depression ; much emaciated ; appetite bad ; temp. 101·1 ; pulse, 83 ; respiration, 27.

On examination, the liver was found much enlarged, stretching four inches and a half below the false ribs, and upwards to the intercostal space between fourth and fifth ribs. A tumour, globular in shape and fluctuating, could be plainly seen and felt, proceeding from under the false ribs in the right hypochondrium, plainly hepatic.

On the 17th April I drew off 16 oz. of "laudable" pus, using Bowditch's syringe, carefully excluding the external air. Immediate relief was experienced, pulse and temperature quickly fell to the natural standard, the patient soon regained flesh, and was discharged in excellent health.

Dr. Maclean adds that, "from the day the operation was performed he may be said never to have had a bad symptom. The puncture was so small that in a few days its exact position could not be distinguished. In this case there was a distinct history of previous dysentery, from which in a chronic form, he was still suffering on admission. Yet, as the abscess was clearly single, it is not probable that it had a pyæmic origin. The rapidity with which the constitutional symptoms subsided after the operation was very striking."

II.—*Abscess of Liver, discharging through Right Lung: Inhalation of Carbolic Acid Vapour.*

Corporal Thomas Smith, 4th Regiment ; age forty-four ; fourteen years' service. At all and powerful man ; served in India from 1857 to 1867. With the exception of slight attacks of intermittent fever, had good health until 1867, when he had an attack of dysentery, from which he was suffering when he sailed with his regiment for Abyssinia. Unlike others in the same state, he recovered from his complaint at Annesley Bay, and marched with his regiment to Magdala and back. At the close of the campaign, his regiment returned home, but he, having volunteered into another regiment, returned to India. In Abyssinia he was exposed to heat by day, and cold and sometimes wet at night, and underwent much fatigue.

On the return voyage to India he suffered from pain in his right side, not, however, of a very severe kind.

In June 1868, the pain became sharper, and attended with cough ; soon followed by profuse expectoration of purulent matter, mixed with blood. The pain then ceased. "When the expectoration was free there was no pain, but when it ceased, pain returned." He was invalided, and arrived at Netley on the 17th December, 1868.

On admission he was somewhat anæmic, but not emaciated, and his general health was good ; hepatic dulness extended to within half an inch of the right nipple, and the respiratory sounds at the base of the lung were feeble and indistinct,—normal in other parts of the chest. The expectoration amounted to about 14 oz. daily of muco-purulent and bloody fluid. He was placed on a liberal diet, with wine and porter. On several occasions the expectoration almost ceased, but, as before, this was always attended with a return of pain, which was removed when, under the influence of fomentations,—the inhalation of steam, or steam and turpentine,—the discharge returned.

Finding the case was making little satisfactory progress, one part of carbolic acid to 100 of water was introduced into Adams' inhaler, and the vapour breathed. This was continued for a week, and at the end of that time the expectoration was diminished, and the cough much relieved, and the patient's general health much improved.

The quantity of acid was increased gradually from three to seven drops. The expectoration is now reduced to less than an ounce daily, and is gradually becoming less. The patient always expressed himself relieved by the use of the carbolic acid inhalation, and is confident that it checked the expectoration. He has improved in appearance ; is gaining flesh and colour ; his appetite is good ; his pulse and respiration normal. The expectoration is now much less purulent than it was, although still presenting the dark red colour which it did from the beginning

There was a distinct dysenteric history in this case, and it is possible that more than one abscess may have formed on the convex aspect of the gland, and coalesced, having one communication with the lung.

The carbolic acid inhalations appear to have done good, and are worthy of further trial in similar protracted cases.

III.—*Abscess of the Liver discharging externally ; Carbolic Acid Injection.*

Private W. Northcott, Royal Artillery, age thirty-two ; two years' home and eleven years foreign service. Health previous to embarking for service in India, good. Arrived in Madras in 1857, where he served for three months, and had a few slight attacks of ague. Was sent to Bengal, and served in Central India during the Mutiny. Had several attacks of intermittent fever. In June 1860, served in Sir Hope Grant's campaign in the north of China. While on active service his health was good. At the close of the war was quartered at Shanghai, where he had a sun-stroke, and suffered from diarrhœa. In 1865, he returned to India, and served in Bombay, Kirkee, Sholapore, Hyderabad (in Scinde), and, with the exception of a few attacks of ague, had fair health. Embarked for Abyssinia in November 1867; when he had advanced about 200 miles towards Magdala, exposed to a high temperature by day and cold by night, he was seized with acute pain in his right side. After treatment, the disease appears to have passed into a chronic form, and he was sent home. During the voyage an abscess in the liver was diagnosed, which pointed externally, and opened by several small apertures, three inches below the false ribs, and to the right of the mesial line, and discharged gradually a considerable quantity of dark red purulent matter. After a time the openings coalesced, and continued discharging from three to four ounces daily. On admission, the liver extended upwards to the upper margin of the fifth rib, and downwards to within half an inch of the umbilicus. The edges of the opening present the puckered and depressed appearance usually seen in such cases. The patient was somewhat anæmic, but his general health, notwithstanding the discharge, was pretty good. Treatment at Netley consisted in attention to his general health, the use of tonics, a generous diet, and a fair allowance of wine. The amount of discharge varied : at times it would nearly cease, then some pain and uneasiness would follow, requiring fomentation and poultices, followed by free discharge, and relief from uneasy sensations.

Finding that the patient's health was giving way under this protracted discharge, carbolic acid in the proportion of one part to 200 of water was injected, and the small orifice was dressed according to Mr. Lister's method. This treatment certainly had the effect of diminishing the discharge, which, before it was used, sometimes amounted to five or six ounces daily. Still, up to this time, April 29th, it has not ceased entirely, although it is diminished to less than a teaspoonful daily, having been going on more or less since the 26th of August, 1868, upwards of seven months. It is probable that in this case the cavity of the abscess is lined with a membrane which furnishes the discharge. No trace of hepatic tissue is now visible under the microscope.

Dr. Maclean remarks here :—" This case contrasts with that of Johnson's (*supra*), and illustrates the difference between the progress of a case where air has had free access to the cavity of an abscess, and one where air has been excluded. In the one case, although the patient had by no means so good a constitution, had been much pulled down by dysentery, and was altogether a more unfavourable subject, rapid, almost immediate, recovery followed the evacuation of the abscess. In the other, where air was unavoidably admitted, recovery, not yet complete, has been remarkably slow.

" Carbolic acid in this case had not a fair trial ; I had no opportunity of using it until free communication with the external air had long existed. Yet it did good, and certainly appeared to diminish the quantity of the discharge.

" Where Bowditch's syringe is not at hand, it is certainly to be desired that Professor Lister's antiseptic dressing should have a fair trial in cases of abscess of the liver having an external opening. Professor Gairdner, of Glasgow, was good enough to send me notes of an interesting case of hepatic abscess occurring in the Glasgow Infirmary, which was successfully treated by Mr. Lister's method."

(To be continued.)

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SPECIAL REPORT
ON
STUDENTS' TEXT BOOKS.

(Prepared expressly for the MEDICAL PRESS AND CIRCULAR, by Professors in Schools of Medicine.)

No. V.

THE "Dublin Dissector"* has long been a most popular Manual. Of late years, it is true, it has been largely superseded in the English Schools by Ellis, Holden, Wilson, and Heath ; but it maintains its position in Ireland, and is still used by London students. It is, undoubtedly, a work of great merit. Clearly if not elegantly written, it avoids the extremes of too much minuteness and too much brevity. The type, though small, is distinct. The size of the two volumes, into which it is now divided, is handy. Each volume, foolscap 8vo, is rather smaller than one of Churchill's Manuals, some of which, by the way, sometimes grow to an inconvenient stoutness. Hence they are very portable, and well adapted for the coat pocket. It may be doubted, however, whether the matter contained within them is judiciously distributed. If a Manual of Practical Anatomy is divided into two volumes, the arrangement of the contents should bear a strict regard to the convenience of the student. It should be remembered that the human body is divided into parts, and that the whole of each part is taken by one or two students. All the organs and structures of a part should, consequently, be described in the same volume, and in the same division of that volume. This is not the case with the " Dublin Dissector :" the anatomy of the head and neck is given at the commencement of the first volume; but the brain and cerebral nerves, the contents of the orbit and the eye, the nose and the ear, are relegated to the second volume. It may be pleaded that these parts are special, and that the brain is dissected separately after being kept several weeks in spirit.† The orbit, however, is always dissected early, before the body is turned for the dissection of the muscles of the back, and before this is done the brain has to be removed by the student, who ought to notice during the operation the relations of its lobes and nerves to each other and to the bones. On reference to the Preface, we find that the arrangement followed was " adopted from a conviction of its being well suited to the improvement of the anatomical student; and subsequent experience has confirmed this impression." In our opinion, this arrangement has some advantages, but for a "*System* of Practical Anatomy it is not sufficiently systematic." A work of this kind would naturally open with a general introduction to the pursuit of practical anatomy. Following this, there might most advantageously be a chapter devoted to such an outline of the structure and arrangement of parts in the human body as would smooth the path of beginners to a surprising extent, and afford them an elementary knowledge which many of them so sadly lack, and the want of which becomes a serious hindrance to progress and cause of aversion to the study. Similarly, at the commencement of the description of each division of the body, a statement of the plan of procedure to be adopted might be prefixed, together with some additional information of a general character bearing specially upon that division. As it is, most of the manuals of dissection presuppose a very considerable amount of knowledge on the part of the student without informing him what he ought to be acquainted with before taking the scalpel. He has to plunge at once *in medias res*, and if he is not fortunate enough to secure the services of the demonstrator, he hacks his part to pieces indefinitely, or gives it up in disgust, or sells it at half price to some idler who wants the credit of having dissected without the work, or some economist who wants the maximum of subject at the minimum of price. We remember very well beginning to dissect with a leg—we beg pardon, we mean a lower extremity. We were totally ignorant, but we were told that we ought to begin, and to begin with the lower extremity, because it was so easy. We knew nothing of fascia or hernia, and we knew nothing of the origins of the nerves. The numerous layers of fascia, and the points connected with femoral hernia, and the constant talk about the nerves arising from the lumbar plexus, before we knew what or where it was, were overwhelming. We were provided with an Ellis—a sufficiently indigestible book in itself for a beginner; but of all the indigestible parts of that indigestible volume, commend us to the first twelve pages of the dissection of the lower extremity, devoted to surface markings, and fascia, and directions for dissection, and cutaneous nerves arising from the cords of the lumbar plexus.

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* The Dublin Dissector, or System of Practical Anatomy. By Robert Harrison, M.D., M.R.I.A. Fifth Edition. Tenth Thousand. Fannin & Co., Dublin ; Longmans & Co., London ; Maclachlan & Co., Edinburgh.

† This spirit is sometimes diluted with water by the beadles who sell it to the students—pecuniæ gratiâ.

We would not be unjust to Ellis; for any one who has a fair knowledge of his anatomy, and for the student who is working for the University of London, Ellis is by far the best dissecting Manual. He is very precise and systematic—qualities which are extremely valuable under such circumstances—and he gives so much information that it is quite sufficient to read by him alone in order to obtain Honours at the University. We think, however, that it is a mistake for a beginner to use the book, and that he would learn more by starting with Heath. Both Ellis and Heath have the merit of separating the remarks about the dissections from the rest of the text. Ellis does this by prefixing the word Dissection to the paragraphs relating to it. Heath, more effectually, by placing the passages in brackets, and distinguishing them further by closeness of the type. The "Dublin Dissector" pays no attention to this point, perhaps intentionally, for the purpose of making the student read through the whole of the descriptions; but we very much doubt whether such fusion would effect this object.

As an example of the kind of introduction required in Manuals of Dissection, we must point once more to Heath, who opens with a chapter containing useful information about instruments, and the course which the student should pursue while he is dissecting. If to this had been added another chapter, with a sketch of the organs and tissues of the body, we should consider the Manual a still greater boon to first-year students.

The arrangement adopted in the "Dublin Dissector" is as follows:—Vol. I. opens with the dissection of the external parts of the head and face. The muscles especially are fully described, and described together, a separate section being devoted to an outline of the vessels and nerves met with in the dissection of the muscles. There is also a good account of the structure and relations of the salivary glands. We notice that the *orbicularis oris* is stated to have no bony attachment. Holden, in his illustrated Manual, is quite silent on the subject, and, indeed, scarcely describes the muscle at all as it is ordinarily described; but he mentions in a note an occasional slip to the septum of the nose. Quain, Ellis, Gray, and Heath all describe part of the muscle as arising from the upper jaw-bone, near the incisor teeth; and the three first give it connections to the lower jaw-bone, near the canine teeth.

The neck, treated of in Chapter 2, is dealt with in a similar way to the head and face. First come the muscles, with incidental observations on the veins, nerves, and fasciæ, and a description of the triangles, the thyroid, submaxillary, and sublingual glands. Then follow, in order, sections devoted to the vessels and nerves of the neck, the mouth, pharynx and larynx and tongue generally; the dissection of the pharynx; the dissection of the palate and its muscles; the dissection of the larynx, and the dissection of the deep muscles at the front and side of the vertebral column in the neck, the longus colli, recti, and scaleni. The characteristic features of the descriptions may be said to be the reservation of a full account of the nerves and vessels for the second volume, as well as of the tongue, orbit, &c., and the care which is taken with the accounts of the actions of muscles and the uses of parts dissected. We know of no school treatise used by students in which these accounts are excelled, if, indeed, they are equalled in any. Take, for example, the paragraphs describing respectively the action of the muscles of the face in the expression of the emotions and the movements of the lower jaw. All the important points are touched without prolixity or repetition. In the second volume, the chapter devoted to the contents of the orbits contains a very full and interesting examination of the actions of the recti and obliqui, much superior to the accounts given in other text books. Nor are these accounts rendered the less valuable by the introduction of remarks explanatory of the pathological changes to which the various organs and tissues are liable.

The brevity with which the vessels and nerves are treated in the first volume, if this brevity is intended to aid the beginner, is, in our opinion, altogether neutralized by the absence of such a general preliminary sketch as would render the notice of the vessels and nerves intelligible. When the student reads that the nerves he meets with are branches of the seventh and fifth pair, and that the fifth pair consists of three portions—the ophthalmic, superior maxillary, and inferior maxillary—he derives information from which he can only profit if he is previously aware, as he often is not, what is meant by a pair of nerves, why they are numbered, where they come from, and how they get where they are found. Would it not be very advantageous to impart such elementary knowledge at the beginning of a dissecting manual? A few pages to be read before the scalpel is handled would effect all that is needed. Many men get up their bones by rote, learning, like parrots, the vessels and nerves passing through the foramina in the skull, without the least definite ideas of where they come from or the business they have to be in such positions; and many begin dissecting without either knowing their bones even in the parrot fashion, or the rudiments of the human body. Ask most first-year students who are dissecting what the aorta is, or how many nerves come from the brain; will they be able to answer correctly? So that we maintain the necessity exists of imparting such matters at the very outset of the book of the description before us. Too much of this kind is taken for granted, both in lectures and in books.

Chapter 3 treats of the thorax, beginning with the muscles outside and the axilla, and proceeding to the cavity. The muscles of the back occupy Chapter 4, which is very short. Chapter 5 gives the upper extremity. Chapter 6, the abdomen and pelvis. Chapter 7, the female organs of generation, with pathological observations. Chapter 8, the inferior extremities.

Vol. II. contains consecutively:—

Part II., the anatomy of the vascular system—viz., arteries, veins, and absorbents.

Part III., the anatomy of the nervous system, including the dissection of the brain, medulla, and nerves, and the anatomy of the organs of sense, skin, nose, tongue, eye, and ear.

Part IV., the anatomy of the bones and joints.

Lastly, there is an Appendix, with sections on the injection of arteries, and the mode of making dry preparations; on Laennec's division of the thorax; and on directions for opening the cranium, thorax, and abdomen. We offer a few additional remarks on parts which have attracted our attention.

The rectus capitis anticus major (p. 72) is described as arising from the four last cervical vertebræ, instead of with the anterior scalenes from the third, fourth, fifth, and sixth.

The point is of small importance; but the account differs from other authorities.

Both the internal and external intercostal muscles are said to raise the ribs and evert their lower edges. We had fondly believed that the actions of these muscles had been settled on mechanical principles by Dr. Hutchinson; but this statement, combined with recent theories, has again unsettled us. We are still very much inclined to pin our faith to Dr. Hutchinson, a very clear exposition of whose views may be found in Humphry "On the Human Skeleton."

The chapter on the thorax is very good. The heart, especially, is described at great length, physiology and pathology being liberally added to the anatomy. In the account of the muscular fibres of the heart, we do not notice any allusion to the arrangement made out by Pettigrew.

Since Mr. John Wood's article in the *Journal of Anatomy and Physiology* for 1868, and his lectures at King's College for some years, it has become necessary to revise the generally received descriptions of the limits of the trachea and arch of the aorta, with reference to the vertebræ. Heath, a pupil and colleague of Mr. Wood's in the King's College Dissecting-room, has been "faithful among the faithless." He has extended the trachea and the arch of the aorta to the sixth dorsal vertebra; and it appears that both Mr. Wood and Mr. Heath are borne out by the dead subject, and supported by the celebrated Russian surgeon and anatomist, Nicalao Pirigôff. Mr. Harrison is still in "the bond of iniquity," and gives the trachea the old limit of the third dorsal; but he has saved his credit with the aorta, for he judiciously observes that the arch of the aorta, though *not very accurately defined*, may be considered as extending from the left ventricle to the *fourth* dorsal vertebra, and abstains altogether from fixing limits to the separate parts of the arch.

Why is the endocardium called the endocarde?

The pericardium is not called the pericarde.

This nomenclature is not peculiar to Dublin, as Ledwich uses the ordinary Latin word endocardium.

Some useful hints to operators are contained in the section given to the anatomy of the abdominal wall and hernia, a part of the work which we regret not to be able to examine more at length.

The section on the uterus, and those on the brain and cord, in the second volume, contain physiological and pathological remarks. Ward concludes his excellent Manual on the bones by saying that anatomical description and physiological explanation should always go side by side; and the "Dublin Dissector" certainly endeavours exemplify this axiom.

There is little to be said about the accounts of the arteries and nerves; there is no special feature in them. The work concludes with chapters on the bones and ligaments. Both are well, accurately, and tersely given.

The book is well illustrated with plates, which are small but clear, presenting a contrast to the small and most obscure plates which used to be intended to illustrate Quain's Anatomy. But considerable improvement is yet possible in this direction. Altogether, though we do not consider the work perfect (what Manual *is*?), we entertain a most favourable opinion of it, and think that it well deserves the success and popularity which it has attained. Our only great regret is that we have not space to enter into it more at large.

(To be continued.)

EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Continued from page 356.)

What says the first authority of the present day upon zymotic diseases, Dr. Farr, Registrar-General, in his Report on Causes of Death in 1867, fifty years later, on this subject!—"The mere aggregation of people together in close apartments *generates* or *diffuses* the zymotic matter. Thus, *place lying-in women in close proximity* to each other, or mix them up with the patients of a general hospital, and they *died of puerperal fever*. Place many wounded men in a ward where cleanliness is neglected, and erysipelas, pyemia, gangrene spring up; imprison men within narrow walls, or crowd them in rooms, and typhus breaks out. The general and special hospitals of the country have been until quite recently erected without any special reference to the dangers accruing from the assemblage of great masses of sick people within the walls of one building, so that the efforts of the most skilful medical officers are frequently defeated." Again, Dr. Farr says—"The mere *accumulation* of masses of living people within narrow limits either *generates* or *ensures* the diffusion of epidemic disease." Again, page 220—"The suppression of the generating beds of disease in unhealthy populations can scarcely fail to be efficacious. To suppress plague, suppress the wretched sanitary condition of Egypt; to suppress yellow fever, go to St. Thomas, New Orleans, and its other feeding grounds; to put a stop to epidemic outbreaks of cholera, cleanse the waters of India, and improve the condition of the population; to extinguish entire fever and typhus in our cities, extinguish the rookeries." And he might have added, to lessen the mortality by metria, if not to "get rid of the generating beds of this disease," reform the lying-in hospitals.

But to return to the attempts made to involve me in a discussion upon a collection of statistical tables, in which this higher standard of death-rates is dwelt upon as that to be aimed at, and with which we are called upon to rest satisfied. I once for all tell my commentators, that I shall fall into no such palpable trap; nor be led away from the true issue by any such—excuse the word—clap-trap.

I, therefore, disregard, with the utmost self-complacency, all their broad-sheets and narrow-sheets, teeming with figures and quantities, with a high death-rate, as the aim for us to attain. Nay, I will, if it be any comfort to them for treating the ponderous result of their labours cavalierly, I will admit them all *in globo*, and that without examination, as not germane to the question at issue, and only calculated to draw us aside from our great object, "how to lessen the mortality from metria." I want not to be reconciled to it, on the contrary, my object in coming before this Society, amongst whom I see so many of my alumni, is that of the Carthaginian of old, I would urge them to swear with me eternal hostility to our common enemy, metria, and, if possible, to unite the Knights Hospitallers, who have so strangely mistaken their antagonist in this discussion, to make common cause with me in our efforts at victory.

Sir, I may say generally that my commentators in this controversy have supported every one of my positions, although they may have cavilled at the extent to which I have carried them. When I say cavil, I mean that they have taken objection on points, and failed to grapple with the broad principles. They have attempted to draw the attention of the Society off from the discussion of a great question, boldly, and, I admit, as my friend Dr. Beatty has said, startlingly, propounded, by involving it in a mass of what we shall term discrepancies of detail. They imagine that by showing a want of harmony and exact correspondence in all the collections of statistics they could scrape together, that they can break down the notorious facts which I arrayed before this assembly on introducing this subject—an array of facts, proverbial, and confirmed by the history of the great institutions of Europe, from their foundation to the present hour. Can they deny my tables in which the mortality in Paris, St. Petersburgh, Vienna, Dublin, London, York, and Glasgow Hospitals are given, and the combined mortality of which is 1 in 44 ; whilst the death-rate ranges even so high as 1 in 18½ in Paris? Can they deny the average death-rate of the Dublin Lying-in Hospital, standing for the last 15 years at 31½? Can they deny that for four years of Dr. Collins's mastership, it stood at 1 in 186, showing what the true death-rate is—accidents of labour and diseases included, metria excluded? Can they deny that the death-rate of the South Union Workhouse Cottage Lying-in Hospitals had only amounted during the last four years to 1 in 238, and that no metria showed itself there during that time? Can they deny the report of the death-rates as given in Drs. Thomas and John Beatty's private practice, as furnished by Dr. Thomas Beatty himself, as 1 in 256? But, above all, can they deny, or, rather, have they not failed deplorably in their attempt to disprove, the mortality of the three cottage hospitals, Waterford, Limerick, and New Ross (to which we may now add Killarney), as standing at 1 in 282?

Sir, they cannot deny. They cannot vitiate. They cannot shake in the slightest degree one of these reliable and unanswerable bases of the reasoning upon which my conclusions are established. My conclusions, my deductions, and my propositions are the necessary sequence of their establishment. Sir, I am certain, and maintain without the fear of contradiction, that the effect of the ordeal my paper has undergone has been its entire confirmation.

As to the discrepant statistics adduced by them—their very discrepancy may be said to go a long way in proving the accuracy of mine. The laws of evidence have long established the fact, that want of exact harmony or correspondence in different testifiers is esteemed rather a corroboration than a denial of truth—a principle that is adduced as well by our ablest theologists in proof of the inspiration of Holy Writ, as by our petty sessions attorneys in the establishment of an alibi. But, Sir, it was a primary axiom in my days of pupilage, that "one affirmative proof overturned a host of negative evidence." If the combination of philosophers who have been dealing for months with my propositions cannot reverse this axiom, then I submit that my propositions, and especially that one which has been so much cavilled at—the proportion of deaths to numbers and crowding—has been proved, aye, over and over again, by every great Lying-in Hospital in Europe. Why, Sir, my first impression on hearing it objected to was one of what I might describe provoked amusement, that any man could be found so innocent, or so obstinate, as to deny such a self-evident proposition. It was in this spirit, I confess that I, upon the third night of our sederunt, called the attention of the gentleman, who has the merit of first making this great discovery, to the case of Dr. Labatt's great mortality,—the very case to which he referred as corroborating the reverse. His mortality I repeat—1 in 63 in 1818—the year of the greatest number ever in the hospital. I showed him that the next year the habitat was complete, and the mortality rose to 1 in 33, although the deliveries were reduced 342 ; that it continued at 1 in 35 the year after, when the deliveries were again raised ; and it gradually wore itself out in the course of the next two years, when the crowding was again permitted, and that in 1823 it again rose to 1 in 44.

I was in the hopes that this statement of figures would have set the fallacy of confounding cause and effect, in this case at rest for ever. I imagined in my simplicity that ascribing the greater rate of mortality to the diminished number of patients, in place of the diminished number of patients to the greater mortality, was at an end, and that so preposterous a proposition should not be repeated. I have, therefore, to remind you that this step was taken to relieve the hospital from continuing to be the habitat of the poison. I am fully aware, Sir, that I am repeating myself, but I am doing so designedly, because, to my astonishment, the fallacy has been repeated, and dwelt upon again and again in this discussion, notwithstanding my exposure of it. Dr. M'Clintock repeated it ; Dr. Beatty repeated it ; and a host of other doctors, too numerous to mention, repeated it, and nothing is left to me but to repeat the refutation of it.

I purposely avoided dwelling much upon treatment in my former paper, my object being to grapple with the true nature causes, and means of prevention of metria. I thought, however, that the profession might have reason to condemn me if, in a treatise of this nature, I had entirely omitted to allude to it. My reticence in this respect has not relieved me from the usual fate of "mine enemy who writes a book." My treatment has, in fact, been attacked as unmeasurably as my other views. I admit it is equally open to candid criticism, if this had been extended to it ; but when the reverse has been the case, as it has in every instance in which my treatment has been called in question, I shall give these attacks but one general answer, namely, that when garbled extracts are taken and misrepresentations, proved by the context, put forward, I deem it both unnecessary and unbecoming to notice them, and I feel called upon to omit all mention of the critic and his objections—a practice that I also adopt when commentators outstep the fair bounds of criticism and descend to personalities.

By this simple plan the crime carries its punishment along with it, whilst temper and offensive personalities are prevented displaying themselves on my part, in what I esteem as a purely scientific inquiry, and one into which personal feeling should not be permitted for one moment to enter.

Why, Sir, if another night had been added to the debate, it is not impossible that the conclusions might have been arrived at by some latent essayists of the Knights Hospitaller ranks—some of the more courageous and *advanced* advocates of this *retrograde* movement in the nineteenth century—that the true cure and prevention of metria would be best accomplished by crowding all our parturient populations into large hospitals, and for this purpose not a moment should be lost in enlarging our existing lying-in institutions, and extending them upon the present principles, which have been found so satisfactory,

Some general objections have been raised to remodelling our hospitals, based upon such grounds as cost, expense, disinclination to change, architectural beauty, and so forth. They should be left as they are. The Deity has ordained that people should die epidemically ; for his own wise purposes epidemics have always existed. Now, Sir, I shall not insult your understanding by combating such objections. Most of them were used over and over again against Jenner ; and although the establishment of vaccination was retarded by them, it was not prevented. Could we now calculate the amount of human life and human misery saved by the introduction of vaccination and of that loss and misery caused by *their* opposition to it, this calculation might be turned to good account in the present discussion.

Sir, already has this discussion produced good fruit. The strong and universal opinion, I may say, pronounced upon the contagious nature of the disease, and the attention that has been more especially called to its spread by means of the indiscriminate mixture of the male pupils with the patients after attending autopsies, has, I understand, elicited an order precluding this practice, and thus for so far our common object has been gained—namely, the taking steps to endeavour to lessen the mortality by metria and other zymotic diseases. As I doubt not these precautionary measures will extend to other diseases communicable by contagion, the knight's service rendered by several of my critics upon this point reconciles me to much of their shortcomings in other branches of this inquiry. And if we applied the same principles of preventing the spread of contagion to the other equally important and equally obvious means by which contagion is necessarily spread through crowding together patients similarly affected, under a common roof, there would virtually be no question at issue between us. We should all be, on many points, of the same opinion, although still, I regret to say, on one or two essentials, "as far as the poles as under."

Sir, I might have appealed to their benevolence, love of science, and desire for improvement, as a motive for acquiescence in my views, and urged their adoption with arguments and persuasions thus adduced. But, Sir, in a severe inquiry such as this, I should by such a line only load my case "with superfluous armour, that encumbers rather than defends." I might tell them that communications had reached me from various quarters, such as that I now quote, in which Dr. Handyside, the distinguished surgeon for so many years to the Edinburgh Royal Infirmary, writes :—"I take this opportunity to congratulate you on the work as to wholesome village hospital wards instead of large maternities, in which, from the reports of the journals, I see you are engaged. Your experience and position ought to carry conviction, and it surprises me much to see so many of your profession opposed to the proposal. So far as my experience as hospital surgeon led me to see, we must in the end, be led to give up the large hospital buildings—Edinburgh, June 10, 1869."

But I shall not detain you with these from the result arrived at on the discussion of this subject in the Surgical Society of Paris, in which Trêlat, Le Fort, and Jardier were the principal speakers.—See the *Gazette des Hôpitaux*, No. 67, 1866.

The following conclusions were arrived at :—

1.—It has been proved by statistics that the ravages of puerperal fever in lying-in hospitals are greater now than formerly. This can only be referred to the hospital atmosphere ; therefore the infirmaries and hospitals should be reduced in extent, and assistance provided for the poor at their own houses.

2. Puerperal fever is infectious ; and, therefore, hospitals conducted on the best principles may become the seat of great calamities.

3. Besides the usual sanitary measures which are recommended for hospitals, special precautions should be observed in lying-in institutions.

4. To avoid importation of disease, strict cleanliness should be observed. Empty wards should be thoroughly cleaned, not only the walls whitewashed, but the beds purified, &c.

5. To avoid the spread of disease the healthy should be removed from the ward, where any have been attacked, to small rooms for one, or at most four beds.

6. The attacked should be removed to a separate building.

7. If, nevertheless, the remaining females get the fever, the whole building must be emptied.

8. In cities where lying-in hospitals cannot be dispensed with, they must be small.

Since the above conclusions were arrived at by the ablest of our Parisian confrères, as we are informed by Oppert, "The administration in Paris have had the wards divided by double glass partitions ; but, recently, they have gone farther, and recommended single bed-rooms."

This is striking at the root of the evil ; and we trust that they will speedily go farther still, and have these bedrooms totally isolated and devoid of all closed communications, capable of sustaining and communicating a poisoned atmosphere from the sick to the healthy. Anything short of this must prove inefficient, and end only in disappointment.

You see then, Sir, whilst we are discussing this question, it is deciding iitself. Nay, Sir, it has decided itself ; and decided itself, gentlemen, not as should have been the case, *with* the strenuous assistance of those members of the obstetrical branch of the profession who have ranged themselves to oppose my feeble efforts (to the knife), as they say themselves, but in the teeth of their resistance. Sir, the enlightened press of England, of Ireland, and of Scotland, has decided this question. It is an accomplished fact. Let the recusants hasten to join in our efforts, or they will rest under the inglorious conviction that they have wedded themselves not merely to an unsuccessful cause, but to one that is being stamped with the just reprehension of the medical and general press throughout this country. That great organ, that sits in judgment upon men's reasoning, their motives, and their actions, and draws its conclusions for the universal benefit—what does it say, gentlemen, upon the merits of this discussion? Do not be alarmed. I am not going to accumulate and reproduce the numerous articles that have dealt with it. I shall merely give you the brief view of one of the ablest of the London journals, the *Echo*, upon your own case in its article headed "The Harvest of Death, June 10th, 1869." "It is worthy of note," says the *Echo*, "that the idea of maternity hospitals, which were once so popular, *has been exploded by scientific* experience. It has been found that such institutions are merely nurseries for puerperal fever." Now, gentlemen, what say you to this! The press of England have arrived, without the assistance and in the teeth of your opposition, at this conclusion, that maternity hospitals are the nurseries or habitat of puerperal fever. But it is not done yet. Take to heart, I beseech you, the next paragraph of the *Echo*, and mend your hand in time. This, mark me, is the *Echo's* language, not mine. But here it is :—"The best hope of mitigating the danger under this cause (that is, the cause of continuing the maternity hospitals as nurseries for puerperal fever) is derived from the gradual but steady increase of medical knowledge, and the extinction of that time-honoured institution personified in 'Sairy Gamp.'" But now for the "keenest cut of all." "A new race of Gamps, intelligent and instructed, is one of the greatest social needs of our time."

Sir, in contrast to this view of the *Echo*, I cannot deny you the quotation of a private letter bearing upon the responsibility that rests with our profession in using their best endeavours in the prevention, as they do in the cure of disease. It was an acknowledgment written to a medical friend on receipt of his sanitary pamphlet lately published :—

"My Dear Sir,—Many thanks for your pamphlet. I am glad to see you feel a physician's duty extends beyond the cure of disease, and that the public have a right to look to him as well for its prevention. If our profession recognized and acted on this principle, generally, it would exercise a position, and earn an influence in the State commensurate with its true value. But until it does so we must not be astonished that they are treated as cyphers, not to say mere craftsmen by the State ; when they rest satisfied with doing mere craftsmen's—I was going to say tinker's—work. I am glad to see, however, that you are an exception to this criticism.—Yours faithfully."

This, I think, requires no comment.

It would be amusing to reproduce some of the absurd accusations and imputed evil intentions with which I have been charged in this discussion. Mr. Sandham Symes, for instance, deals with the subject of architecture. At first I imagined his communication a hoax ; but no, it is in too serious a strain. He seems really anxious to protect the ornamental buildings of the city, and like my friend Dr. Churchill, deprecates my proceedings in so precipitous a manner in a matter in which he graphically adds, "there has been as yet but a mere trifle of experience." But of what, think you, does he accuse me ! Of nothing short of proposing to remove the beautiful structure, the Dublin Lying-in Hospital, with its world-famed Rotundo, bodily, and replace it by cottage hospitals to be built upon its site, one of the worst sites that could be selected for such a purpose. Why, Sir, if made, such a proposal would justify my residence in an hospital raised by the eccentric Dean in another part of our city. This gentleman might, at least, have read my paper before presuming to criticise it, in which I distinctly recommend the converting the present hospital into an institution for diseases of females (with the power of admitting children), and suggested the high ground, the most elevated part of the Rotundo Gardens, as a most suitable site for the erection of isolated cottage hospitals for the labour patients.

(To be continued.)

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RELAPSING FEVER.

The Medical Officer of the Privy Council has issued a Circular on the present epidemic of this fever, in London, containing the following directions for local authorities :—

"1. The greatest personal predisposition to relapsing fever is given by states of poverty and privation; so much so, that the disease is often known by the name of famine-fever. Where destitution has not existed, or has been adequately relieved, relapsing fever is not likely to be epidemic.

"2. Relapsing fever is in a very high degree communicable from sick to healthy. The more confined the atmosphere in which sick and healthy are together, the more certain is the disease to be communicated.

"3. An attack of relapsing fever is greatly less dangerous to life than an attack of typhus. But where relapsing fever has attacked, and when all its acute symptoms are past, the sufferers remain for a while extremely weak, requiring that food and restoratives should be liberally supplied them; in default of which the feebleness left by the disease may often be of indefinite duration. This is the more important, because, where relapsing fever is epidemic, typhus often accompanies or follows it; and persons whom the relapsing fever has weakened not unfrequently fall victims of typhus.

"4. Relapsing fever is eminently a disease which cannot safely be treated in the houses of the poor; for in them, crowded and ill-ventilated as they generally are, and with inmates often insufficiently nourished, there must be every likelihood that the infection will spread. It is essential that under such circumstances the sick should at once be removed from amid the healthy. Ample hospital accommodation is therefore an indispensable condition for limiting the extension of the disease.

"5. Of duties which have to be discharged by local authorities in the several parts of London in relation to the present subject-matter, some are duties of Poor-law relief, and others are duties of general sanitary administration; but, as the former are done under direction of the Poor-law Board, only the latter are here adverted to. At present (as in all times when epidemic disease is prevalent or threatening) it is particularly important that powers conferred by the Nuisances Removal and other general Sanitary Acts should be well exercised by those in whom they are vested. Very detailed district inspection is most necessary. Everything practicable should be done, especially in all poorer parts of each district, to promote cleanliness of and about dwellings. The washing and lime-whiting of uncleanly premises, especially of such as are densely occupied, should be pressed with all practicable despatch. It is essential that over-crowding should, as far as possible, be prevented, and proper ventilation be enforced; and in these respects common lodging-houses, and houses which are sublet in several small holdings, will require particular attention. Above all, the attention of nuisance authorities is invited to the powers conferred on them by various sections of the Sanitary Act, 1866, with reference to infectious disease; especially to the powers conferred for purpose of disinfection, and for the conveyance of sick persons, and for the separation of the sick from the healthy.

"6. The parts of London in which at present cases of relapsing fever are believed to be numerous are Whitechapel, Bethnal-green, and St. Giles's.

"7. It is essential for the local authorities of London to know that at the present time the London Fever Hospital is quite or nearly full, and that in the face of such requirements as the next fortnight will most probably develop, neither the London Fever Hospital nor any of the general hospitals of London will be able to give them any important assistance in relation to their cases of relapsing fever."

INJECTION OF PUTRID MATTER, THE BLOOD OF TYPHOID FEVER, AND SMALL-POX—BY DR. COZE.

In one of the former numbers of the *Gazette* some selections were given from this gentleman's paper on the result of some experiments on the injection of the blood of diseased patients into the veins of animals. He has lately laid before the Society of Medicine of Strasbourg the results of some experiments on the subject of putrid infection. He says "that it is possible to produce with the blood of a person affected with putrid diseases disorders of a similar nature in animals." He states, that if the non-putrid blood of a patient who has died of putrid infection is found to contain vibriones, is diluted with water and filtered, and then injected under the skin of animals, death will result, at the latest, in fifty-six hours. During life, the temperature of the body of the animal is increased. He always found the liver to be the organ in which the largest number of vibriones existed. Injection of the blood into the trachea produced only a slight elevation of temperature. This he considered to be due to the action of the oxygen of the inspired air destroying the vibriones.

Non-putrid blood taken from a patient suffering from typhoid fever, containing vibriones diluted with water, and then injected in different ways, caused death in from fifteen to twenty hours. The temperature of the body rose rapidly to 41 degrees centigrade, and oscillated between 41 and 42½ degrees until death. After death, the lungs were found inflamed and the liver fatty. The blood was red and contained vibriones, the largest quantity being found in the blood obtained from the liver. There was a large increase in the number of white corpuscles.

The blood taken from a young man (who had not been vaccinated) at the period of pustulation of small-pox was examined with care, and vibriones of a very small size discovered. The liquid from the pustules contained no pus globules, but vibriones precisely of the same size as those observed in the blood.

The liver of an infant, two weeks old, which had died of small-pox, and the pustules on the skin, were found to contain vibriones. The blood and the fluid from the liver were injected under the skin of several animals. The temperature of their bodies was found to be less than when putrid or typhoid matters were injected. The animals became extremely thin. Death ensued much more rapidly in those animals into which the fluid of the liver was injected than in those in which the blood was employed—with the former in twelve days, but with the latter not for twenty. Large quantities of vibriones were found in the livers.

The ears of the animals, which were often pricked for the purpose of obtaining blood for examination, became nodulated in parts, and these nodules contained a serous fluid, in which vibriones, resembling those found in the human subject, were discovered. The blood was not so red as in typhoid infection, and more fluid than in putrid infection. The number of white corpuscles was increased; small purulent collections were found under the skin; the liver and kidneys were fatty; and the lungs hepatised in parts.

[These researches are of the greatest possible interest to medical science, and promise to elucidate many points connected with the determination of the true nature of disease. Coze sums up the results to be expected from the injection of infected matters, and states that there will be, 1st, Augmentation of temperature. 2nd, Alteration of the blood. 3rd, Development of vibriones. 4th, Fatty degeneration. 5th, Pulmonary hepatisation, and 6th, Increase in the number of white corpuscles.]—*Gazette Médicale de Strasbourg.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 3, 1869.

THE COMING MEDICAL BILL.

THE abuses of medical study, education, examination, licensing, and practice, have so long and so sorely irritated the body corporate of the Profession that a sensible, practical, and decisive legislative remedy to the existing condition of things would be accepted by the Profession with a satisfaction which no other reform could inspire.

The admission of ignorant clownish schoolboys, by a farcical examination, to the study of a learned Profession, the permitted neglect of practical study, and the deliberate falsification of certificates of attendance, the framing of examinations for which a few weeks' strapping in the "grind-room" is the most sufficient preparation, and, lastly, the sending forth of practitioners capable neither of writing a letter or a prescription, or of treating the simplest ailment,—here is a catalogue of charges, needing hardly the form of proof, sufficient to justify the most sweeping and exterminative measures against the perpetrators which a disestablishing Government could deal out.

It appears that we are to have some such measure next Session, and it behoves us, and all who have seen the passing degradation of the Profession by the diploma-selling mania, to put forth its utmost strength, alike in favour of a decisive measure and in opposition to an expansion of the disendowment chimera, which might sweep away, at the same time, the time-honoured and upright body and the joint-stock diploma-selling corporation.

From what we hear of the projected measure, we are just as likely to be employed in saving ruins as in demolishing them, for it seems that whatever blow may be struck will fall alike on the best and the worst institutions. The project is as yet, we believe, in embryo, and we are only justified in treating it as a possibility which it is our duty to be prepared for. It is suggested that the Netley system shall be applied, as suggested by Mr. Rumsey, to the entire licensing system. That three Examining Boards, or one single peripatetic conclave, shall sit in the three capitals, and shall examine all-comers for the *Licentia ad Practicandum.* Their examination is not, however, to be a substitute, but only an addition to the qualifying tests of licensing bodies. No candidate shall be examined by them without having previously obtained a diploma; and, on the other hand, no diploma shall qualify to practise without the capping testimony of the Central Board.

Who shall constitute the Board? Who shall pay them? On what subjects shall they examine? Who shall appoint them? What powers shall they have? These questions are all yet for discussion and settlement.

We shall return to the subject next week, and, feeling that the future of the entire Profession hangs upon the result, shall not spare space in its discussion.

ALLOCATION OF IRISH CHURCH FUNDS.

WE understand that the Council of the Irish Medical Association at its last meeting had under consideration the anticipated allocation of certain of the funds derivable from the disendowment of the Irish Church to medical objects. The expressed intention of Mr. Gladstone to apply a portion of these funds to the maintenance of lunatics and other similar purposes suggest their probable application to the purposes of the Poor-law Medical Service.

We believe that Mr. Gladstone has declared his intention not to apportion any part of the funds to the relief of "paupers;" but it has been specially and officially declared that persons availing themselves of medical relief under the Medical Charities Act are not "paupers," and we conceive, therefore, no more legitimate or useful direction which an expenditure could take.

Three objects suggest themselves at once, in respect of which an increased expenditure is greatly desired. The maintenance of skilled midwives in dispensary districts has already been suggested by Dr. Kennedy. Without doubt, the condition of poor women urgently demands some amelioration, and there could hardly be a greater boon to them and to the medical officer than the appointment of a person who could take charge of those natural cases to which it is utterly impossible that the medical officer can give due attention. But if the grant of public money should take this form, it will be absolutely necessary that the existing regulations for relief to lying-in women should be altered. At present the midwife is totally unconnected with the medical officer, and her attendance on a patient does not legally or really relieve the medical officer from his responsibility. The patient may, and often does, call for the attendance of the medical officer in addition to that of the midwife, and thus the services of the latter become an inconvenience and an incubus instead of a benefit.

Another direction in which it has been suggested that the funds might be expended is in the payment of the medical salaries. Without doubt the dispensary doctors would derive the most grateful relief in having the assessment of their remuneration taken out of the hands of the class which at present deals with the matter. To escape from the petty malignities and despicable meannesses of the reforming Guardians would be too happy a relief almost for realisation; but we can hardly expect or advise that for be purchase of such relief the public funds should be spent to take from the ratepayers the just and lawful taxation which they are called upon to bear.

The last suggestion which the Council of the Association considered was the application of the money to building Dispensary Houses and Local Maternities.

There is no greater scandal than the condition of some of the dispensary houses ; but we think that fault should be met by the active interference of the Commissioners, and not by a public grant.

The Council of the Association is about to issue a Circular to Poor-law Medical Officers, asking for their advice on these points ; and as soon as full information as to the feeling of the Profession is acquired, it is intended that a deputation shall wait on the Government to give expression to the views of the Association.

THE CONTAGIOUS DISEASES ACT OF 1866, AND MR. SIMON.

Although there seems to be a great majority of our medical brethren on the side of extending the provisions of the above Act of 1866 to the civil population of the Kingdom, we are not at all sorry to find that some persons, such as Mr. Simon, of very great scientific reputation, seem rather inclined to question the data upon which are founded the arguments for such an extension of the Act. The first of Mr. Simon's arguments seems to us to be a very cogent one, although we know that exception has been taken to it. Mr. Simon says, that the State, which for its own purposes, keeps masses of the male population unmarried, cannot claim to be indifferent to the result : and he urges that it may therefore take exceptional measures to preserve the health of the soldiers, in order to save the pockets of the taxpayers. This argument is in so far a telling one, and explains the great difference which lies in the extension of an Act which was at first only proposed for the Army, to the whole of society. Soldiers are not allowed at present to marry at all. But no other male members of a free State are kept in such a state of enforced, and, we might almost add, perhaps, unnecessary, state of celibacy. No person in civil life has any social right to keep up such a distressing state of society as is implied by the maintenance of a class of women habitually selling their persons for hire indiscriminately to all comers. Were social questions better understood and the question of poverty, notably, for example, only once attacked in the positive method, it is quite possible that prostitution would soon be enormously diminished in its extent : and that the diseases connected with this wide-spread blot of modern societies might also be greatly diminished. Hence, we are inclined to go along with Mr. Simon, in his argument, that what may be quite admissible when applied to the Army, fails to be in any way evidently necessary as a measure to be recommended for application to society at large in this country.

Mr. Simon admits that it is not impossible that, by means of a well-organized regulation of prostitution, a good deal might be done towards warding off the ravages of venereal disease among the civil population. His reasons against adopting such a system, however, are threefold. First of all, he calculates that London alone, in order to cope with the extent of the evil, would require no less than 3,000 beds for venereal patients. But perhaps in this Mr. Simon a little exaggerates, since, of course, the advocates of the extension of the Contagious Diseases Acts maintain that very shortly a considerable diminution in the amount of the disease would be apparent, if only their system were efficiently carried out. The advocates of the French system point to the fact that much has already been accomplished by the operation of the Act in small military districts, though, of course, not so much, they admit, as would have been accomplished if the whole country had been placed under the system, although the beds at the disposal of the authorities were only sufficient for a minority of the cases until the prevalence of the disease became diminished. And, hence, they deny the necessity of such great expenses falling on the ratepayers, as calculated by Mr. Simon ; and add that, in foreign countries, the problem is solved without so large a number of beds as Mr. Simon supposes to be necessary. Mr. Simon says that the severity of the disease would not be affected by this plan of extending the Act, but, in opposition to this, it has been asserted that the percentage of serious cases *has* become much lower of late in some places, such as in Devonport, since it was under the operation of the Act.

There is one point in which we must confess we cannot at all go hand-in-hand with Mr. Simon, and that is in his assertion that the extent of the evil of venereal disease has been exaggerated. Our own daily hospital experience flatly contradicts this phase of optimism. Not to mention the statistics attained by the inquiries made by the Harveian Society a few years ago, we may recall to mind the fact, that somewhere about 40 per cent. of the out-patients at Guy's Hospital were recently said to be cases of venereal contagion. Now, even admitting that a very large proportion of such cases were of but little importance, such as soft chancre cases, and mild cases of gonorrhœa, do we not continually come across cases of extensively ulcerated throat and soft-palate, of ozæna, of iritis, and ptosis, of some of the forms of amaurosis, of hemiplegia, and bone-disease, consequent upon syphilitic poisoning ; and do we not see in every surgical ward numerous cases of intractable stricture, the sad results of gonorrhœa in the male ? Is this the disease you call benignant, Mr. Simon ? Alas ! that it were anything of the kind : but, indeed, we have not yet mentioned the numerous cases of dead births and tainted children, which make up the tragedies of many a domestic hearth, or, further, those deplorable cases of hereditary syphilis, with which a single week's attendance at the London Ophthalmic Hospital at Moorfields would make any sceptic quite familiar. We are almost, indeed, tempted to say, that syphilis is *the most distressing* in its consequences of all human maladies. Fevers and consumption, or even cancer, assail us : and, after a period of time, varying from a few months to one or two years, we are no more : whereas the person poisoned by syphilis may for twenty or thirty years of after life go through a never-ending series of distressing lesions, such as ulcerations of the soft parts, destruction of the sight, nostrils, &c., &c. ; added to the contamination of his descendants, at any rate of the first degree.

It is well known that the Committee of the House of Commons last Session, after examining the evidence brought before them by the partisans for the extension of the Act, came to the conclusion that it was advisable that a slight extension of the Act should be made. But we must say, that we believe heartily, from our own experience of the working of a similar Act in Paris, that it is not the least likely that any such an extension would ever succeed if applied to such a large city as London. In Paris it has been found that whenever the prostitutes are examined regularly and treated carefully, and thus rendered more or less free from disease, straightway they do not seem any longer to attract the male sex. Hence there arise an immense body of secret prostitutes, all the more dangerous, that they fear (even at the ordinary hospitals, such as the Lourcine and others, not connected with the police), lest their diseased condition should render them amenable to the harsh discipline of the police, and cause them to be enrolled among the white slaves of men's appetites, and subject to being kept in a sad prison, St. Lazare, as long as the medical man of the prison pleases. In fact, we don't understand how it is, that our learned and enthusiastic brethren, advocates for police interference, do not see this. Let them make inquiries in Paris, and they will, we believe, despair of London being made free from venereal disease by such plans. Indeed, the subject is one of the deepest we can attack. It requires, we apprehend, a greater knowledge of political economy than we fear is possessed by Mr. James Lane, Mr. Berkeley Hill, or almost any of the able gentlemen who are so anxious to carry out the extension can lay claim to. In our humble idea these gentlemen are, on this point, like those surgeons who care much about performing some operation upon a person suffering under phthisis pulmonalis. We have seen arms amputated in consumptive persons by such kinds of surgeons and, then—the disease went on to its fatal termination all the faster.

Do such gentlemen not see that the disease of prostitution is a terrible one, and that *there* we must look for the cause of venereal diseases being so rife? Lessen the amount of prostitution, then, if you can, and you will succeed in diminishing the amount of disease—*and not until then.* This is our last word. Study, O learned friends! a little more widely than you have hitherto done, the works of scientific teachers of the science of wealth, and of society, and we believe that you will be less intensely fond of mere details, and readier to listen to more well-laid plans for lessening the great curses of modern community, late marriages, prostitution, and that infernal curse of our race, widespread destitution and its intolerable evils. Be not ashamed of saying, "I am ignorant." Socrates, and Newton said that long ago; and hence they were prepared to learn something new at all times of their lives.

SCOTLAND.

SIR JAMES Y. SIMPSON, ON HIS OWN CAREER.

Edinburgh has been honouring itself in doing honour to one of her most brilliant citizens and Professors. Sir J. Simpson has not only sustained, but increased the reputation of the University. His brilliant career reflects lustre on the chair he fills, the seat of learning of which it is a part, the city where he dwells. The whole civilized world has laid the tribute of acknowledgment and gratitude at his feet. It only remained for those who knew him best to give him the only honour in their keeping. We regret we have not space for a detailed account of the whole proceedings; but we cannot resist giving his speech, in which he sketches his own career: he said—

My Lord Provost and Fellow-citizens, I am utterly unable to express to you in adequate terms my thanks for the honour which you have conferred upon me. Your Lordship has spoken of the honour as not great in itself. I look upon it as one of the greatest which I have ever received; and believe me, that if I cannot speak my thanks for it sufficiently with my lips, I feel these thanks deeply and intensely in my heart. (Applause.) Honours like this become the more prized and precious in proportion as they are the more rare in their bestowal. This view only tends to enhance my gratitude on the present occasion; for though the Lord Provost, Magistrates, and Town Council of the city of Edinburgh have in times past enrolled on their list of honorary burgesses some princes and peers, and a proud array of illustrious statesmen and soldiers, legislators, lawyers, and litterateurs, they have rarely or never till to-day bestowed, I believe, the same distinction upon a medical practitioner in their own city, or a professor in their own University. (Applause.) It is fully forty years since I came first to Edinburgh, and entered its University as a very, very young and very solitary, and almost friendless student. (Applause.) But matters are now so entirely changed and reversed that I feel at this moment as if, in the distinction which you have conferred upon me, the community of Edinburgh as a body offered me the right hand of cordial fellowship and the kindliest felicitations. Nor was my original ambition in any way very great. After obtaining my surgical diploma I became a candidate for a situation in the west of Scotland, for the attainment of which I fancied that I possessed some casual local interest. The situation was surgeon to the small village of Inverkip, on the Clyde. When not selected, I felt perhaps a deeper amount of chagrin and disappointment than I have ever experienced since that date. If chosen I would probably have been working there as a village doctor still. But, like many other men, I have, in relation to my whole fate in life, found strong reason to recognise the mighty fact that assuredly

> "There's a Divinity that shapes our ends,
> Rough hew them how we will."

Or, in the language of the French proverb, "Man proposes, but God disposes." (Applause.) Through the ceaseless love and kindness of a dear elder brother, and in consequence of gaining the Macpherson University Bursary, I was enabled to study for some time longer at the University and obtain my medical degree. Professor Thomson—to whom I was then personally unknown, but to whose advice and guidance I subsequently owed an endless debt of gratitude—happened accidentally to have allotted to him my graduation thesis. He approved of it, engaged me as his assistant, and hence, in brief, I came to settle down a citizen of Edinburgh, and fight amongst you a hard and uphill battle of life for bread, and name, and fame; and the fact that I stand here before you this day so far testifies that in this arduous struggle I have won. (Applause.) Some seven or eight years after my graduation, and in this very room, all the fortune and destiny of my future life were one forenoon swayed and settled by a vote of the Town Council of Edinburgh, when they elected me Professor of Midwifery in the University. Of the councillors who then voted for me, I have the pleasure of recognising as still among you my friend the Lord Dean of Guild, and your prospective Lord Provost, Mr. Law. (Applause.) And to no citizen was I, at that time, more deeply indebted for success than to the gentleman who now sits on your Lordship's left hand, our esteemed member of Parliament, Mr. M'Laren. (Applause.) Assuming on that occasion the character of a judge and not of a mere witness or testimonialist, and speaking in behalf of many of his medical colleagues, a professor who is still a very eminent member of the Medical Faculty strongly and dictatorially urged in print upon the patrons that the fate of the University was at stake if they ventured to allow their votes to fall upon me. (Laughter.) But I fondly hope that my connection with the University which you then willed and ordered, has not decreased either its reputation or its status in the world of science. (Applause.) On the day of election one of the patrons eagerly argued in this hall that if I were chosen as Dr. Hamilton's successor the hotel-keepers, merchants, and others in the city, would have good reason to complain, as I could never be expected like him to induce patients to come occasionally from a distance to our city. But I think this prophetical objection has been even more fully gainsaid than the other; for I believe I have had the good fortune to draw towards our own beloved and romantic town more strangers than ever sought it before for mere health's sake—(applause)—and that, too, from most parts of the globe—from America and Australia, from Asia and Africa, and from the various kingdoms of Europe. (Applause). Your Lordship has alluded, in too flattering terms, to some portions of the work which I have been permitted to do in the course of my professional life. I only wish my deserts were more worthy of your kind eulogy; for sometimes, when I look back and reflect, I feel regret and dismay that my avocations and my idleness have prevented me from doing more for the promotion of a science and art, which, like medicine, calls aloud for so much devotion and study from its followers and votaries. You adverted to the discovery of the anæsthetic effects of chloroform. Perhaps you will allow me to state that there are various manufactories of it in Great Britain, and that a single one of these located in Edinburgh makes as many as 8000 doses a day, or between 2,000,000 and 3,000,000 of doses every year—evidence to what a great extent the practice is now carried of wrapping men, women, and children, in a painless sleep during some of the most trying moments and hours of human existence—and especially when our frail brother-man is laid upon the operating table and subjected to the tortures of the surgeon's knives and scalpels, his saws and his canteries. (Applause.) Acupressure is not ten years old, but during that brief period it has spread over the surgical world to a greater extent than its predecessor, the ligature, did in one or two centuries. Besides, it has already led the way to other advances in surgery. In relation to another question to which your Lordship adverted—viz., the proper construction of our hospitals—let me merely remark that when such a simple operation as amputation of the forearm is performed upon a poor man in the country and in his own cottage home, only about one in 180 die; but the statistics of our large and metropolitan hospitals disclose the stern and terrible truth, that if these men had been inmates of their great wards, thirty of them, or about one in six, would have perished—a fact, among many others, calling earnestly and strongly for some great reform in our large hospitals, if these institutions are to maintain their ancient character as the homes of charity and beneficence. (Applause.) You have spoken in too kindly words to the reputation which I have happened to acquire in consequence of some of these researches and investigations. Of the value or the reverse of such researches, and their probable bearings upon human science and progress, no author is perhaps himself an adequate judge. It has been often, however, adduced as a sage and sound remark, that a man may sometimes see, as in a mirror, a forecast of the relative esteem in which his works and writings will be eventually held by future generations, by looking at the relative estimation in which he and they are held in his own day by foreigners, and by foreign nations and foreign schools, who, unbiassed by personality, reduce all objects at once to their just proportions and true value. If I dare to risk myself to such a test, I should have some reason to hope that what little I have done in my profession may yet perhaps enable me to leave some slight "footprints on the sands of time"—(Applause.)—for I have had I believe, more foreign academic honours and distinctions accorded to me than have fallen to the lot of my medical con, temporaries. (Applause.) For my own part, however, I regard it as a far higher and greater gratification that to-day, and at home—not from strangers and foreigners, but from you, my own townsmen, who live in the same community with me and know me personally, and all my outgoings and incomings—I have received the honour which you have conferred upon me—(Applause)—and I received it in the spirit of your Lordship's interpretation of its object—not as a testimony of esteem offered by you to me as a professor and physician merely—but also as a man. (Applause.) It is specially in this last light that I rejoice in thus standing here before you this day, and accepting from you this casket, which I shall have sincere pride and pleasure in transmitting down to the keeping of my sons. (Applause.) But I have detained you too long. Before concluding allow me only one remark more. The distinction which you have bestowed upon me is, in my eyes, greatly enhanced in value by the fact that, my Lord Provost, it has been passed to me through your hands—(Applause)—the hands of a chief magistrate who will leave so deep an impress of good upon this city and this era. (Applause.) For I know and feel with many of my medical brethren that during your term of magisterial office you have initiated among us a course of sanitary and hygienic improvements that will betimes add mightily to the health and well-being of the inhabitants of Edinburgh. (Applause.) Besides, I feel proud that my burgess ticket bears so distinguished a name as that of William Chambers—a name that in future times will doubtless be held in deep estimation wherever the English language is read and spoken—as that of the man who, first among us here, instituted, founded, and fostered that marvellous system of cheap literature and journalism which seems destined to exercise so powerful and gigantic an influence on the history of human progress, and in the march onward of human education and human civilisation. (Loud applause.)

Sir James Simpson then shook hands with the members of Council, and the proceedings terminated with three cheers for the youngest burgess.

JOSEPH JACKSON LISTER, F.R.S.

This much esteemed gentleman has died at an advanced age. In the last generation his name was amongst the foremost. He was the father of the new Surgical Professor at Edinburgh.

EDINBURGH UNIVERSITY GENERAL COUNCIL.

The ladies have won the day. After full discussion, the Council has agreed to the initiation of separate medical classes for ladies in the University. There was opposition, as we stated last week, led by Rev. Mr. Phinn, who was ably supported by Dr. Andrew Wood. Professor Masson, however, proposed a resolution permitting the classes, which was eventually carried.

GLASGOW AND ABERDEEN.

The contest, as we have stated, will be close. Neither candidate has responded to the advances of the medical graduates, who are, as we go to press, holding another meeting. They are expected to throw their weight in the scale of the candidate who is prepared to pronounce most decidedly in favour of medical reform.

Dr. Inglis, the new Professor of Midwifery at Aberdeen, opened his course last Wednesday.

The Edinburgh University Court has approved of the appointment of Dr. Affleck, as assistant to the Professor of Medical Jurisprudence.

Dr. Dunlop, was, last Wednesday, elected to the Chair of Surgery, in Anderson's University, rendered vacant by the removal of Dr. McLeod to the University of Glasgow.

The General Council of the University of Glasgow met on Wednesday last. A report was received from the Committee of Graduation recommending that more facilities be given, and that the degree of B.A. be restored. The report was approved and transmitted to the University Court.

Notes on Current Topics.

The Medical Council.

This body is about to move. The executive committee have held a meeting and resolved to ask Lord de Grey to receive a deputation on the question of amending the Medical Acts. It is impossible to imagine that the Council will so far rise to the occasion as to proclaim their own uselessness, or to admit how little they have done. They will, no doubt, proclaim that they have really but little power, and the President of the Privy Council ought, therefore, to be informed by other means that they have not done what they could. They were asked last Session to pass a resolution recommending the corporations to allow their members to select their representatives. This they did not do, although it is undeniable that the corporations have for the most part respected such recommendations as the Council have made, and the Council, as a rule, delights in recommendations. To shelve so simple a proposal for reform was a betrayal of the Profession, and we fear that nothing but an Act of Parliament will place the Council in the position of a *bonâ fide* representative body.

The drift of what is coming, of what has roused the Council to action, is seen in the following Parliamentary notices for next Session.

Sir John Gray gives notice of—

"A Bill to amend the Act under which the Medical Council of Education and Registration is now constituted, by altering the mode of appointing the members, and by increasing the powers of the Council, with a view to securing a uniform system of granting licences to practise the medical and surgical profession."

Mr. Graves proposes—

"To call attention to the constitution of the British Medical Council, established by the Medical Act of 1858; and to the necessity of legislation for conferring on the graduates and licentiates of the Universities and medical corporations the power of electing their own representatives on that Council."

English and Irish Poor-law Service.

The quarterly meeting of the Poor-law Medical Officers Association of England was held last Wednesday evening at the Freemasons' Tavern.

There was a good attendance, and some M.P.'s and other influential gentlemen lent their aid. The President related his investigation into the Irish system, and that was generally considered to be far superior to the English. He thought that continued agitation should be kept up until Government were compelled to move in the matter.

Mortality of the Quarter.

The Registrar-General's Quarterly Return is just out. The weather of the quarter was warmer and drier than usual. The deaths in London numbered 19,207, as against 19,149 in the corresponding quarter of 1866. Scarlet fever carried off 1,770 persons in the metropolis, and was also proportionately fatal in other places. In 1868, infantile diarrhœa was the prevailing disease. The total mortality of England in the third quarter of the year was 114,654, being 15,848 less than in the same period of 1868. The rate of mortality was 20·77 per 1,000. In 1868 it was 23·89. The average of the season is 20·63. The Registrar-General calculates that thirty large towns, with a population of two and a half millions, have lost annually 32,735 persons more than would have died had their mortality been only that of the healthy districts of England.

Vaccino-phobia.

At a meeting over which Mr. Chambers, M.P., presided, somebody described small-pox as "a blessing." Would he wish a prayer for its diffusion introduced into the services of the Church? Few would heartily join in a petition to the Dispenser of all Good for an attack of confluent small-pox.

The vaccino-phobiacs are disseminating their poisonous tracts with an energy worthy of a good cause. It is well, therefore, for medical men to be alive to what may be said to them by patients. In our columns lately several books on the side of common sense have been mentioned. We would introduce to the reader's notice another—a small one, which we have come across in an unusual way, but which may do good service in its place.

It is an Essay on Vaccination by Mr. J. H. Watson, M.R.C.S., of St. John's Road, Hoxton. It is published by subscription, so that it is not advertised in the usual way. We would, however, advise those who can afford to do so, to send the author five shillings worth of stamps for a copy. The essay is such as will do to lend any patient afflicted with vaccino-phobia, and may be more useful than works of far greater pretence for such a purpose. It may be, too, that such subscriptions may encourage a young author and worthy member of the Profession. The little book contains the opinions of many besides Mr. Watson himself.

The University of Cambridge and the Medical Council.

We have more than once commended the example of Cambridge in giving all members of her Senate a vote in the election of representatives in the Medical Council. An election, consequent on Dr. Paget's acceptance of the Presidency, was fixed for last evening.

A Syndicate has been appointed to consider certain questions referred to the University by the General Medical Council, and it is said that other licensing bodies will be communicated with. A few slight changes would attract large numbers of students in Medicine to the elder English Universities. We should be glad to see such changes introduced.

University College Hospital.

Some time since Dr. George Harley, F.R.S., retired from his Professorship of Medical Jurisprudence at University College, partly from failing health. Though we have now to congratulate him on his restoration, he is about to resign the office of Physician to the Hospital, in order to devote all his time and energy to his increasing private practice. In him the College and Hospital lose a man of mark—an earnest student in the best sense of the word. For fifteen years he has laboured with unremitting zeal. During that time he has achieved all the honours coveted by men in such positions, and now has his reward in the esteem of his colleagues and the Profession generally. We rejoice alike in his restored health and the reason assigned for his resignation.

Composition of Portuguese Beef.

The contractors who supply the military authorities in Dublin with beef and mutton import large numbers of oxen from Portugal. Some doubt having arisen as to the nutritive properties of the beef furnished by the Portuguese cattle, a committee of officers was appointed to investigate the matter. Specimens of Portuguese beef and Irish beef—each of equal weight, and taken from the same parts of the animal—were boiled and roasted under the same conditions. In boiling, the Portuguese lost less weight than the Irish; but by roasting, the reverse results were obtained. Specimens were also submitted (numbered only) to Professor Cameron for analysis. His results may be summarised as follows:—

	No. 1. (Irish.)	No. 2. (Portuguese.)
Water	72·75	74·00
Muscular fibre	15·47	15·29
Gelatinous bodies	2·06	1·98
Albumen (and a little colouring matter)	2·27	2·20
Extractive matter, kreatine, &c. ...	1·97	1·87
Fat and oil	4·28	3·50
Saline matter	1·20	1·16
	100·00	100·00

These analyses refer to the clear flesh, separated mechanically from the adipose tissue. The fat of the Irish beef was white, that of the Portuguese, yellow. The composition of fresh beef, according to the mean of all Continental analysis, is as follows:—

Water	73·40
Albuminous matters	17·40
Gelatinous matters	3·30
Fat	2·87
Extractive matters, &c.	1·43
Ash	1·60
	100·00

Irish beef would appear to be very rich in solids as compared with the average quality of the flesh of the ox.

Eating Hair.

A WOMAN, aged 30, died last week, in Lincolnshire, who had been under medical treatment for some time for a supposed tumour in the stomach. On a *post mortem* examination a solid mass weighing nearly 2lbs. was taken from the stomach. It formed a rough mould of that organ and the termination of the œsophagus. It was found to be composed of human hair, and one of her sisters states deceased was in the habit of swallowing her own hair. It is not often such a case is met with, but in veterinary practice is more common. We can recall but one or two instances. A horse dying from such a cause is within our experience, and a goat thus destroying itself has been mentioned to us by a friend.

Proposed Medical Mission for London.

DR. BURNS THOMSON, of the Edinburgh Medical Mission, addressed a number of gentlemen the other night in the Theological College of the English Presbyterian Church, for the purpose of explaining the manner in which medical mission work was carried on in large towns. His address excited a good deal of interest, and it was stated that in addition to the agency of this kind in Edinburgh, medical missions had been organised in Aberdeen and Liverpool, and that by means of them great good had been affected amongst a degraded portion of the population. It was proposed and agreed to that steps should be taken for establishing a medical mission in London, in some densely populated locality, and a committee was appointed to make the necessary arrangements with a view to this.

The Cholera at Peshawur.

THE *Delhi Gazette* of Sept. 23 says:—"We still continue to receive unfavourable accounts of the visitation of cholera at Peshawur, and though the latest details are more encouraging than the former, we yet look forward with anxiety to the result. One correspondent states that there were upwards of fifty attacked among natives and Europeans a day or two before he wrote, and another informs us that of fourteen Europeans attacked only six succumbed. This is so far hopeful, and we anticipate relief from the removal of the troops into camp. We learn further that the Punjab Government has consented to the occupation by the military of Cherat, a hill some two marches distant from cantonments; and also that all the officers on leave from the garrison have been recalled. The disease is said to have visited Attock also. The troops at Abbottabad were removed into camp as a precautionary measure only, and to keep them away from the vicinity of bazaars and other native influences."

Scarlet Fever at the Children's Hospital.

WE regret to hear that scarlet fever has broken out in the Children's Hospital. Notice was at once sent to the parents of patients in a fit condition to remove them; by isolating those attacked with the epidemic and preventing all communication between the attendants in that and other wards, it is hoped the outbreak will be confined to the one ward.

Mr. Peabody.

UNIVERSAL regret is expressed that the health of Mr. Peabody since his return to England, nearly three weeks ago, should again have failed. As he became worse the Queen telegraphed for information, and, to satisfy the anxieties of the sympathising public, bulletins have been regularly issued, signed by Dr. Gull and Mr. Covey, who are in attendance. The last stated that the improvement previously reported continued. May he be speedily restored is the universal desire.

Representation of the Universities of Glasgow and Aberdeen.

THE *Lancet*, which has always possessed Liberal principles, has made an attempt to prejudice medical graduates in favour of Mr. Gordon, by professing to show that he is more ready than Mr. Smith to undertake any effort to redress professional grievances. Such a statement is as unworthy of a public journal as it is characteristic of the trimming propensities of our contemporary. Mr. Smith in a public address has professed himself ready to play the part of advocate on behalf of the profession, and has appealed to the medical electors to promote their interests by supporting the "party of progress." Mr. Gordon acknowledges there are "matters of legal regulation, in regard to which the members of the medical profession have just cause of complaint," and as to these he would seek redress.

So far, Cæsar and Pompey are very much alike. The test question will be whether either will endeavour to make the Medical Council a really representative head of the profession. We would advise the medical graduates not to vote until they have a pledge on that question.

SCARLET fever continues to increase in the metropolis.

DR. RISDON BENNETT has been elected a Governor of St. Thomas's Hospital on his retirement from the staff.

A LONDON meeting to initiate a Syme testimonial is to be held on Wednesday, the 10th, at St. James's Hall.

IN January last there were 45,153 insane paupers in England and Wales.

ON Monday it was reported that the Emperor Napoleon had experienced a return of his rheumatic pains.

A CORRESPONDENT says that bodies for dissection in the Paris schools only cost about five francs each.

DR. ROBERT LEE has placed his anatomical and pathological collection in the Museum of the University of Cambridge. This collection includes those remarkable directions which once gave rise to so much controversy.

No improvement at St. Bartholomew's. The *status quo* is maintained, but the general press has so fully exposed the abuses that prevail that something must be done. There is but one cure, a great enlargement of the staff.

A LIQUID chemical compound for street sprinkling has been tried in Philadelphia. It is said to form a union with the dust, solidifying it, and rendering all pavements, especially wooden, more durable. It is also claimed that it purifies the air, preventing contagion. The cost is but little, and it need be used only once a day.

A Coroner's jury last week reproved a medical man for inhumanity in not going when sent for to a case that proved fatal. The jury overlooked the fact that the doctor was ill in bed and could not go. The inhumanity consists in thus slandering a professional man by their stupid verdict.

Dr. Joseph Jones, Secretary of the South American Historical Society, has prepared an estimate of the losses of the Confederate army during the war, which is as follows: Killed, 53,773; wounded, 194,026; prisoners, 202,283. He thinks that if the deaths among the discharged for wounds and diseases, and among the sick and wounded, and wounded on furlough, be added, the grand total of deaths in the Southern army during the entire war did not fall short of 200,000.

There is to be a change made shortly in the medical officer of Chatham Dockyard. Staff-Surgeon John King, in consequence of ill-health, has retired, and has been succeeded by Staff-Surgeon Henry Piers, M.D., at present stationed at Melville Hospital. Dr. Godfrey has succeeded Dr. Piers at Melville Hospital. Until the recent retrenchments were made in the Dockyard there was an assisting-surgeon as well as a staff surgeon; now all the duty is performed by one surgeon.

A private letter from the West Indian Squadron by the mail steamer Tasmanian, which arrived at Plymouth on Wednesday night, says:—"You will be glad to learn that the epidemic of yellow fever is decreasing rapidly, The last victims were an assistant surgeon (Army), Clark, and on his death his wife (only nineteen years old) refused to eat or drink, and death followed in a few days. They left a young child to the care of strangers. A sad, romantic story. Afloat all as healthy as possible."

We understand that the operation of Cæsarian section was performed at Brentford, on Thursday night last, by Dr. Palfrey, upon a lady who was the subject of profound pelvic distortion caused by rapidly increasing mollities ossium. We shall, at no distant date, publish a full report of this most interesting case.

The Provincial Medical Schools of England have had a large entry, so that there is a considerable increase in the number of medical students over the last few years. More than 1,550 gentlemen are pursuing their studies in the Metropolitan and Provincial Schools together, and as the returns are not yet quite complete, perhaps the number may reach 1,600. Of these between 1,200 and 1,300 are in London.

The new number of the *Practitioner* contains an article on the action and uses of ipecacuanha, which will probably excite some attention. The author, Dr. Douglas Phillips, has found it one of the most certain of our remedial agents in checking profuse secretions from all mucous membranes. In diarrhœa, dysentery, and other diseases, besides all cases where expectoration is a prominent symptom, he relies upon it alone. Several cases are published. The *Medical Mirror*, for November contains two cases of esthiomene, by Dr. Waring Curran. Both the writers we have named have paid much attention to practical therapeutics.

We have already drawn attention to the proposal to establish an Hospital for Incurables, near the city of Oxford. We are glad to find the project is in a fair way to success. Three thousand pounds have already been subscribed, and active committees in Oxford and London, formed under the presidency of the Duke of Northumberland, with the Bishop of Oxford as visitor, and distinguished members of the University Senate and the neighbouring gentry on the Council.

It is rumoured that Mr. Erichsen will propose that thirty Fellows should sign a requisition for a meeting of the Fellows of the College of Surgeons according to the motion he is to bring forward. This is no great restriction, as thirty would most likely be ready to join in calling a meeting on an important subject, though, considering the trouble of getting the same, twenty would suffice. It is further said that the Council will be allowed a veto on any such meeting. We *sincerely* hope this obstruction will not be permitted. The Fellows may want to discuss the conduct of the Council.

At an inquest at Mansfield the other day the Coroner censured a medical man for taking aside a woman to question her respecting the deceased before giving a certificate of death. It may be fairly replied that it was more delicate to speak of an abortion in private, than before the male relatives who accompanied the woman. Unfortunately, it turned out there had been foul play, and the doctor's certificate would have been better withheld, especially as he had only seen the patient once. He seems to have entertained a suspicion for a moment. If so, it would have been better not to speak to anyone who might be involved privately. Otherwise his delicacy is easily understood.

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Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It appears to me that J. D. N. has well expressed the opinion of a large section of the community, when he says that it would often be a highly expedient matter if married persons could at will pause before adding too rapidly to the number of their offspring. He well says that there can only be two ways of doing so: 1st, the plan of abstaining altogether from the nuptial couch; and, 2nd, some plan for avoidal of impregnation.

As to the first of these remedies, no doubt it is rather difficult: still there are some persons who are daunted by no slight matters, and who are ready to abstain altogether from what they call "the lusts of the flesh," if only duty call them clearly to do so. I have met with not a few in this country who said that if population must be restrained somehow, they considered that this was the only legitimate method, consistently with their early training, that could be adopted by them. To such persons, of course, the Malthusian of to-day can only say, Follow out the dictates of your conscience: but don't deluge us with children, destined to be miserable and perhaps vicious; and, if you consider any other method, save abstinence, vicious and degrading, by all means be abstinent, if your partner agree to it.

But does not this seem, after all, to be rather an affair of sentiment than of great utility? It is, certainly, a grave affair to overcrowd the labour market; but it is rather a matter of taste than of supreme importance to others, whether a married couple make use of abstinence or of innocuous artifices. It appears from our experience of French life, that the number of abstainers in married life is but few; and that the number of persons who commit what is called in France "fraudes" is legion among our neighbours on the other side of the Straits of Dover. They seem generally (if we may dare to say so, even in a medical journal, in this land of puritanical observances) to make use of the plan for which a celebrated Scripture character in the Old Testament was suddenly struck dead. I don't remember chapter and verse, although the name is familiar, and has served as a misnomer to a vice common enough in our lunatic asylums. Then, again, the illustrious Raciborski asserted, we all know, that impregnation only takes place for about ten days after menstruation in the human female: and some persons believe that (M. Mayer, in his "Rapports Conjugaux," *e.g.*) this plan is quite sufficient to restrain any additions to the family. Would that this were true! but we should not like to rest on such a broken reed. The first mentioned of these plans is, I believe, the plan commonly resorted to throughout France, or that country whose population increases more slowly than any European State. None of our slightly violent writers can write more against the supposed evil effects of these practices on the health of the community than has been done by Dr. Mayer, above quoted, or by a recent author in a work entitled, "Des Fraudes dans l'Acte de Generation," published at Paris.

Were it even proved, however, (and it may be), that such "fraudes" were prejudicial to human health, we must remember that overcrowding is productive of early infantile mortality, fever, and chronic poverty; so that, after all, it is probable that the slight injury done by such practices to the health is more than counterbalanced by the severe agonies and human sufferings saved by this form of *prudential restraint*. As to late marriages, they mean misery and prostitution, venereal disease, and masturbation on a large scale. "*Naturam expellas furcâ tamen usque recurrit.*"

I remain, Sir, your obedient servant,
A. G. L.

London, Oct. 29, 1869.

THE MULTIPLICATION OF MANKIND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Biddle has brought to the discussion of the question of the rate of increase of the human race in primitive times exactly that kind of argument which sincere devout people, whether Christians, Jews, Mahommedans, or Hindoos, who never have, or never ought to have, been far from their native place, might have been expected to rely upon—namely, "it is written." It is, it seems, found written in the Bible that in the course of 270 years the progeny of one man (Abraham) increased sufficiently to form a population (the Hebrews in Egypt) capable of furnishing 600,000 fighting men, and consequently numbering in all 3,000,000 at the least. Such being written down as the pace at which the Hebrews multiplied in the land of Goshen, it must be admitted, argues Mr. Biddle, that Shem, Ham, and Japhet, with their wives, were quite capable of propagating at a rate which, in the course of the 450 years that intervened, according to him, between the descent of Noah and his family from the Ark and the establishment of the Egyptian kingdom, would suffice to produce the "immense multitudes necessarily supposed in the formation of great monarchies."

But all the transactions connected with the multiplication and preservation of the Hebrews in, and their exit from, Egypt were of a miraculous character—that is, they were, according to Holy Writ, accomplished by the direct agency and superintendence of God. As such, they are consequently inadmissable for the purpose of establishing a natural rate of human propagation. This circumstance, however, points to an easy solution of the supposed difficulty—namely, that the multiplication and preservation of the descendants of Noah may very well have been equally miraculous with those of the descendants of Abraham.

Nevertheless, even this preternatural rate of increase of the human family, which, according to the calculations of Mr. Biddle, may have resulted in a total population, for the entire earth, of some 85,000,000, would be quite insufficient, since Egypt was not the only great ancient monarchy. There is evidence that in Chaldea, Persia, India, and China great empires were also formed as early as the period at which Mr. Stuart Poole placed the establishment of the Pharaonic Kingdom, to say nothing of Europe, America, and ultra-Nilotic Africa, which, for aught that is known to the contrary, were as thickly populated as any part of Asia.

The truth is, as the Duke of Argyll freely admits, with all who have paid any attention to archæology, that the Biblical chronologies are utterly incompatible with the facts of ethnology. Extant pictures in the rock tombs of ancient Hermopolis (now Beni Hassan), in Egypt, exhibit representations of several negro races possessed of exactly the same racial characteristics which they have at the present day. But these paintings are of the time of King Usurtaxen I., whose date, according to Mr. Stuart Poole, is 2080 B.C., which is only 268 years subsequent to Noah. Can any one venture to pretend to believe that these 268 years were, in the natural course of things, sufficient for the development of the negro from this white man, or *vice versâ*, whereas, during the forty centuries which have all but expired since the grottoes of Beni Hassan were painted, the black and other races of North Africa have remained unchanged? Yours obediently,

London. F.A.S.L.

Medical News.

AT MAURITIUS IN THE EPIDEMIC.—Dr. Blaxall, surgeon of Her Majesty's ship Urgent, has made a report of a visit to the Island of Mauritius towards the end of the epidemic of malarious fever in 1867. In the short period from the 1st of January to the 6th of July the district of Port Louis lost 16,602, out of a population of 80,000, or one soul in every five; the district of Pamplemousses, 4,344 out of 60,000; Rivière du Rempart, 1,656 out of 21,000; Black River, 1,960 out of 19,000; Flacq, 892 out of 46,000; Plaines Wilhems, 1,027 out of 31,000; Moka, 1,080 out of 20,000. The two remaining districts, Grand Port, with its population of 41,000, and Savanne, with 23,000, lost none, except persons who went thither from their own districts while suffering from the fever. The exemption of these two districts is obviously well worthy of consideration. They form the south-eastern part of the island, and are separated from the remainder by high land and an extensive woody district. The railway from Port Louis to Mahebourg, the principal town of Grand Port, makes a gradual ascent to Curepipe, about 1,800 feet above the level of the sea, and then descends towards Mahebourg. Persons sick of the fever were carried there, and communication went on daily, but the disease never spread. Perhaps if the railway had gone through a cutting the poison would have been wafted along the level. The fever attacked all classes, but it was principally fatal to the ill-fed and badly housed. Owing to the great numbers ill, medical attendance was deficient, and the people were short of quinine, which was looked upon as the one thing that could save life. So scarce was it that in some instances it was sold for upwards of 8*l*. per ounce. The disease was a genuine malarious fever, extremely virulent, attacking its victims and killing them outright, as if by the potency of the poison. Many fell down insensible, never rallied, and died. Whole families were swept away, and it is reported that many houses were left without a single occupant. The most frequent sight that met the eyes was that of the dead being hurried off for burial. There is no difficulty in declaring the cause of the fever. The mountains of this Island of the Indian Ocean form a beautiful plateau in the middle, sloping down to the sea, but leaving a large tract of marshy land between the hill districts and the water. To work the sugar estates a large number of natives of India have been introduced. When first received they are placed upon estates where they are properly housed, fed, and cared for in every way. After serving their "apprenticeship" the majority remain in the island, and those who make or save money purchase small plots of land and build hovels upon them. A number of these dwellings are congregated together, and are let and sublet till they teem with human beings, without the slightest regard for cleanliness or attempt at drainage. In the town of Port Louis the noisome foulness of the carts which slowly traverse the streets in that hot climate removing the contents of the tubs of the houses may be more easily imagined than described. There is no drainage; and near the town is a graveyard, the stench from which was very perceptible on board ship, at a distance of half a mile. Dr. Blaxall says that on entering the harbour the general exclamation was, "What is it that stinks so?" With a population huddled together on low land, high mountains at the back and the sea in front, a great deal of the land being marshy, swampy, and covered with vegetation, excessive solar heat came on, causing considerable evaporation, and the gases so evolved could not escape, as the north-west wind prevented their going seaward, and the high mountains their passing landward; for these paludal poisons hug the earth, and are too heavy to rise and mix with the purer atmosphere above. The people also were predisposed to sickness by being in an impoverished and depressed state. The sugar crops fell short, owing to a great drought, which caused a diminution of labour. Provisions, which are all imported, became scarce and dear. The heat was intense, almost unprecedented. The usual hurricanes and lightning did not make their appearance. A north-westerly wind scarcely ever changed to the more salubrious south-eastern. In Port Louis, where there was such a vast number of victims, the poison must have been driven by the wind against the high range of mountains immediately at the back, simply to return again, like the back lash of water, and fall upon the fever-stricken town concentrated and intensified. In April, the month of the greatest mortality, several showers fell upon the parched land, and a burning sun coming out immediately afterwards would cause an immense and rapid evaporation, that would probably be the more potent from this quickness, and therefore more deadly and effective in its operation. In that month 200 were dying daily; the whole population of the island is less than that of Birmingham. Such a malarious poison pent up on those low marshy shores, under excessive heat, and among a people ripe for disease, could not fail to do its work. The authorities adopted the most vigorous measures for vanquishing the enemy that had come upon the place. Their utmost efforts were required to prevent many of the poor sufferers from dying literally of starvation. There had been plenty of work and high wages some time before, but no provision was then made for any hour of need. There was not a benefit society or club of any kind. The duties of the relieving committees were, therefore, extremely onerous. The Government can adopt some measures for the prevention of another such fearful visitation of this beautiful island by enforcing sanitary regulations, by preventing overcrowding of houses, and by some other like precautions; but whether it be practicable to drain the marsh land may be a question of some difficulty.—*Times.*

St. Thomas in the Moor.—Professor Sands Cox, the founder of the Queen's College and the Queen's Hospital at Birmingham, recently incorporated by Act of Parliament, has conveyed to trustees a valuable site of ground on the Longmare property, in the parish of King's Norton, Worcestershire, for the erection of a church to the memory of his late father, Edward Townsend Cox. The late Mr. Cox held the appointment of one of the medical officers of the Birmingham Town Infirmary for more than forty years, and discharged the duties of medical officer to the Public Dispensary and at the Barracks, in the absence of the surgeon of the garrison, for a lengthened period. The inhabitants of Balsall-heath owe to the exertions of that late eminent surgeon the church dedicated to St. Paul in that populous district.

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ANOMALOUS ACCOUCHEMENT.

Dr. Wm. J. Burge, M.D., of Atchinson, Kansas, reports the following case to the Leavenworth *Medical Herald*:—

Mrs. C., a well-formed, healthy woman, primipara, æt. 20, called me at 8 A.M., April 5th, 1869. I found her in the first stage of labour, and in excellent condition, but as the pains recurred only about once in ten minutes, I anticipated a tedious case, and left the house, promising to return at noon.

At 12 P.M. I found my patient progressing favourably; presentation natural (vertex); os dilatable; pains more frequent, and no apparent reason for much delay. After watching the case until 4 P.M., and discovering no perceptible advance, I went home to dinner—my patient being but a few steps from my residence. Returning at 5 P.M., everything seemed encouraging; pains at intervals of two minutes, and some progress. Soon after this time the contractions of the uterus became violent, of short duration, and almost incessant. At 9 P.M. the character of the pains continuing as just stated, I commenced giving chloroform, which was very acceptable to the patient, although not pushed to the point of unconsciousness. All night long this state of things continued. I was astonished at the slow advance of the child, as there seemed to be no material impediment. The general condition of the woman exhibited no indication for interference. At 2 A.M. I ruptured the membranes, and at 4 A.M. the head was born. There were two turns of cord around the neck, and it was with some difficulty that I removed them. At the next contraction, with some assistance in the way of traction, the child was born. It was a fine large boy. I thought he was dead, but in a minute or two he showed signs of life, and soon thoroughly revived. I stopped giving chloroform, though the mother had been conscious all the time. Everybody present (the mother not excepted) was delighted. I gave immediately fluid extract secale cornutum ʒj, and waited rather more than half an hour. Then as pain came on, I attempted to deliver the placenta by means of gentle traction on the cord with my left hand, while with my right index finger I tried in vain to reach the distal extremity of the cord. With no warrantable amount of force could I succeed. Resting a few moments longer, and finding my patient losing as I thought too much blood, I determined to extract it. On introducing the hand gradually into the uterus, I grasped about half the diameter of the placenta (centrally), and just above this came upon a bundle of cords which passed up through a firm ring, which was about an inch in diameter and perfectly unyielding. Finding it impossible to extract the whole placenta, I concluded to bring away as much as I could: so following down one by one the cords or bundle of vessels above mentioned, till I reached a point where I could break them, I detached them one by one and extracted the principal bulk of the after-birth. The womb contracted in such a manner that there was no further hæmorrhage. It seems to have been a case of complete "encasement" of the placenta, and I suspect this condition obtained during the greater part of the labour, which, to my mind, explains the character of the pains, and the slow progress of the child. I believe the double turn of the cord around the child's neck drew upon the placenta (which was attached to the fundus) in such a manner as to cause violent irregular contractions of the uterus until the vessels of the placenta at the place of constriction were fairly dissected out, forming a mere bundle of cords. I remained by my patient more than an hour, and finding that she continued comfortable and in good condition, went home and lay down to rest. An hour and a half afterwards I was summoned in haste to see her. I found her pallid, pulseless, with blue lips, restless and breathing with difficulty. I grasped the uterus and found it well contracted. Examined instantly and found no flooding. One of the women remarked that she had examined before I came, and she had not bled any. She was perfectly conscious. I commenced feeding her with whiskey It was no use, for in ten minutes she was dead. No post-mortem could be obtained. I think she died from mere exhaustion, loss of vital energy produced by the protracted labour. No medicine whatever was administered during the progress of this case except the chloroform and ergot as mentioned.

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List of names and qualifications that have been erased from the Medical Register by order of the General Medical Council or of a Branch Council, for the reasons assigned in each case:—

John Edward Protheroe.—Name erased on the 11th of April, 1859, by order of the Branch Council for England, the entry of it having been fraudulently obtained.

John Burton.—Name erased from the Medical Register on the 13th of June, 1859, by order of the Branch Council for England, the entry of it having been fraudulently or incorrectly made.

John Broatch.—Name erased, by order of the Branch Council for Scotland, on the 3rd of October, 1859, the entry of it on the Medical Register having been obtained by a false declaration.

Richard Organ.—Name erased from the Medical Register on the 19th of June, 1860, by order of the General Council, for infamous conduct in a professional respect.

John Kearney.—Name erased, by order of the General Council, on the 1st of July, 1861, for infamous conduct in a professional respect.

Daniel de la Cherois Gourley.—Name erased, by order of the General Council, on the 1st of July, 1861, in consequence of his having been convicted of a misdemeanour.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 10, 1869.

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Introductory Address

DELIVERED AT THE

OPENING OF THE WINTER SESSION

OF THE

UNIVERSITY OF EDINBURGH,

November 2.

By Principal Sir Alexander Grant.

Gentlemen,—In accordance with the custom of this University, I have the honour to open the Session of 1869-70 by addressing to you a few words. And first permit me, as in duty bound, to offer my humble tribute of respect to the memory of my most distinguished predecessor,

Sir David Brewster.

Of all the men who have occupied the honourable position of Principal in the University of Edinburgh, probably none had anything like so wide a contemporary reputation as Sir David Brewster. (Applause.) His was a name of more than European celebrity. Fifty-four years ago he obtained the physical prize from the National Institute of France. Forty years ago he was made corresponding member of the same Institute, and subsequently one of the eight foreign associates of that distinguished body. In 1847 he was made Chevalier of the Prussian Order of Merit, and in 1855 Officer of the Legion of Honour. He was made honorary member of the academies, or scientific societies, of St. Petersburg, Berlin, Vienna, Copenhagen, Stockholm, Brussels, Gottingen, Turin, Modena, Philadelphia, New York, and Washington. He held degrees from the Universities of Oxford, Cambridge, Durham, Edinburgh, and Aberdeen; and was for several years Principal of the United College of St. Salvator and St. Leonard, at St. Andrew's. He was the inventor of the lenticular system of dioptric lights, which has since been adopted in all the lighthouses of Great Britain and her colonies. And, turning science to the purposes of amusement and delight, he also invented the kaleidoscope, and the form of the stereoscope which is now in general use. For his discoveries in the double refraction and polarization of light, he received the Copley Medal, the Romford Medal, and the Royal Medal from the Royal Society of London.

Sir David Brewster was born eighty-eight years ago, being son of the Rector of the Jedburgh Grammar School, and he entered this University as a student in the year 1793. When, sixty-six years afterwards, he was elected Principal, he was already the Nestor of science, and a more venerable figure it is not easy to imagine. He was the contemporary of Brougham, the friend and constant companion of Walter Scott, and his youthful prime was coeval with the most brilliant period of society in Edinburgh. All through his long life he united literary exposition with severe discovery, and thus was the author not only of scientific treatises, the names of which fill up a folio page in our library catalogue, but also of many pleasing works for the general reader, among which I may especially mention his "Letters on Natural Magic" and his "Memoirs of Sir Isaac Newton." Nothing was more characteristic of him than his urbane cheerfulness in social intercourse. His pleasant and flowing talk was full of interest and instruction, ever playing with "the fairy tales of science," and making him a centre of attraction to young and old. At the same time few men have ever been more persistently laborious than he. His iron constitution enabled him to continue, even to advanced old age, habits of toil which few, even in youth, could rival. The clearness and vigour of his mind were unabated to the last, and even on his death-bed his scientific researches were continued. In death, as in life, he held up to us the example of a Christian philosopher. In the affairs of this University, and more especially in the question of procuring endowments, he took a warm interest, and he ever protested against what he considered the unwise parsimony of all British Governments in the matter of encouraging and rewarding science. His mortal remains were attended to their resting place by a sorrowing procession of his academical colleagues. His grave is on the banks of the Tweed, under the shadow of the ruins of Melrose Abbey. But in looking at it, and in thinking merely of his name and his achievements, one may well recall the words of Pericles, 'Ανδρῶν ἐπιφανῶν πᾶσα γῆ τάφος. Every lighthouse that burns round the shores of the British Empire is a shining witness to the usefulness of Brewster's life. (Applause.)

The learned Principal here entered at great length upon the provisions of the Universities Act, the recommendations of the Commission, and other cognate subjects. Devoting a large portion of his address to graduation in Arts, he approved the proposal to restore the Bachelor's Degree, and entered fully upon the changes he would recommend for that purpose, and the course of education that should qualify for it.

He then turned to the subject of Universities, respecting which he said :—It is the idea of a University to stand at the head of public instruction in the country in two ways : first, as the repertory and source of higher learning and science ; secondly, as affording by its examinations and degrees the standard at which all the subordinate educational institutions should aim. In many respects our Universities laudably approach the idea of what they ought to be. They are thoroughly national in character, drawing their students from a wide area of the people, and being restricted to no rank or church. Their close connexion with the burgh and parochial schools of the country render them especially qualified for influencing and directing these schools. Well, it may not be this year, nor it may not be next year, but ere long, inevitably, Parliament will rearrange public instruction in Scotland. Whenever that often-promised day shall come, the Legislature will not have done its work if it does not, in addition to extending and settling the primary schools, give them an organization by means of which they shall be qualified for leading up to the secondary schools, and these to the University. Nor is it with parochial and burgh schools alone that the Government must deal. The endowed hospitals of Scotland possess, owing to the well-intentioned liberality of founders during the last two centuries, funds which are acknowledged to be in many cases not fruitfully applied, and which, by a slight change of direction, might be made productive of great benefit to secondary education. Unfortunately, our University of Edinburgh was not understood by those pious and public-spirited citizens. They little knew the wants and capacities of a metropolitan University, else who can doubt that for the foundations of questionable advantage which have half surrounded this city with a ring of palaces, there would have been substituted Colleges for the residence of University students, fellowships, additional professorships, more adequate university buildings, and all the appurtenances of learning and science in which we are now so lamentably deficient ? The hospitals may yet, under the powers now given to trustees, be made an assistance to the Universities. But not only the trustees of hospitals, but also the directors of high schools, and the authorities, whoever they may be, who shall carry out the instructions of Parliament in reference to the burgh schools, and all the graded hierarchy of Scottish education, would, I doubt not, be glad to look for guidance to the University degree standard, if it were well and suitably devised.

The University degree standard should both follow and direct the secondary schools. It cannot be kept above what the pupils of those schools can reach within a moderate period of University study. On the other hand, it indicates to the schools a course and method of preparation. For instance, were a scheme like that which I have been sketching out adopted, I conceive that one of its effects would be to encourage the study of some natural science in every secondary school, and at the same time to limit the study of Greek to a selection among the pupils—to those, in short, whose circumstances or natural aptitude qualified them for studying it thoroughly. And the further result would be, that many pupils would be enabled to enter on the studies belonging to what is called the modern side of high schools, without, at the same time, relinquishing all hope of University distinction. And this, I think, would be an advantage. The University should be free and unrestricted in her hospitality, and should invite all to come who are desirous of following out any of the branches of liberal knowledge.

I have said enough, Gentlemen, to indicate for your consideration a certain line of University policy. Its leading features would be these :—First, to give the University as much connection as possible with the organization of public instruction in this country ; second, to open as much as possible the curriculum of study to the free choice of students, so as to meet the wants and circumstances of all classes ; third, by the introduction of public triposes and honours, to stimulate more profound attainments in the different and special branches of knowledge. The object would be, as regards the nation, to perform more efficiently a public function ; as regards the University itself, to gain first in extensity, but ultimately in intensity, and, as I before expressed it, by stooping a little to conquer much. Should any of these views meet your approbation, you have now an autonomous constitution, which gives you every facility for discussing them and taking measures to carry them out. And, at the same time, that constitution is sufficiently provided with checks and counter-checks to obviate the possibility that rash innovation or hasty experiment, which would be unseemly in a body like ourselves, could be ventured on. It is now our privilege to be able to obey the exhortation of the Scripture, " That we make a stand upon the ancient way, and then look about us and discover what is the straight and right way, and so walk in it." (Applause.)

Gentlemen students, your several matriculation tickets declare you to be " cives" of the University—citizens, as St. Paul said, " of no mean city." I have therefore thought it right to discuss in your hearing questions of University politics, on which you may some day be invited, as members of the General Council, to give your opinions and your votes. In the meanwhile, I would ask those of you who belong to the Arts faculty to believe that I have no wish to depreciate in your eyes the worth of the degree which is now offered to you. One of the objections brought against it is that it is too difficult. But if so, your satisfaction will be greater if you are able to attain it. Another objection is that it does not afford a sufficiently final, decisive, and public distinction. But University distinctions are, after all, only means to an end, and the most valuable parts of that end you may, with the blessing of God, obtain without them—namely, a cultivated mind, the possession of liberal and useful knowledge and wisdom, which is above all price. (Applause.)

The learned Principal then proceeded to address some advice to the assembled students.

Students of all faculties (he continued), I welcome you to this assembly for the opening of the Session ! Some of you are now entering for the first time on University life. It is a manlier, more important, and greater period of your existence than any that you have hitherto gone through. It is a halcyon interval of calm intellectual development, placed between you and the stormy sea of life which lies beyond. And yet this period must be to you one of sustained activity, not without self-denial, for on what you do now will depend to a great extent what you are and how you prosper hereafter. Some of you are not joining us for the first time, but are returning to this as to a familiar scene, to complete what has been begun in former Sessions. But to all alike the beginning of a new Session must be full of freshness, and especially at this time of the year. The autumn of the year in Great Britain is the spring-time of the intellect. At all events, it is the spring-time for those faculties which are concerned with study and the acquisition of learning. When the later autumn has brought back its cold, our wandering inclinations seem, as it were, to return home. Our force is concentrated and thrown inwards, and desires to find expression in mental toil. The study-chamber, the book by the ingle-side, the midnight lamp—these are the objects which now attract our fancy. (Applause.) We feel as if we had strength to conquer whole realms in the world of knowledge. We take our past acquirements merely as a starting-point, and, full of resolution, we design to rise "on stepping-stones of our dead selves to higher things." Such is the attitude of mind in which I doubt not that many of you regard this opening Session. And if it be so, then I need not preach to you zeal, but only prudence and method in your studies. And in this respect I have two general pieces of advice which I should like to lay before you. The first is, that you should beware of wasting your powers and impairing the elasticity of your minds by excessive, desultory, or mechanical reading. The real antidote to this danger is to mix, as much as possible, the active and creative with the passive and receptive moods of the mind. It is not necessary to write in order to be creative, though writing, provided that it be not mere mechanical copying, is a great assistance in this respect; but the mind is active and creative so long as it is thoughtfully exercised. And even in reproduction under new forms there is a kind of creation. Therefore I would say, make a point of reproducing to yourselves, in your own words, the main results of the books you read. Probably no man had ever more bright-minded command of a large field of knowledge than the historian Gibbon; and he tells us that his method of reading, which he recommends to young students, was, "after glancing his eye over the design and order of a new book, to suspend the perusal till he had finished the task of self-examination—till he had resolved, in a solitary walk, all that he knew or believed, or had thought on the subject of the whole book, or on some particular chapter. He was then qualified to discern how much the author added to his stock." This appears to me to be a valuable hint, well worth applying to every branch of study, whether literary or scientific. (Applause.)

The second piece of advice which I should wish to offer applies to literature alone. But not the less does it concern all students of the University, for none of you can dispense with literature. If you be not following it in your class-rooms, you all absolutely require it in your leisure hours for refreshment, for delight, for the enriching and liberalising of your minds. And the less leisure you have to give up to varied literature, the more necessary will it be that you should listen to my maxim, which is contained in three short words, "Read great books." The intellect grows on what it feeds on, especially while a man is "im Werden," as Goethe expressed it—that is, while the mind and character are in process of formation. Ten years hence it will make comparatively little difference to you whether or not you now read all the newspapers, reviews, magazines, exciting novels, and other ephemeral productions of the day, but it will make the greatest difference to you whether or not you have accustomed yourselves to know and love great books. By imbuing your minds with great books now, you will gain a vantage-ground for dealing hereafter with the thoughts of your age. You will gain reverence and gravity, and a certain refined nobility of spirit. . . . And yet great books are not necessarily old books, and certainly they are not of necessity hard or uninteresting. There are great novels, biographies, and travels, as well as great poems, histories, and philosophies. The test of their greatness is their permanence, that they can be re-read from age to age. It has been said that out of the innumerable printed productions of the human race, there are, at least, a hundred great books in different languages—that is to say, the works of a hundred great authors. These hundred masterpieces, if we take that number, contain the highest and happiest efforts of the human mind, under the various phases of the history of civilization. To know these books goes far towards the sum of liberal education. And I think that no better expedient could be adopted by a student during his University career than to draw up for himself, after due inquiry and consultation, a list of the hundred greatest authors that the world has seen, and to propose it to himself as an object, gradually as his leisure may serve during succeeding years, to make himself acquainted and familiar with all of these. . . .

In conclusion, my colleagues of the University of Edinburgh, I must not forget that though this is my first occasion of addressing you, yet I have been a whole year among you, during which time I have received from you the most cordial welcome, the kindest indulgence, and the most generous support. For these I beg you now to accept my grateful thanks.

A year is but a short period in the history of a University, but this past year has been full of academical changes and events. During that space I have witnessed the election of a new Chancellor and of a new Rector. Both these elections connect us with the Supreme Court of Judicature, and give weight and dignity to our counsels. I have seen the election of the first Parliamentary representative of the University, in the person of Dr. Lyon Playfair, who has already, by the exercise of his political abilities in the House of Commons, conferred honour upon us, as he formerly did, as professor of chemistry, by his wide scientific and technological reputation. I have seen two new appointments of members of the University Court, and the election of three curators. I have listened to the inaugural lectures of a new professor of moral philosophy, of a new professor of biblical criticism, and of the first professor in the new chair of engineering. This additional chair is due to the enlightened munificence of our benefactor, Sir David Baxter. (Applause.) From its foundation, if it be connected, as I trust it may, with a well-devised scheme for degrees in engineering, it is not impossible that there may result the development of a great scientific school of the greatest usefulness to the country. During the past year I have seen the appointment of new professors in the chairs of chemistry, of clinical surgery, and of general pathology, in the persons of Dr. Crum Brown, Mr. Lister, and Dr. Sanders, all of them men of high professional and scientific reputation. (Applause.) I have seen measures set on foot—as yet only of a tentative and initiatory character, but still evincing the public spirit, good feeling, and enlightenment of the citizens of Edinburgh—measures for the material enlagement of the University borders, and for providing us with additional academical buildings. Finally, I have seen the University, indirectly, by the zeal and energy of some of its most eminent professors, aiding in the promotion of the higher education of women. (Loud cheers and hisses.) And of late I have seen the beginning of more direct steps to be taken by the University towards the same desirable and proper end. In short, the past year has been, on the whole, one not only of organic efficiency, but also of vital growth, giving good hope for the future; for Universities are not like individual men, who have each only one body allotted to them, so that when that body is worn out their earthly work is over. A University is like a soul, which can always take to itself new bodies—that is to say, new forms and institutions better suited to the times—and thus may be ever beginning afresh, under more favourable circumstances, the struggle for existence.

Report of the Inaugural Address

DELIVERED AT THE

OPENING OF THE WINTER SESSION

OF THE

UNITED COLLEGE, ST. ANDREWS,

NOVEMBER 2nd,

By Principal SHAIRP.

THE learned Principal, who was received with great applause, commenced his inaugural address by a remark on the sadness which changes that are daily taking place around us are calculated to produce. He touchingly alluded to the loss which the United College had sustained about this time last year in the death of the late Principal Forbes. He then proceeded to say that he would not dwell upon his predecessor's merits as an investigator of science, which duty had been done by others more competent than himself, but would speak of his career chiefly as an illustration of that self-education which every man of ability can carry out for himself. The son of a Scottish Baronet of good family, of Jacobite principles, James David Forbes manifested from his earliest days a strong predilection for the study of physical science, foreshadowing in some degree the reputation he was destined to attain in after years. The principal superintendent of his studies in boyhood was a governess, and as his father wished him to enter the Scottish Bar, his devotion to scientific pursuits was necessarily kept secret. Previous to entering upon his college studies, he began a private meteorological journal, the entries in which manifest those powers of patient observation which characterise the true votary of science. In the year 1825 he entered the University of Edinburgh. At the close of this, his first session, he entered into an anonymous correspondence with Sir David, then Mr. Brewster, at that time editor of the *Edinburgh Philosophical Journal*, under the signature of *Delta*, upon scientific subjects. Such was the modesty of young Forbes, that for a long time Brewster was unable to discover who his young correspondent really was. A year spent in Italy, although it interrupted his college curriculum, was no interruption to his scientific pursuits. The learned Principal alluded in graceful language to the emotions which must have been evoked in the mind of young Forbes, when he visited those localities, so dear to every classical scholar — as he mused by the tomb of Virgil or gazed admiringly at the Bay of Naples. He continued to maintain his correspondence under the mask of anonymity until 1828, when it was dropped. About this time Sir David wrote a letter to young Forbes, remarking that, with the exception of himself and another, he knew no young man who was likely to extend the boundaries of science. It was an almost unnecessary corollary to his previous career that, in the class of Natural Philosophy, under Sir John Leslie, he carried off the highest honours from all competitors, although he had not at that time reached his twentieth year. In deference to the wishes of his father, he attended the usual classes necessary to qualify for passing at the Scottish Bar, obtaining his gown in 1830. It was in the year 1832, when political feeling ran so very high, that he was appointed by the Town Council of Edinburgh, and by a large majority, at the age of twenty-three, to the chair of Natural Philosophy, rendered vacant by the death of his former teacher, Sir John Leslie. It is worthy of note that although his opponent on this occasion was the illustrious Sir David Brewster, yet no interruption to the friendship which existed between these two eminent men resulted from their rivalry on this occasion. For seven-and-twenty years Professor Forbes adorned the chair to which he had been advanced at so early an age, by the admirable character of his teaching, evoking the spirit of science in the minds of those who enjoyed the advantage of his prelections. The Principal alluded very slightly to his published works in the department of physical science, which are so familiar to our readers that it is unnecessary here to specify them. The learned Principal, after referring to the severe physical ailments of Professor Forbes, induced by his exertions in the interests of physical science among the glaciers of the Swiss Alps and elsewhere, went on to speak of his career as Principal in the United College at St. Andrews, to which office he was appointed in 1859, on the removal of Sir David Brewster to the Principalship of the University of Edinburgh. Principal Shairp, speaking of the enthusiasm shown by the deceased Principal, said that his office was no sinecure, and that his colleagues could testify to the unfailing interest which he exhibited in everything that could promote the advantage of the University. Amongst other measures for the benefit of the College, he took a most prominent and active part in the establishment of the College Hall, the last act of his public life being the laying of the foundation-stone of the new building in April 1867. The learned Principal concluded a long, interesting, and minute account of the career of his predecessor, by briefly indicating the lessons which such a career is calculated to teach the youthful academic mind. After the names of the successful competitors in the recent bursary examination had been announced, the proceedings terminated with the pronouncing of the benediction in Latin by the Principal. The address was listened to with great attention, and was frequently applauded.

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Original Communications.

CASE OF SNAKE-BITE, COMPLICATED WITH A PECULIAR ARTIFICIAL CONSTRICTION OF THE PENIS.*

By Mr. Jules Le Carpentier,

Assistant-Surgeon, U.S. Army.

Private W. Robinson, of B Company 3rd U.S. Cavalry, a re-enlisted man, had always been remarked by the singularity of his acts, and had been known in his Company as a snake-charmer, having handled many a time rattlesnakes or others without being injured.

On the morning of the 13th July, 1869, Robinson was detailed on guard with the herd of Fort Cummings, N.M., when, in presence of other herders, he succeeded in catching a rattlesnake, and tried once more to prove his power upon these monsters. He succeeded, and, the performance being over, the snake was killed, when, at the same moment, he took sight of another snake of the same class, and tried to charm this as he had done the other one. But there his power failed, and he was bitten at once into the middle finger of the left hand, and he applied immediately for relief, complaining only of a little smarting, that he compared to the pain following the injury caused by the sting of a bee or a wasp.

A ligature was applied above the wound; the two injuries made by the fangs were enlarged with the bistoury; ammonia and actual cautery applied, and the man ordered to take whiskey in large doses frequently repeated. Admitted into hospital, of course. The constitution of the patient being broken down and poor, I had doubts from the beginning as to his recovery, being inclined to think of a fatal issue.

July 13.—Vomitings soon came on, but were stopped without trouble; swelling of the hand and forearm increased gradually, showing the very particular lividity and yellowish tint following the bites of poisonous snakes.

Treatment.—Blister to the bitten finger; tincture of iodine; roller bandage; whiskey, ℥ij. every half hour, until ebriety; beef-tea; opium, gr. ij. at night.

Pulse very much reduced at first; gained gradually under the influence of stimulants.

14th.—The patient has slept well, and does not complain except of numbness of his arm; swelling has gone up as far as the shoulder-joint; blood, very fluid, is incessantly running from the wounds.

Dressing of carbolic acid and cerate liniment applied to the arm; acetate of lead solution; tinctura ferri chloridi, gtt. xij., four times a day.

15th.—General condition good; swelling somewhat increased, but not so much lividity, with the exception of the yellow hue, which has increased.

16th.—Ditto; pains in the neck on the side of the affected limb.

20th.—Gangrene destroys the extremity of the bitten finger; general condition good.

The man complains of a *trick* played on him, he says, by some unknown party or parties, and upon showing his genitals an iron ring of a very small diameter (6-8ths of an inch) is discovered imbedded in the soft tissues of the penis, constricting it to such a degree as to have produced an enormous enlargement of the parts.

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* Forwarded by Dr. Moore, "King's Professor of the Practice of Medicine," School of Physic, Ireland.

Upon inquiries, it seems probable that the ring had been kept on the parts very long, and as a preservative of chastity; but the swelling having come on under the influence of the snake's venom, and the patient having much difficulty to pass his water, he was obliged to complain. The ring was filed off with some trouble.

July 22nd.—Condition good; swelling rapidly decreasing; no progress of the gangrene.

28th.—Improves very much, and I resolve to disarticulate the bitten finger to the metacarpian.

30th.—Amputation of the finger. Anæsthesia readily obtained, but hardly any appearance of the second stage observed in the administration of anæsthetics.

Two ligatures and sutures, simple dressing, irrigation, anodynes.

August 1st.—The patient has been very well since the operation. I was called early in the morning, the patient having been observed to sink. I found him with stertorous respiration, pulse weak and slow. Partly conscious only.

Brandy and bromide of potassium; electricity.

Died, 11·30 a.m., without a struggle.

Necropsy, one hour after death.—General softening of the tissues, particularly on the affected side. Blood black and very fluid, not coagulable. Ventricles of the brain filled up with a large amount of serosity. Brain somewhat congested.

Lungs healthy, with the exception of a few crude tubercles of recent formation in the left lung.

Heart.—Right ventricle filled up with dark blood, non-coagulated.

Liver healthy; gall-bladder very much distended with bile.

Kidneys healthy.

Intestines presenting a few livid patches on the outside.

Fort Cummings, New Mexico:
August, 1869.

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CASES IN GENERAL PRACTICE.

By J. H. Watson, M.R.C.S.

I.—A boy, æt. ten, was brought to my surgery one evening last week, who declared he had swallowed, *all at once, six* halfpenny pieces! The fact was corroborated by his mother, and proved, to my satisfaction, the following morning, he having voided them, *all at once*, about ten o'clock, each coin having the usual unmistakable appearance of having been subjected to the action of sulphuretted hydrogen. I, of course, in the first instance, caused him to swallow half an ounce of castor-oil.

It appears the lad was playing "shops" with younger children, and when he swallowed the coins he was lying on his back on the floor, with his feet raised on a stool, and in attempting to change his position the halfpence suddenly and altogether passed into the stomach.

II.—I was called in to see a child (male), æt. two years and a half, a few mornings since, who I found suffused with a scarlet flush; skin, of course, hot and dry. There was considerable dyspnœa—in fact, semi-orthopnœa; great restlessness; and total loss of appetite. Besides this, there was considerable crepitation observed of both lungs.

Now comes—to me and others—a matter of some astonishment: in *twelve hours* all these symptoms had disappeared; the child had become quite pale, quiet, and the difficulty of breathing removed, succeeded by a rather irritable cough.

Now, as scarlatina is prevalent, did my prompt treatment *arrest* a premeditated attack of this enemy? I say *prompt*, because I ordered, contrary to custom, the medicine to be given *every half hour*, which the mother continued for twelve hours, thus giving twenty-four doses of a mixture composed of—

Antim. tart.
Vin. ipecac.
Magn. sulph.
Pot. nitr.
Syr. crocis.
Sp. æth. nit.
Ol. menth. virid.

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Hospital Reports.

CLINICAL RECORDS FROM THE DUBLIN HOSPITALS.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

Case of Hydrophobia.

A strong, healthy man, æt. 35 years, was admitted into the Meath Hospital, under the care of Mr. White, on Wednesday, October 27th, suffering from symptoms which were at once perceived to be those of hydrophobia. He had been bitten by a dog, said to be mad, about four months before; but, although "feeling as if something was hanging over him," had suffered no actual illness from the time of his accident until the Monday before his admission, on the morning of which day he found himself unable to swallow his tea, every effort to do so causing, as he said, "a stoppage of his breath." He vehemently, and with the peculiar horror, denied that the bite of the dog was in any way connected with the cause of his illness.

After his admission on Wednesday morning his inability to swallow either solid or liquid food increased with terrible rapidity; and in the afternoon, when water was given him at his own request, the effort to drink it caused fearfully agonising spasms.

The subcutaneous injection of atropine was determined upon, and 1-30th, 1-20th, and again 1-20th of a grain of the drug was introduced during the day, considerable rest and ease resulting from each dose.

On Thursday morning he was much worse. The characteristic 'horror' of the disease had now become fully developed—he attempted to leave the hospital—and it became necessary to place him in a straight waistcoat and strap him in bed. About noon he became quite delirious, and continued so until about 11 p.m., when he died. The atropine was, on the second day, introduced in three quantities of, respectively, 1-15th, 1-15th, and 1-12th of a grain, and on each occasion with some temporary benefit, less marked, however, than that resulting from the earlier administrations. Nutrient enemata were also thrown into the intestine.

A *post-mortem* examination was made on Friday, and revealed extensive congestion of the lungs, brain, and every part of the mucous surfaces; the larynx and pharynx being congested to the last degree, and the vocal cords, apparently, almost in a state of gangrene.

We believe that Mr. White purposes publishing full particulars of this most interesting case.

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CURE OF ACUTE ORCHITIS IN TWENTY-FOUR HOURS.

F. Jordan (*British Med. Journal*) thus describes his treatment of a case of acute orchitis: "A man age thirty had intense pain, intolerable tenderness, and great swelling and induration in both testicles, and could not stand upright. The scrotum was covered with a solution of nitrate of silver (two drachms to the ounce), a stripe of vesication was established over the upper halves of both femoral arteries by means of liniment of iod., and the testicles supported by cotton wool. He was well in twenty-four hours.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, NOV. 1, 1869.

Mr. PETER MARSHALL, President.

Mr. **JABEZ HOGG** brought before the Society a young woman upon whom he had operated for ectropium. The operation was a modification of Driffenbach's. He made a semi-lunar incision through the skin and dense structures below the everted lid, and continued to deepen the cut till it reached the conjunctival sac. He then seized a fold of the uninjured conjunctiva with a pair of toothed forceps, and passed two stitches through it at short intervals. On drawing this down, the lid became immediately inverted; the ends of the silk were then drawn upwards, and secured to the superior orbital ridge with plaister; a firm pad and bandage were applied to keep the parts adjusted. The open wound made by the knife was left to granulate. Adhesions quickly formed between the conjunctiva and the lips of the wound, and in ten days she left the hospital greatly improved, and with the epiphora (which she also suffered from) quite cured.

Dr. **JEPHSON** read notes of a very interesting case of cancerous deposit in posterior mediastinum, with effusion into the left pleural cavity. An animated discussion followed, in which the President, Drs. Hare, Routh, Symes, Thompson, and Day took part.

Dr. **SEMPLE** read a paper on the "Prognosis of Heart Disease." The author adverted, in the first place, to the general impression long entertained by the public and Profession as to the necessarily fatal character of heart disease. The invention of the stethoscope and the advances made in pathology rather increased than diminished this impression, for the practice of auscultation revealed the existence of cardiac mischief in many cases where it was quite unexpected not only by the medical men, but by the patients themselves. Dr. Semple questioned the propriety of informing the patients of the existence of heart disease in all cases where some abnormal bruit is detected in the cardiac region, not only on account of its disturbing the mind of the patient, but experience proves that both acute and chronic diseases of the heart are far less fatal than is generally supposed. He took some credit to himself for having been one of the first to point out that diseases of the heart, even of a decidedly marked character, and involving the valves, were not so dangerous to life as was formerly supposed, and that persons may and do live to an advanced age while labouring under such affections. In 1856 he presented a paper to the Medical Society of London on this subject, and he showed, from cases that had come under his own observation, that serious disease of the valves was compatible with longevity, and even with a moderate enjoyment of life. These views had been confirmed by all subsequent experience, and are now generally adopted. In reference to life assurance, the author considered these opinions ought to, and now do, have weight. Dr. Semple recorded a very recent case of a young lady suffering from valvular disease, following repeated attacks of acute rheumatism, and although the heart is permanently altered, the patient is now enjoying good health, has lately married, has had a child, and has taken a voyage to the Antipodes.

A very interesting discussion followed the reading of this paper, in which Drs. Leared, Thompson, Hare, Jephson, and Broadbent joined.

ANTHROPOLOGICAL SOCIETY OF LONDON.

AT the evening meeting held on the 2nd inst., Dr. **BEIGEL**, V.P., in the chair, the following new members were announced:—

Fellows.—Captain G. J. D. Heath; Dr. Samuel E. Maunsell, R.A.; Thomas Milne, Esq., M.D.; E. W. Martin, Esq.; Robert Watt, Esq.; Horace Swete, Esq., M.D.; Lieut. Wm. Francklyne; and Wm. Pepper, Esq.

Hon. Fellow.—M. Le Baron d'Omalius d'Halloy.

Corresponding Member.—Professor Dr. August Hirsch.

Mr. **PIKE** read a paper "On the Methods of Anthropological Research." It was useless to speak of methods of research without some previous definition of the objects of research. It should be remembered that anthropologists wished to render useful in combination a number of studies which might appear useless in themselves. Anthropology was the most practical and the most comprehensive of all the sciences; its great end was the discovery of the laws of human life, upon which must eventually be founded all education, all government, all colonisation, all social arrangements, all principles of right and wrong—so far as those principles might be independent of religion. In the attempt to discover these laws the same line of march must be followed which had led to success in other branches of inquiry. The three things needful were observation, generalisation, and verification. The real difficulty in anthropology was to know what to observe, and how to verify. He believed that the science could advance only by a double method of observation—the observation of mankind individually and in masses, and that the conclusions suggested by the observation of masses, races, or nations must be verified by the observation of individuals, and *vice versâ*. For this reason he thought it was a mistake to speak of ethnology as a science, as it consisted only of a series of disjointed observations without conclusions, and without the means of verifying conclusions if made. Mr. Pike then reviewed at considerable length the ramifications of anthropology into anatomy, physiology, psychology, and the various subdivisions of those studies, suggesting that all kinds of unsuspected correlations were yet to be discovered by a rigorous application of a scientific method. The relations of mind to body, of faculty to faculty, of one part of the body to another, were still removed but little from the realms of mystery from which only anthropology could thoroughly drag them away. Mr. Pike concluded by describing anthropology in one of its aspects as the only kind of philanthropy which could be of service to mankind—philanthropy founded upon science.

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Summary of Science.

BY C. R. C. TICHBORNE, F.C.S., M.R.I.A., ETC.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

ACTION OF BOILING FLUIDS ON GLASS.

Emerling says that Bohemian glass stands acids better than those made with soda. The Berlin porcelain ware is only perceptibly acted upon by alkalies. The action of all boiling liquids upon glass vessels is proportionate to the duration of the boiling, and proportionate to the surface exposed. The action decreases with decrease of temperature alkalies; even, in dilute solutions, attach glass very strongly, acids generally act even less than pure water—with the exception of sulphuric acid. Among the salts those act most energetically that form insoluble salts of lime—viz., sulphate and phosphate of soda, carbonate of soda, and oxalate of lime. Such salts as form in water readily soluble salts with lime, for instance, chloride of ammonium act less strongly than pure water, and with a greater degree of concentration of such salts the action decreases.

NEW REACTIONS TO DISTINGUISH BETWEEN PHENOL (CARBOLIC ACID) AND CREOSOTE.

Mr. Crump has communicated the following reaction to the *Chemical News*:—If fragments of caustic potash be added to a solution of phenol in chloroform, the potash becomes covered with a rose-coloured coat, and when potash has been added, equal in quantity to about three times the weight of the phenol, the final result is a brown amorphous mass, soluble in alkaline liquids, and precipitated therefrom by acids. It seems to be a mixture of two substances. The second of these substances when treated with tetrachloride of carbon gives no reaction in the cold, but at 100° C. the liquid assumes the colour of rosolic acid. When creosote from wood-tar is treated with chloroform and caustic potash, a reaction takes place very similar to that with phenol, but the product of the reaction is quite different, forming with sulphuric acid a deep crimson solution, from which a dingy green precipitate is thrown down by dilution. Moreover, the substance produced from phenol in alkaline solutions colours silk or wool brown, while those from creosote have no colouring power at all.

NITROPHENIC ACID AS A DISINFECTANT.

Mr. J. Hirsh, in the *Pharmacist* (published by the Chicago College of Pharmacy), states that nitrophenic acid is a more powerful disinfectant than carbolic acid. The nitrophenic acid seems not only to coagulate albumin readily, but in a dilution of 1-100,000 it produces a loose cloudy coagulum, which carbolic acid only shows in a solution of ten times greater concentration. The experiments with putrid blood were most successful. Binitrophenic acid and the preparation used was prepared from crude carbolic acid. It possessed the aromatic pleasant odour, reminding one of nitro-benzole, and due probably to the presence of that substance in minute quantity. As the author remarks, this pleasant odour is certainly a valuable property of a disinfectant, and presents advantages over carbolic acid in this respect. Mr. Hirsh says he does not hesitate to assume a like superiority for the other nitro-compounds, *e.g.*, the trinitrophenic acid, or picric acid, the value of which is well known in malarious fevers. The chlorophenic and sulphophenic acid may by analogy be expected to act with more energy than carbolic acid.

SUGGESTIONS IN PHARMACY.

The following suggestions in connection with Pharmacy have appeared in the *French and American Journal of Pharmacy*. They seem to have some considerable value.

TINCT. OPII CAMPHORATA.

Mr. J. Wharton suggests a formula for the preparation by which the process of maceration is avoided. The preparation of this tincture by Mr. Wharton's formula is in regard to time merely a matter of mixing and filtering, it has also the advantage of uniformity in appearance. The author mixes laudanum with the other ingredient in a proportion calculated to agree with the U. S. formula. The oil of aniseeds he rubs up with a little carbonate of magnesia.

FLUID EXTRACTS.

Mr. Campbell proposes a method, the object in view consists in adopting a uniform grade of fineness of powder for all substances. He recommends long maceration and the use of glycerine, and percolates the whole quantity at once, thereby avoiding reservation, and evaporation, he thus simplifies the process very much. The author had been surprised at the results obtained from the use of glycerine as a solvent of the active principle of the drugs. A fluid extract should be a concentrated solution, embodying all the sensible and remedial properties of a drug or drugs, and should represent the drug as it is thrown into the hands of the pharmaceutist from nature. Therefore no heat is used in making these extracts.

NITROUS ETHER.

Sweet spirits of nitre as generally obtained, is more or less strongly acid, reddening litmus paper, and liberating iodine from iodide of potassium. Mr. Ebert in the same journal recommends the use of animal and vegetable charcoal. Two ounces of purified animal charcoal shaken up with one pint of nitrous ether, and left to stand eight or twelve hours, will be found to be quite free from acid on filtering.

A really good and practical process for sweet spirits of nitre has yet to be discovered, although that in the British Pharmacopœia is, perhaps, the best we possess.

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THE MEMORIAL OF THE TEN THOUSAND.

Last Thursday evening a number of gentlemen interested in the subject of medical reform dined together at the Medical Club. Dr. **Bell Fletcher**, of Birmingham, occupied the chair, and introduced the subject of the memorial on medical reform, signed by nearly 10,000 practitioners, that is to be presented to the Home Secretary during the present month.*

Such a movement as that originated by the earnest medical reformers of Birmingham deserves the most attentive consideration of both the Profession and the public, and we think the members of the Medical Club have done well to meet and discuss its clauses.

The only regret felt must be that the shortness of the notice given of the meeting prevented many from being present. It is to be hoped that this is but the commencement of a series of meetings of the kind; for the Medical Club, numbering gentlemen of all shades of opinion as its members, is admirably adapted for the friendly discussion of everything affecting the Profession.

Having read the memorial, Dr. **Bell Fletcher** said:—Gentlemen,—I do not doubt that we all look forward to the approaching Parliamentary Session as one likely to exert a very decided influence on our Profession. For the first time in our history the Government and the Parliament will have, in the memorial entrusted to me for presentation, a clear statement of the views of a very large proportion of the qualified practitioners in England, Scotland, and Ireland. The memorial is certainly not an exhaustive statement of our wants, but it is a clear and moderate expression of general principles, which, once conceded by the Legislature, will in the course of a few years enable us to work out the great object of consolidating the Medical Profession in the British Empire as *one* body of men competently educated in the science and practice of medicine, as *one* science, *one* art. When we are united on the common basis of education, and with one tie of professional brotherhood, we shall have no difficulty in making good our position amongst other professions and great bodies of men, to none of which have we ever yielded for unselfish devotion to the great cause of social well-being and advancement. If the memorial be little more than a declaration of principles, I hope the corporations will not imagine that the great body of memorialists, nearly 10,000 in number, have not a very clear opinion on the altered relations in which the corporations and the Profession must henceforward stand to each other. Speaking personally, and for those who have directly acted with me in this matter, we have no desire to attack the medical corporations, we would willingly only remember the bright pages of their histories; but we sincerely hope they will fathom the vast moral power of the memorial, and resolve to act with, not against, the 10,000 men who, from every corner of the three kingdoms, have come forward to affirm that we want professional solidarity, as against collegiate divisions, and we crave the influence and power in the State which can only be inferred by knowledge, and by a professional organization at once broad and enlightened, wise and unselfish, safe and progressive. Speaking in this social home of a large number of eminent London men, I venture to throw out as a hint that a mistake is often made in underrating the character and intelligence, the social power and substantial trustworthiness of provincial men. I do say that one great evil of the system which has hitherto prevailed in the medical corporations has been the virtual disfranchisement of all non-London or non-collegiate men—a practice at once narrow and illiberal, neither defensible on grounds of equity nor sound policy. As independent thinkers, and plucky and determined writers, the provincial men claim consideration; and I can pledge myself that those who have worked with me in this matter, and the many thousands of prominent men who have responded to our call, will be found good soldiers in the contest, from which, I trust, we shall none of us retreat until we have achieved "Professional Unity."

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* **Memorial.**—The undersigned members of the Medical Profession respectfully submit to the General Council of Medical Education and Registration of the United Kingdom, the necessity of obtaining an Act of Parliament to amend the Medical Act of 1858, and the Acts subsequently passed with a view to amend it. The Act of 1858 affirms that "it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners." The experience of the past ten years has proved that the Act is practically inoperative as a guide to the public in distinguishing legally qualified members of the medical profession. A large number of men are practising medicine and surgery in different parts of the country, not only without any legal qualification, but without having undergone any regular course of medical education. In some places men are practising under fictitious names, assuming the title of doctor, and obtaining considerable sums of money from weak persons by intimidation and extortion. The Medical Act of 1858 is practically inoperative in restraining these offenders. It is capable of proof that some legally qualified men have lent their names to persons without qualification, to enable them to practise medicine and surgery without incurring liability to prosecution. Such a proceeding is regarded as a fraud on the public and the profession; and it is suggested that in any future Bill greater powers be given to the General Medical Council to remove from the Register, and deprive of their professional rights qualified men who shall aid and abet illegal practitioners. The present state of the law touching certificates of death, greatly favours the successful practice of secret poisoning and infanticide. It is suggested that the certificate of a legally qualified member of the medical Profession in the absence of a coroner's order, shall be indispensable as a preliminary to every burial. The Medical Act of 1858 purports to constitute the General Medical Council for the purpose of regulating medical education and registration throughout the United Kingdom: but composed as the Council is mainly, of the members of the medical corporations who grant licenses to practise, the control of the system of medical education has proved to be very imperfect. The undersigned are of opinion that the system of medical education should be revised, so as to ensure the possession of a thoroughly scientific and practical acquaintance with medicine and surgery on the part of persons applying for the legal qualification. To this end it is held to be necessary to substitute for the present system of examination, and for the many forms of licence to practice now granted, one high and uniform standard of examination, and one legal qualification. The practical part of the course of professional study stands in special need of improvement, and the undersigned would gladly see the regulations made stringent, to ensure the attendance of students on a thorough course of practical study in hospitals; but in the event of any student engaging in private practice on his own responsibility before he is legally qualified, it is suggested that he forfeit the year or years as a student, during which he has so practised. It is respectfully, but very earnestly, submitted that the influence and power for good of the General Medical Council would be greatly extended with the profession and the public if provision were made in a new Act of Parliament for the representation on the Council of the general body of practitioners of medicine and surgery, who are now for the most part deprived of any professional franchise. In any future Act of Parliament it is suggested that provision be made for instituting prosecutions under it by a public professor, or other public functionary, on behalf of the General Medical Council, instead of leaving the voluntary enforcement of the law to individuals. The undersigned desire to obtain no privileges for the profession without giving the public commensurate advantages, and they submit that an Act of Parliament so framed as to raise the standard of professional efficiency, to protect life and prevent the obtaining of money under false pretences, is an Act as much needed in the general interest of the community, as for the welfare and honour of the medical profession.

Dr. LORY MARSH explained that the object of the meeting was to elicit the opinions of those present on any of the points brought forward by the able and disinterested Chairman, who had come from Birmingham on purpose to preside. He might say that if one person was more responsible than another for such a meeting, it was Dr. Prosser James, as that gentleman had first suggested that such reunions might be both agreeable and useful. He therefore asked him to join in the discussion.

Dr. PROSSER JAMES acknowledged that he had made the suggestion, and in consequence of that had felt bound to be present to support the Chairman as far as he could. A memorial signed by so large a number needed no speech in support of it. He might, however, venture to differ from the Chairman as to one observation. Speaking for a large number he could say they did not at all underrate their provincial brethren. For much of the real respectability that characterised the profession, for genuine earnestness in any good cause once begun, frequently for the initiation of one, it was necessary to go to the provinces. For proof of this he need only instance the men of Birmingham, and conspicuous amongst them the worthy and indefatigable Chairman himself. The memorial opened up a number of questions on which opinions would be sure to differ, and on which for the present he would prefer to be a listener.

Dr. SEATON had many years ago directed his attention to medical reform, and he was of opinion now, as he had been then, that the Profession should be divided into two classes; the general and consultant practitioner. He urged that it would be well for the former to be distinguished as *members*, the latter as *fellows*, of the body medical; that it should be incumbent on all to spend several years in the former rank before being promoted to the latter. He would have but one examination, that for membership. The fellowship should be attained by registering and paying a fee, after a certain number of years, and then the consulting fee should be imperative.

Dr. CHAPMAN thought the less control the State had over the Profession the better, especially as regarded the education of its members. If the Profession sought to obtain State protection, the public had a right to require that none but thoroughly educated men should be able to obtain a diploma to practise. Sound and efficient medical teaching was the chief thing required to ensure good practitioners, and as to how and where this could best be obtained might safely be left to the great body of the Profession to determine. All the public had to consider was, that the examinations should be of such a searching character as to ensure none but competent men being admitted to practise.

Dr. O'CONNOR strongly supported the view that members and licentiates of the corporations should elect the representatives in the Medical Council, and he hoped Sir J. Gray, M.P. for Kilkenny, who had for many years occupied himself with medical reform, and had now a motion on the books of the House of Commons, would favour the meeting with his views.

Sir JOHN GRAY said he was more anxious to hear the views of others than to put forward his own. He was seeking information, and, while deeming it right to protect the people from ignorant unqualified men, he would certainly protect the well-educated, qualified practitioner. He would do this in the interests of Her Majesty's subjects. Soldiers were costly to the country, each man cost £100 sterling, and extra care was, therefore, taken that only skilled men should practise upon those men. Was it not possible that something of the same kind might be done for the civil population, some extra test of clinical knowledge imposed so as to secure what the 10,000 memorialists desired, "one high and uniform standard of examination, and one legal qualification to practise?" He thought this might perhaps be accomplished without overturning the existing institutions, which would still have the training and testing of men up to the last step. He would like there to be a rivalry as to which body would turn out the best men, rather than a competition downwards of qualifications to practise. The corporations had done much good, there was still good in them. Why, then, destroy them? He would rather see them rivalling each other in the manner at which he had hinted. He was glad he had come to the meeting, for he wished to learn all he could. Though he had long since left the Profession for another sphere, he had their interests at heart, and would be glad to promote them by every means in his power. Sir John resumed his seat amidst great applause.

Several others joined in the discussion that followed, which was brought to a conclusion by a vote of thanks to the Chairman, and to Dr. Lory Marsh, both of which propositions were carried by acclamation. It only remains to add that in returning thanks, Dr. Marsh remarked that there were numerous questions of great interest to medical men as such, which would come before Parliament in the ensuing Session. As examples, he named vaccination, contagious diseases, and other propositions relating to public health. He thought that such a friendly discussion as had taken place this evening likely to be productive of good. The Club numbered many of their army and navy brethren in its list of members, and they, he knew, would be glad to join in such discussions. It was, therefore, easy to see that frequent reunions of this kind might prove beneficial.

This suggestion was very warmly received, so that if other such reunions be held, they are sure to be successful.

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SCOTLAND.

THE suggestion thrown out by Sir Alexander Grant, in his address at the opening of the University of Edinburgh, that the number of curators, or patrons of the University appointments, "should be augmented by the addition of two additional curators, not to be chosen by either of the two present electing bodies," must commend itself to all who are familiar with the constitution and working of the Curatorial Court. Consisting of seven members, three appointed by the Crown and four by the Town Council of Edinburgh, the "Board presents the appearance of a house divided against itself," with, however, the comfortable assurance to one party, that in the domestic broil, if they can only preserve unity among themselves, victory on their side is certain. In reality, the representatives from the Town Council, by a majority of one over the other members of the Board, have, by a little combination, the gift of the University livings in their own hands; and if we take into consideration the various elements adduced by Sir Alexander Grant, as tending to interfere with the right administration of this privilege, the necessity of neutralizing this power becomes apparent. The same mischievous element, or incompatibility, which deprived the Town Council of the patronage of the University, exists in the Court of Curators. It is, indeed, true, that as yet the manner in which the patronage of our medical chairs has been exercised by the Board has been perfectly satisfactory, and the Profession is fully alive also to the inestimable benefits which have accrued to the medical faculty of the University by the judicious selection of such men as Professors Spence, Turner, Crum Brown, and Sanders, to fill their respective chairs. But this circumstance does not in the slightest degree affect the general question; it is but the accident of an accident, the result of a combination of circumstances which may never occur again, and a basis, therefore, upon which no solid argument can be raised. Such an argument, indeed, might, with a far greater show of reason, have been used as a plea for retaining the patronage in the hands of the Town Council. They could point to a long series of preeminently successful appointments ;—they could plead that the largeness of the constituency in itself helped to secure to the candidates an impartial consideration of their claims, from the probability of its including within its number a fair proportion of enlightened men, whose advice would be sought in private (unfettered as they were by differences in rank or social position), and whose influence would be felt by the result of the competition. Finally, the Town Council might have alleged, that as the appointments were made in public, every member felt himself to be at the bar of public opinion,—each individually amenable to public criticism. By the present constitution of the Court of Curators, the majority in most cases are prevented by circumstances over which *they* certainly have no control, from seeking in private the advice of their more experienced colleagues, and too often, when called upon to exercise their curatorial rights, they present the melancholy spectacle of victims to party feeling or private friendship. A case in point will illustrate our meaning :—At an election to a vacant chair, three out of the four representatives of the Town Council are understood to have supported one of the unsuccessful candidates on grounds exceedingly creditable to them and to the object of their interest as private gentlemen, but absurdly preposterous as bearing upon the qualification of the candidate for the chair to which he aspired. By these remarks, we mean nothing disrespectful to the Town Council of Edinburgh, who are the accredited guardians of the city ; but we maintain, that in proportion as they are rightly qualified to discharge their municipal duties, will be their anxiety to be relieved of a responsibility which they will feel themselves unable conscientiously to discharge.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The winter session of the Royal Colleges of Physicians and Surgeons was opened on the 2nd inst., with an address by Dr. Argyll Robertson. Dr. Moir, President of the Royal College of Physicians, presided ; and among others present were—Drs. John Smith, Pattison, Robert Paterson, Gumming, R. Malcolm, Charles Bell, J. D. Gillespie, President of the Royal College of Surgeons ; Omond, Inglis, Handyside, Stevenson Macadam, Annandale, Littlejohn, M. Duncan, P. H. Watson, G. W. Balfour, Arthur Gamgee, &c. Dr. Robertson's address embraced the importance of the studies pursued by medical students, the best methods of mastering the subjects required for the qualification to practise, and the subsidiary methods of gaining information. Dr. Robertson, who dwelt upon the education necessary to a higher professional standing, and expressed his views on various points in connection with medical education, thought in these modern days, when the facts of science were so multiplied, and the generalizations so little able to keep pace with their increase, an additional year should be accorded to study, if the student was to excel. That additional year might be best employed by the study of special subjects, either at home or on the Continent. The advantage of study abroad could scarcely be overstated, and he expressed his desire for the formation of some travelling fellowships in connection with the schools. He observed that in Russia and Austria the State was alive to the advantage to be derived from foreign education, and had instituted a system whereby the most deserving students were sent at the expense of Government to other countries.

EDINBURGH ROYAL INFIRMARY.

At a meeting of the managers, held on Monday, the 1st November, Dr. Claud Muirhead and Dr. Thomas R. Fraser were appointed assistant-physicians to the Royal Infirmary.

The interim interdict raised by two of the Governors of George Watson's Hospital, against the Company and Governors selling the hospital and grounds to the Royal Infirmary of Edinburgh, has been refused.

The following mark of respect was paid to Professor Syme, by Sir Alexander Grant in his opening address, and was received by the audience with the most prolonged and enthusiastic applause :—The second of our body, who, owing to impaired health has retired, is the illustrious Professor Syme—whose achievements in the chair of clinical surgery during the last thirty-six years have been among the chief glories of the University, and have carried his name and ours far beyond the limits of this land. The announcement of Professor Syme's resignation has elicited from his numerous and widely-scattered pupils a note of gratitude and admiring respect, which has vibrated into the far East, and now returns swelled by the concurrent voices of the most eminent members of the surgical profession. But though he retires from his active duties as a teacher among us, there seems to be no reason for considering Professor Syme's career to be concluded. Even though he should lay aside his instruments, he may yet continue, by his knowledge, his experience, and his wisdom, to benefit and assist mankind. "Non enim virique, aut velocitatibus, aut celeritate corporum, res magnæ geruntur, sed consilio, auctoritate, sententiâ ; quibus non modo non orbari, sed etiam augeri, senectus solet."

The new Professor of Surgery at Glasgow University (Dr. Macleod) opened class last week.

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HÆMORRHAGIC MALARIA.

Dr. L. Michel (*N. O. Journal of Medicine*), in an elaborate article, describes a disease peculiar to the Southern States, and which was first described in 1867. It is a disease due to malaria, and is ushered in by a chill of the congestion type followed by high fever, parched mouth, extreme thirst, suffused eyes, restlessness and anxiety, sighing respiration, quick, bounding pulse. During the febrile manifestation nausea and vomiting are extreme. The patient vomits a dark grumous bile. After the nausea has continued five or six or more hours jaundice and bloody urine show themselves. The suffused eyes now become instantaneously yellow, and the red skin changes to a bronzed yellow. With the hæmaturia we have pain in the back, well defined in the region of the kidneys. The tongue varies in appearance from a pale milky colour to a straw colour, and skin dark brown. After a time a remission occurs, in which there is a decided abatement in all the symptoms, except the nausea and vomiting. During the remission, the skin is frequently less yellow, and the urine becomes clear and limpid, only to reassume its bloody colour upon the invasion of the chill. The skin frequently becomes permanently dark bronzed, and the face, chest, and abdomen studded with profuse hæmorrhagica and vibices, and, should a blister be applied, the cuticle will be filled with bloody serum. The bowels are usually constipated, through sometimes there are copious dejections of dark, tarry, feculent matter. The mind is usually clear. It mostly runs it course in from four to twelve days. Autopsies reveal extreme rigor mortis. Muscles very red. A yellow colour pervades the brain, chest, and abdominal organs. Stomach filled with dark grumous bile. The spleen much enlarged, and hard and solid. Kidneys enlarged, and presenting the appearance of passing through severe inflammatory action. Treatment best adapted for this disease is, first of all, to give large doses of mercurials, followed by oil, and after the bowels are moved to give large doses of quinine, with capsicum, until the quinine has produced a decided impression. For the hæmaturia, astringents with opium may be given.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 10, 1869.

THE CONTEST FOR THE GLASGOW AND ABERDEEN UNIVERSITIES.

OUR medical contemporaries are pursuing a strange course in reference to the coming election for the seat vacated by Mr. Moncrieff. We have already remarked how the *Lancet* has left the party to which for many years it was pledged to support Mr. Gordon. Last week it returns to the subject, and, without assigning a single reason, expresses a "trust that Mr. Gordon will receive the unanimous support of the medical graduates." Why? It was repeated over and over again that neither candidate possessed any special knowledge of, or interest in, the Medical Profession; and now, after being asked week after week to wait to see if a medical candidate could be found, our elderly contemporary pronounces dogmatically in favour of one lawyer as against another, and chooses the opposite political side to that which it has always professed. Shade of the elder Wakley, whence this betrayal of the principles on which you founded your Journal?

It is commonly said that some people care only to be on the winning side, and that a kind of suspicion that Mr. Gordon will head the poll explains this strange tergiversation. Would it not have been better to make some special utterances on medical reform the test of support in a medical paper?

Another paper goes further in the same direction. The *Medical Times*, strongly Tory as it has of late years become, more naturally gives its feeble aid also to Mr. Gordon. In doing so, however, it is either very ignorant or does not care for truth when it speaks of "Mr. Smith's studied protestations of ignorance of the subjects which are of the greatest interest to the medical graduates." This statement, be it observed, is circulated four days after Mr. Smith has forwarded to every medical graduate a letter addressed to Dr. Andrew Clark on this very subject, in which he distinctly pronounces for a representation of the Profession in the Medical Council, and for remuneration to medical men for public services. By all means let Mr. Gordon's friends push him all they can, but, in the name of common honesty, let not the professional press be the means of suppressing the truth.

The Journal of the Association has at least been guiltless of such unjust conduct, inasmuch as it has printed Mr. Smith's letter to Dr. Clark, dated November 1, and also a letter from Mr. Gordon to his London agent, dated November 3, and which seems to have been written in consequence of the appearance of Mr. Smith's manifesto. This is a fair and gentlemanly mode of conducting the contest, and we think those who urged Mr. Smith first of all to adopt this course have benefited their Profession, inasmuch as they have compelled each of the candidates to take some notice of medical questions.

We do not intend here to offer such advice as our contemporaries have indulged in. Our readers are quite able to judge for themselves. Had there been a medical candidate, the question would have been very different. The Profession is not adequately represented in the House of Commons. None but a medical man is likely thoroughly to appreciate, or even understand, many important questions. It would, we think, be a great benefit to the public to have a large number of medical men in the House; and assuredly a constituency so largely made up of graduates in medicine would be a fitting one to be thus represented. We are aware that a number of the electors on this occasion have agreed to sink party and make medical politics the one question to decide their votes. In doing this they are doing good service, by forcing upon the candidates these vital questions. The contest will be a close one, and a few votes will turn the scale, and for this reason they do well to be firm. The statements of both candidates are before the electors, and will be attentively studied. We have carefully perused both, and, though neither perfectly satisfies us, we confess that we are gratified that so much has been extracted from each. It is, perhaps, as much as could have been expected at first from two lawyers. Possibly something still more precise may yet be obtained. Mr. Gordon has great advantage in the contest from his former official experience and his last year's contest, as well as from his popularity and energy. On the other hand, Mr. Smith's great distinction as a University man, and his brilliant career in science, unquestionably gives him the prestige in such a constituency which was so well put forth by Sir Wm. Thompson in his favour. Then for us there is this, that he has openly professed that, if successful, he would look upon himself as the counsel of the Profession in the House. We should therefore only have to agree upon a programme and he would undertake it as his brief, and do his best to win our cause. This would assuredly be the best use to which the Profession could put a barrister it had sent to the House.

"SYPHILOGRAPHY FOR LADIES."

UNDER the above captivating title, we have a leader in one of our contemporaries directed against the views of a writer of an article upon Prostitution in the July number of the *Westminster Review*. The author of the article in the *British Medical Journal* is evidently a man of the most profound knowledge of the subject he speaks upon. His observations upon syphilis and venereal diseases bespeak the "master," the acute observer of disease, and form a great contrast to the shaky views held as to the gravity of such diseases by some illustrious, though less accurate clinical observers, such as Mr. Simon, and other persons who have recently interested themselves in questions relating to prostitution. We have learnt much from the article; it has deeply interested us; and the more so that, we hasten to add, we entirely disagree with the conclusions of the writer of it.

In fact, the article was written a week too soon. Had the author of the article but waited until the fate of the lady students at Edinburgh was decided, and had had time to read the speeches of Dr. Hughes Bennett, Dr. Alexander Wood, and Professor Masson, he would at least have had some other opponents to attack, in addition to the learned writer in the *Westminster Review*; and we believe his article would have been less open than it is at present to hostile criticism. For what, after all, is the marrow of this article? Is it not that the author of it does not like women to be taught anything about syphilis, because, in some cases, "ignorance is bliss;" and that *he* greatly prefers the ideal of an innocent woman, unsuspicious that there are such horrors as prostitution and syphilis around her to a *femme savante* of the type of one of the heroines of George Sand, or of Balzac? Like Dr. Andrew Wood the other day, at Edinburgh, he does not like the idea of a lady coming out of a dissecting room. Well! but, after all, do not nurses do all sorts of disagreeable things, and are we to despise them because they do so? Is our ideal of a lady to be based on the Chinese one, of a being too sensitive to be annoyed by contact with the real sorrows of human life, and only fit for performing on the piano, looking beautiful, and being always a graceful and an amiable member of a small circle of admiring and loving friends? If this be the ideal of the writer of the article we speak of, will he not kindly allow other men to have a different ideal of woman's character?

For, if he will admit of difference of opinion on this question, we shall at once confess, that our experience of life has been, that the most estimable and agreeable (to us) of the sex have been those who have had a desire to undertake to combat with the difficulties and miseries of human life, and have not been too particular about soiling their hands, or afraid of looking at "unclean things." The word "unclean" used by Dr. Andrew Wood and others, indeed, is one of the most misleading of all expressions. Pork is "unclean" to some Jews. The touch of a pariah is "unclean" to a Brahmin. Sentimentality all of this. Utility is quite left out of sight by us in such cases. In fact, the arguments used by the writer in the article in question are all sentimental, not utilitarian. Does not the writer of the article see at once, and none better than he, that the idea of instructing women in medicine at all is quite incompatible with keeping them in the dark about syphilis? Go to any out-patient department in London, and what do we find? Why, perhaps, that every third or fourth case among the *surgical* patients, at least, is venereal in its character. Visit the Ophthalmic Hospital at Moorfields, and observe how many of the diseases of the eye are syphilitic. Then occupy yourself with skin diseases or diseases of children. Syphilis again and again meets you at every turn. In fact, scrofula, consumption, syphilis, and cancer, are the leading diseases of our race; and you cannot teach medicine at all without showing your pupils cases of all of these plagues.

But we dare say our author will say, "Ladies should not enter the Medical Profession at all; I don't approve of their doing so." Such was the opinion also of the illustrious Mr. Syme. Well, these gentlemen may be right; but let us hear what is said by some other able medical men on the contrary side. Dr. Hughes Bennett is reported, in the *Scotsman* of October 30, to have recently said that "he used not to be able to understand how *lovely woman* could hang over a putrid corpse and dissect the tissues of that body; but it had recently come under his notice that some ladies in Paris had been complimented by the Professors on the splendour of their dissections. So that, what was the use after this of talking of the impropriety of women dissecting? The medical faculty of Paris was, he might say, if not the first, unquestionably one of the first faculties of medicine in the world. The study of medicine, like the study of other things, was not a matter of sex: it was a matter of mind and ability." These are the arguments we should like to see attacked by our learned *confrère* of the *British Medical Journal*. Or, will he be kind enough to inform us whether he thinks there is anything degrading in the practice of the medical art which should prevent women from entering the Profession? Surely not! That lady who was Professor of Anatomy in Padua was not degraded thereby; nor were Mesdames Lachapelle or Boivin degraded by their knowledge of the noblest of all the sciences, the one which teaches us to live a long and healthy life.

We are never sure, however, that any person, even those holding identical opinions with ourselves on most other social topics, will agree with us about the question of the "rights of women." Experience has taught us not to rely on any such agreement. But we do know that some of the most practical members of the Profession in London are quite of the opposite opinion to that of the author of the article in question, as to the point whether women should learn anything about medicine, or, consequently, about one of its component parts, syphilis. It is a hopeful sign of the times, however, when such stirring questions are brought before the notice of the learned Profession of Medicine. We seem to have got into the age of revolutions. Every ancient custom is being questioned, and, if found to be absurd, is in danger of perishing; all new doctrines are likely to have a fair hearing and a chance of being practically followed out if found to be true. The admission of women behind the scenes in medicine and in other professions is loudly demanded by some, on the grounds of justice and of the highest utilitarianism. It is deemed by not a few that Nature should be known as widely as possible to as many citizens of both sexes, in order that, conjointly, they may endeavour to shield our race from as many calamities as they can. And were we to point to one calamity greater than another, and one wherein the assistance of educated women could be more useful than in another, we should surely name those mortal contagions which assail the very fountain-head of human happiness, the health of the infant, and which poison the domestic peace of so many a couple. If we are to have medical women, then, let us not hide any part of human suffering from them, and thus we may, perhaps, find that the *Westminster Review's* article was not so far wrong after all.

THE Council of the Royal College of Surgeons of Ireland met, we understand, last week to take into consideration the resolutions adopted at the last General Meeting of the College:—

> "Proposed by Dr. Darby, seconded by Dr. Martin, and resolved—'That the Council be requested to consider the question of the propriety of seeking for a new Charter, and also the subject of remunerating Members of Council for attendance upon the several examinations, and to report at an early date to a meeting of the Fellows specially summoned for the purpose.'"

The subjects referred to in this resolution had been under discussion in the Council last year, and it had been then decided that it was not expedient that a new Charter should be sought for. The matter was anxiously discussed for the second time last week, and a Committee was appointed to draw up a Report for presentation to the College. The feeling of the Council was all but unanimous against the proposition. It was felt that, although there were points in respect of which the existing Charter required emendation, they were not of such vital interest as to justify the College in abrogating its prerogative. To obtain a new Charter it would be necessary, as the first step, to surrender that which it now possesses, and to take chance for the provisions which might be fixed by the Government for its future incorporation. Bearing in mind the disturbed state of the public mind on questions of education and the administration of Colleges, it was considered, even by those who would otherwise have most ardently supported the movement, that there could be no less appropriate time than the present for plunging the College into voluntary disestablishment. There is a power given in the Charter for its amendment on the approval of the Secretary of State; but the exercise of this privilege has been found to be practically prohibited by the expense which it entails.

In respect of the payment of Councillors for attendance at the examinations, it was decided also that the payment should continue.

We understand that a notice of motion has been submitted for future discussion, to the effect that the Fellowship Examination shall be so far modified as to admit Licentiates of long standing, whose professional character may be approved on the writing of a thesis.

Notes on Current Topics.

General Medical Council.

Dr. Humphry, of Downing College, has been elected representative of the University of Cambridge in the General Medical Council, vice Dr. Paget, of Caius, elected president thereof. Mr. C. Lestourgeon, of Trinity, was also nominated. Dr. Humphry polled 68 votes; Mr. Lestourgeon, 15.

The Success of the Compulsory Vaccination Act.

Dr. Ross, the Medical Officer of Health for St. Giles's, has recently inquired into the operation of the Compulsory Vaccination Act in that populous district; and in a report to the Board of Works, he states that "during the year 1867, the year preceding the operation of the new Act, the mortality from small-pox was 31. On the first of January, 1868, the Act came into force, and during that year the mortality sank to 6; whilst during the past nine months of the year 1869, there has not been registered a single death from this disease. "Stronger proof," Dr. Ross adds, "could scarcely be afforded of the beneficial operation of any legislative measure for the arrest of a frightful disease."

British Corn Flour.

Messrs. Colman, of Norwich, have recently introduced to the public a new farinaceous food, prepared from rice, and termed "British Corn Flour."

We have procured specimens of the article in question, and submitted them to a careful chemical and microscopical examination. We find that it consists solely of the farina of rice, from which every particle of cellulose or woody fibre has been removed. This article has evidently been prepared from an exceedingly fine variety of rice, from which a farina has been produced, free from the slightest trace of irritant husk, that is at once nutritive and agreeable in the extreme; hence the farina is relatively, as compared with the whole grain, richer in the carbohydrates and poorer in albuminoid substances. The amylacious granules of rice are naturally very small, and they probably yield more readily to the action of the digestive fluids than do any of the starches derived from other plants. Beaumont found that boiled rice was digested in an hour, while arrowroot—a food remarkable for its easy digestibility—required one hour and a half to effect its digestion. We find that in gelatinizing power 7½ parts of British Corn Flour is equal to 9 parts of arrowroot and 14 parts of wheaten starch. The opinion has long been current among physiologists that isinglass and other forms of gelatine are wholly unnutritious. If such be the case the sooner that article is replaced the better.

The British Corn Flour appears to us to be an exceedingly bland, easily digestible, and nutritious food, specially adapted for children and invalids. We understand that it has been used with good results in most of the Dublin hospitals, and is now being tried at some of the principal London hospitals. When it was the fashion to estimate the value of a food by the amount of nitrogen which it contained, rice was regarded as the least nutritious of the cereal grains. Recent investigations show, however, that the energy of the body is chiefly maintained by the carbohydrates, of which rice contains a larger proportion than is found in any other grain. Dr. Chambers recommends such a diet as that furnished by British Corn Flour as the most suitable during "acute catarrhal bilious attacks, at the commencement of treatment, or even chronic gastric cases, and whenever a dusky complexion, hypochondriasis, &c., show that arrested moulting has caused a collection in the body of effete tissues."

In conclusion, we may state of British Corn Flour that in *every case* where an amylaceous diet is indicated this farina is, in every respect, superior to arrowroot, tapioca, and the other food starches. It is better flavoured, more digestible, blander, and more nutritious. As a food for children, the British Corn Flour has many and obvious properties to recommend it.

Never say Die!

Nihil sub sole novi is a fallacious proverb! Yet we wonder how the editors of the *Annale de la Médecine et de la Chirurgie Etrangère*, the Florence paper, *L'Italie*, and our own *Pall Mall Gazette* and *Public Opinion* can reconcile their consciences to the publication of the following:—

Extraordinary Feat in Surgery.—A Florence newspaper, *L'Italie*, extracts from the *Annale de la Médecine et de la Chirurgie Etrangère* the following extraordinary history: On the 18th April, 1868, in the prison of Villarica, province of Minas Geraes, in Brazil, two men, named Aveiro and Carines, were executed at the same time. Dr. Lorenso Y'Carmo, of Rio Janeiro, obtained permission to profit by this event, in order to experiment on the power of electricity. Dr. Carmo's design was, if possible, to unite the head to the neck after decapitation. The heads of the two criminals fell within a few minutes of each other into the same basket, first that of Carines, then that of Aveiro. Immediately after the second execution, a compression was effected on the carotid arteries of one of the heads, so as to stop the hæmorrhage. The body was then placed on a bed, and the head was stuck as exactly as possible on the section, and kept in that position. The cells of a powerful electric pile were applied to the base of the neck and on the breast. Under this influence the respiratory movements were at once perceptible, and the head was fastened to the body by stitches and by a special apparatus. The physio-

> logist wished to ascertain for how long a time this appearance of life could be artificially maintained. His astonishment was great when he saw, at the end of two hours, not only did respiration still continue under the influence of the electric current, but that circulation had even resumed a certain regularity. The pulse beat feebly but sensibly. The experiment was continued without intermission for sixty-two hours. A little later, signs of life manifested themselves spontaneously in the head and limbs, till then deprived of motion. At this moment the director of the prison, arriving for the first time in the experiment-room, observed that by a singular mistake the head of Carines had been applied to the body of Aveiro. The experiment was continued notwithstanding. Three days later the respiratory movements produced themselves, and electricity was suppressed. Dr. Carmo continued to assist the process of cicatrization, which progressed under the most favourable conditions. By means of an œsophagean probe, liquid nourishment was introduced into the stomach. At the end of about three months the cicatrisation was complete, and motion, though still difficult, became more and more extended. At length, at the end of seven months and a half, Aveiro-Carines was able to rise and walk, *feeling only* a slight stiffness in the neck and a feebleness in the limbs.—*Pall Mall Gazette.*

The story flavours of Yankeeism; but it is incompletely narrated. We should have had a glowing description of the plan of union of spinal cord, and artificial pneumogastric nerves, to assist the "œsophagean probe." The *Pall Mall*, after the sensational, scientific way of saying things peculiar to it and its foster-brother, the *Lancet*, which have become so intimately associated in ideas of late, should have added a little of its own by way of variety, descriptive of the individual's feelings on awaking and discovering his head on another man's shoulders; all this would have gone further to support Cicero's logic, "that nothing is so unaccountable or improbable, so revolting or devoid of ornament, as not to appear bright and truthful by a gorgeousness in description." The story is extensively copied into the provincial Press, so that the name earned by our cotemporary in Ireland, of the *Pall Mall Bully*, is certain, if things continue in the same strain, of being converted in England into the *Pall Mall Gull.* The great Dr. Lorenzo Carmo, we must not forget, whose imaginative powers are a Godsend for the sensational papers of England, and we hope, for his and their sake, he may go on *ad infinitum* "*cicatrizing*" decapitated criminals. There are many broad shoulders we know, which would be nothing the worse if they possessed their neighbour's head; and as money can purchase anything, we cannot predict what, in this sensational age, may next transpire.

International Standard Measures.

THE metrical system and the standard measures of France have occupied the attention of the Academy of Sciences of Paris more than once of late. M. Chevreul, the eminent chemist, took an opportunity to protest scientifically against the adoption, for the purposes of a standard measure of length, of a measurement of a portion of a meridian of the earth, which had not at the time, and has not yet, been positively determined, but for practical reasons arrived, at the conclusion that the standard mètre of the year VIII preserved in the archives of France, should be maintained, and proposed that an international commission should undertake the task of multiplying copies of such mètre and other standard measures, calling to its aid for such purpose all the scientific means in existence. A note was read before the Academy, showing that the Academy of St. Petersburgh, adopting the same ideas as M. Chevreul, had expressed the desire that its members should, in future, use none other than the French metrical system in their publications; that it had constantly recommended its adoption by the various branches of the Russian administration, the universities, and scientific corporations; and stating that next year the meteorological observations in Russia will be published in the metrical system. At a subsequent meeting of the Academy, it was announced that the Berlin Academy of Sciences had adopted the decision of the St. Petersburgh Academy respecting the metrical system and excepted the existing mètre and kilogramme as absolute standards of measure, and joined in the recommendation of an international commission for the production of prototypes. The assent of the Royal Society of Great Britain to these propositions is hoped for as all that is needed for the adoption of a general international metrical system.

Health of Dublin.

IN the Dublin Registration District the births registered during the week ending October 23rd, amounted to 159. The average number in the corresponding week of the years 1864 to '68 inclusive, was 149. The deaths registered during the week were 126. The average number in the corresponding week of the previous five years was 154. Fourteen deaths from scarlatina were registered during the week, being 1 in excess of the number registered in the previous week; and being 8 more than the average number for the corresponding week of the previous five years. Measles proved fatal in 10 instances. Fever was the cause of 7 deaths, viz.:—1 from typhus: 5 from enteric or typhoid; and 1 from simple continued fever. The deaths of 5 children were ascribed to diarrhœa. Bronchitis proved fatal in 6 instances, and pneumonia or inflammation of the lungs in 4. Twelve children died from convulsions. Phthisis or pulmonary consumption caused 13 deaths. One death resulted from nephria or Bright's disease, and 3 from heart disease. The deaths of 3 persons who were drowned were registered. One of these deaths occurred at the Custom-house quay, Dublin; and the other two at Kingstown. The death of a watchmaker was registered whose age is stated to have been 101 years.

The Digestive Powers of Pancreatine.

IN the Academy of Sciences of Paris M. Chauvin and M. Morat have recently read a paper "On the Pancreatic Juice," and the conclusions at which they have arrived are—first, that the general results of their experiments on artificial digestion with this fluid agree with those made by older experimenters, from Eberle to Claude Bernard. Secondly, that in such experiments with artificial digestion, the action of the pancreatic juice is not checked by the presence of gastric juice, nor by hydrochloric acid considerably diluted with water. Thirdly, that at ordinary temperatures, and in inert vessels, the juice does not act so energetically as when maintained at the temperature of the body, and under the influence of the movements of the digestive fluid. Fourthly, in the digestion that ordinarily takes place in the stomach—and this is a capital point—the pancreatic juice preserves its energies intact, notwithstanding the presence of the gastric juice, and may initiate in the interior of the stomach a complete digestion of the three species of alimentary substances. And, lastly, they state that in a clinical point of view they have obtained remarkable results with the aid of pancreatic juice and extract.

The Profession as a Trade.

At a recent meeting of the Mansfield Board of Guardians, Dr. J. Senior Turner, of Alfreton, the medical officer of the fifth district of the Mansfield Union, a most respectable and successful practitioner, was given two months' notice by the Board before his district was taken from him and conveyed over to a Mr. Diver, from whom the Clerk read a letter wherein this Mr. Diver, asked for the appointment "because he had taken a house at South Normanton with the intention of residing there."

Dr. Turner informed the Board, as we gather from the report of the meeting in the *Midland Gazette*, that although non-resident in the district, he believed the poor could not be better attended than they were by him; but the Chairman replied that they were obliged to appoint a medical practitioner, if duly qualified, who resided in the district; *that the law left them no alternative.* It comes to this, that Mr. Diver, who had just arrived from Scotland armed with a Scotch diploma, would successfully supplant the present medical officer in two months. We question that the Chairman was correct in his observation that the "law left them no alternative," other than to displace an old, well-tried, and faithful officer, and appoint a young newly qualified man in his place. The most important feature in the case is this: Mr. Diver tells the Board he has taken a house at Normanton, and asks for the appointment because Dr. Turner does not reside in the district, and this week this Mr. Diver, with the alphabet after his name, writes to the editor of the *Midland Gazette* the following spicy production, which reflects little credit on his schoolmaster and the profession to which he takes care to inform the public he belongs, *sic*:—

> *To the Editor of the Midland Gazette.*
>
> Sir,—In your impression of the 9th inst.,you state that I have taken a house at South Normanton, which has led many of my friends to believe that I am giving up my present practice, and is likely to do me a serious injury; therefore you will oblige me to state that I have not taken a house at South Normanton, nor anywhere else, except in this town, where my practice will be carried on as usual.
>
> Should I be elected to the No. 5 District, I have promised the Guardians to have a surgery in the district, and visit it daily.
>
> Trusting that you will give this a conspicuous place in your valuable paper, I am, sir,
>
> Yours obediently,
> W. H. Diver, L.R.C.P., M.R.C.S.E., L.M.
> Sutton-in-Ashfield, Oct. 21, 1869.

This Mr. Diver is very kind offering to release Dr. Senior Turner of his appointment, but we hope the Mansfield Board of Guardians will not only reinstate Dr. Turner to his legitimate right at the end of two months, but that they will require of this Mr. Diver an explanation of his letter, and, if he be unable to give one, to pass upon him a vote of censure that other Boards may be prepared to deal with him. Our language cannot be too strong in our condemnation of this professional trading, and it will be our duty time after time to expose these occurrences, which we hope, for the sake of the character of the profession and all parties concerned, will be few and far between. With regard to the serious injury this Mr. Diver fears his practice will sustain, we learn from a competent local authority that it means "the puff direct," and that there are few medical gentlemen in the locality in which he resides likely to trouble themselves about him or his affairs, one way or the other. But when we find men deviating from the path of rectitude, it is a duty we owe the Profession to keep them right in principle and in practice, whilst we feel called upon to support, at such a time, gentlemen in Dr. Turner's position, however unenviable it may be to him to class both together.

Dr. Richardson's Lectures.

On Tuesday, Nov. 2nd, Dr. Richardson delivered the second of his present course of lectures. The lecturer showed a rabbit in a state of profound sleep from 15 grains of chloral injected into the rectum; the sleep would probably last about 14 hours.

Passing to the special subject of the discourse—artificial respiration—a very interesting experiment was shown of a rabbit, narcotized almost to death by methylic ether, in a glass jar, and laid apparently lifeless on the table. To restore animation, Dr. Richardson inflated the lungs with a small india-rubber bellows, suspending the process the instant he saw the first sign of returning motion, and thus the animal was brought back again to life. In another experiment of the same nature the narcotizing process had gone too far, all action of the heart had entirely ceased, and consequently the inflation of the lungs with air proved abortive. A case was related of a child on the verge of suffocation from croup, and where tracheotomy seemed decidedly indicated, being happily restored to life and health by the careful inflation of the lungs by Dr. Richardson, with the india-rubber bellows.

It was gratifying to observe that the audience at this lecture was so large as completely to fill the room, showing that the very moderate fee which, at the suggestion of his friends, Dr. Richardson has fixed for the course has rather had the effect of increasing the already numerous attendance at these popular lectures.

Natural History Society of Ireland.

We learn with much regret that a schism, which threatens the Society almost with extinction, has arisen in the Natural History Society of Ireland. At a recent meeting of the Society, a motion was made and supported by a certain party, which was felt to amount to a charge of neglect of duty on the part of the honorary secretaries. Both of these gentlemen thereupon resigned their offices, and they were followed in their withdrawal by several of the most valuable members of the Council and of the Society. At the last general meeting the letters of resignation were read, and after a marked expression of regret on the part of the Society, that the adoption of such a course by the secretaries had seemed to be called for, a motion was unanimously adopted that their resignations be not accepted, and they were, on a ballot, re-elected.

The Society has been for many years almost the only scientific body which has been in a prosperous condition in Ireland. It is still financially good, and it will be a subject of much regret if an ill-advised and undeserved attack on its officers shall prove to be seriously injurious to its efficiency.

Dr. Rattray on the Diet of Seamen.

ALTHOUGH we are past the days when scurvy was so common that a large portion of the crews of both our Royal Navy and of the Mercantile Marine were disabled from service by its ravages, there is much yet to be accomplished for our sailor population before we can hope that they will be in a condition which the sanitary observer can look upon with anything like satisfaction. Worst of all, amid instances of overcrowding and bad ventilation, are the examples related to us of the overcrowding on board many of our most splendid looking vessels. Oh! for a Miss Nightingale who shall embark on board some of those ships, and write us a volume such as that she has gifted the nation with upon hospitals!

The diet of seafaring people is much better than it used to be, of course; but, even in diet, much improvement might be made. In the first place, it seems that too much use is made of salt provisions, and there is far too little variety in the diet list. It is doubtful whether the best of all anti-scorbutics can completely counterbalance the continued use of salted pork or beef. Dr. Rattray would omit almost entirely the use of salt meat from the diet list of the Navy. The pound of salt meat he proposes to replace by three-quarters of a pound of preserved meat, or half a pound in the tropics, and he proposes to replace the daily ration of rum in temperate climates by coffee; and we congratulate Dr. Rattray on this admirable change. He next proposes to alternate the pea soup and flour pudding of every day with barley broth and rice, sweetened by treacle. The frequent issue of soft bread, at least in harbour, is recommended, and a better kind of cook is suggested. Why can't they have women cooks in some of our sea-going vessels? An English man cook is usually such a poor fellow compared with a woman. Dr. Rattray suggests that at sea a half ration of chocolate issued to each man at their morning and night watches would be useful. All these changes in diet, he urges, could be carried out easily enough. Perhaps it would not be a good thing always to feed the crew on preserved meat, since it appears that this food is rather insipid. A little salt meat might occasionally be used for a change. The preserved meat, however, is greatly relished by the sailors. We thoroughly agree with the views of Dr. Rattray; and believe that if his suggestions were carried out, the life of a sailor would be a far more healthy one than it has hitherto been,—so far, at least, as diet goes, which is not so important, however, as ventilation.

Extension of the Contagious Diseases Act.

WE have before us—1. "Bishop Alford's protest against the Act for Licensing Prostitution, called the Contagious Diseases Act:"

2. "Observations on the Attempt which has recently been made to introduce into Great Britain the iniquitous Continental System of Licensed Prostitution. Journal Office, Northampton:"

3. "Report on the Contagious Diseases Act, by John Simon, Medical Officer of the Privy Council," &c.:

4. "Contagious Diseases Act Meeting, at the Royal Hotel, Bristol." Newspaper Report.

Nottingham seems to be taking a foremost part in its opposition to the Contagious Diseases Act extension. Dr. C. B. Taylor, F.R.C.S., expressed his conviction in the meeting at Bristol, that the Bill would fail in accomplishing its purpose, and, besides, that it was fraught with much danger to the interests of society. The fact that the weaker sex alone is subjected to a brutalizing examination must of itself render the Act futile in good results, as far as the public health is concerned. Dr. Taylor adds that true primary syphilis, the only disease which affects the constitution, cannot be detected in the female, and thus cannot be checked by legislation. He pointed to one fact, which is certainly a great blot in the system, viz., that there was actually no definition of prostitution, so that positively the whole of the women in the country were placed by the Act at the mercy of a policeman's suspicions Under the 17th Section, practised police spies could bully, cajole, and terrify comparatively innocent, aye! entirely innocent, girls into enrolling themselves in the ranks of registered prostitutes. It was in evidence that already in England, respectable married women, and at least one virgin of the tender age of 14 years, had been grossly violated. He pointed out the power of denunciation which by the Act was placed in the hands of brothel-keepers, procuresses, and others; and said that in none of the places had denunciation of disease been what fairly could have been expected.

The only point in Dr. Taylor's arguments with which we are slightly at variance with him is with regard to the question of the gravity of the diseases gonorrhœa and syphilis, and the power of checking contagion by sequestrating the sufferers from these complaints. Gonorrhœa in the male is a very dangerous complaint; and if women had hospitals where they could enter when suffering from acute vaginitis or uterine catarrh caused by gonorrhœa, doubtless fewer men would suffer from stricture of the urethra and all its horrors. Then, too, if women with indurated sores or mucous tubercles on the vulva, could remain in hospital until well, which they would, we believe, be only too glad to do in most cases, there would not be so much of the fearful malady syphilis about. Dr. Taylor, however, we are sure, would have no objection to the extension of hospital accommodation for women suffering from such diseases, so that we only differ very slightly from his views.

The views of our theological brethren are usually scarcely scientific enough for us medical men. They declaim too much about sin, and speak too little about human suffering and disease. In fact, we would usually care but little to have the clergy of to-day on our side in any public question, except in so far as their influence might be useful to assist in carrying the point. It was an evil day for theologians when they gave up studying medicine. The monks of the middle ages studied both the cure of souls and bodies, and hence could talk rationally on social questions. Hence, although we may welcome the assistance of the clergy in warring against the provisions of the Contagious Diseases Act, we cannot stomach the reasons they assign for their objections to it. Most of them seem to think that the Deity sends gonorrhœa and syphilis to keep men and women in the path of duty and marriage—an argument which we can only class as inept and silly, and only fit to be treated with contempt.

THE Medical Club has elected Dr. Livingstone an honorary member, and sent out an invitation to him to occupy the Club house, on his return to this country.

St. Bartholomew's.

In the place usually allotted to announcements of Cabinet Council and other official kind of notices, last Friday's *Times* contained the following announcement :—

> "The Treasurer of St. Bartholomew's Hospital requests that the public and the Governors will suspend their judgment upon the recent charges made against the management of the hospital. He proposes to call a general meeting of the Governors, at which he will enter fully into the nature of these charges, to which he is convinced he can give a completely satisfactory reply."

We hardly think it worth while to inquire why the leading journal has assigned such importance to an individual's advertisement. Still, if the Treasurer of the Royal Hospital has anything to say we shall be glad to hear it. All we say is, whatever defence is put forward should not be delayed.

The *Times* last week gave a comparison between the London Hospital and St. Bartholomew's, showing the superiority of the London. The *Pall Mall Gazette* thereupon stated that the statistics were still more to the disadvantage of St. Bartholomew's. The *City Press*, on the contrary, disputed the accuracy of the deductions drawn by the *Times*. We have not space to enter fully on the matter now, but shall return to it.

New Chemical Nomenclature.

At a congress of Italian naturalists, which has recently taken place in Catania, Professor Zurno, of Naples, proposed a reform in the chemical nomenclature of organic bodies, and a committee of Italian chemists has been appointed to draw up a new system of nomenclature for presentation at the next Congress, in 1870.

The Inauguration of Dupuytren's Statue.

It was hardly to be expected that after the lapse of thirty-five years from his death, and at a distance of one hundred and five leagues from Paris, the assembly for the inauguration of Dupuytren's statue would be sparsely attended. The number of those who were present was small, but the character of those who represented the Institute and the Academy was such as to cause us to forget that no delegate was present from the Faculty of Medicine, on which Dupuytren shed so brilliant a lustre. The number of professors from the Medical School, at Limoges, however, amply compensated for the loss.

The ceremony commenced on the 17th of October ; it was presided over by Professor Couveillhier, and was held on a great platform erected in front of the statue.

The statue represents Dupuytren as clothed in his professional robes, and has all the character of a man of genius ; but the narrowness and irregularity of the site where it is placed spoils the perspective, and robs the work of its proportions.

Six eulogia were pronounced, the first by M. Bardinet, director of the School of Limoges, and the second by Larrey, on the part of the Institute.

At the conclusion of the ceremony the persons present visited the house and chamber where Dupuytren was born, and the day was closed by a banquet.

On Hospital Sunday, at Birmingham, the amount collected was £3,700. This ar the Queen's Hospital has it.

Scarlet fever has not decreased in London. Last week's return gives 229 more deaths.

A triple birth, in Cornwall, was recorded by the newspapers last week.

The Parisian *Petit Journal* records an act of signal devotion on the part of a medical man. At the Cochin hospital lately, a workman was seized with diphtheria, and asphyxia was impending. Laryngotomy was performed, but the sound could not remove the membranes, which obstructed respiration, and the patient was at the last extremity. The resident surgeon, M. Builly, without hesitation, drew out the sound, applied his lips to the wound, sucked vigorously, and then expelled a mouthful of sanguinolent matter which had obstructed respiration. The patient recovered.

The surgeoncy of Sir Patrick Dun's Hospital, Dublin, vacant by the resignation of Dr. McDowel, Professor of Anatomy and Chirurgery in the University of Dublin, has been conferred on Dr. Little, son of Dr. Little, of Sligo, and a demonstrator in the School of Physic. We are informed that the term of office is limited for the present to two years and a half, and that permanent arrangements will then be made.

The nomination of candidates for the representation of Glasgow and Aberdeen took place on Tuesday, 2nd November. The candidates proposed were Mr. Smith, of Jordanhill, and Mr. Gordon, Q.C. The show of hands was in favour of Mr. Gordon. A poll was demanded by Mr. Smith's proposer, which will commence on Monday, the 15th, and will continue for five days. It was objected that a show of hands was illegal, but the objection was overruled.

The new illustrated journal of science—*Nature*—has appeared, and promises to be most successful. It opens with Goethe's rhapsody on nature, translated, with remarks, by Professor Huxley. Other articles are by Sir John Lubbock, Mr. Norman Lockyer, Professor Williamson, and other well-known names. The notice of the late Professor Graham, by Williamson, will be read everywhere with interest. Altogether, *Nature* seems quite "a hit."

The Session of the Society of Arts will commence on Wednesday, the 17th November, when the opening address will be delivered by Lord Henry G. Lennox, and the Prince Consort's Prize will be presented.

The first course of Cantor lectures will be "On the Spectroscope and its Applications," by John Norman Lockyer, Esq., F.R.S., and will consist of three lectures, to be delivered on Monday evenings, the 6th, 13th, and 20th December. Other courses will also be given during the Session, one, by A. W. Williamson, Esq., F.R.S., Professor of Chemistry in University College, "On Fermentation, especially in connection with M. Pasteur's Researches," having been already arranged. These lectures are open to members, each of whom has the privilege of introducing two friends to each lecture.

Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think a few words from me at this stage of the discussion may not be amiss. When I introduced the subject in your columns—on the 6th October—and indicated the direction which I thought the discussion might usefully take, it was my intention to retire from the controversy, and watch the result, believing that ample matter for a very interesting and useful correspondence had been furnished under the four heads which I suggested.

The subject was taken up by "J. D. M.," who dismissed my propositions with the remark that "the mere question involved" (in such a comprehensive programme!) "is not one that can occasion much discussion," meaning, I presume, that the questions raised—for there were several, not one only—were settled, and required no argument to prove them correct; but are they settled, and if so, how, and by whom? I must confess that if I had thought them settled, in the sense of being generally accepted, I should not have troubled you with any remarks upon the subject. If "J. D. M." means, as I suppose he does, that few persons would be found to dispute the soundness of my views in theory, how is it that the practice of the community at large is so opposed to their ideas of right? But I differ from your correspondent on that point; I do not think that the public at all recognise the connection between "large families" and the prevalence of vice, pauperism, disease, and premature death, which affect in some way or other, every class, from high to low. Let this question be fairly discussed first, and it will then be time enough to consider the means of controlling the number of births. "J. D. M." has taken upon himself to decide that there are only two plans available, in order to accomplish this end, and "A. G. L.," in your Journal of the 3rd inst., endorses that view,—viz., 1. The seclusion of the wife from the husband. 2. The adoption of artificial means of preventing pregnancy.

"J. D. M." asks whether *this* is the subject intended to be put forward for debate? As far as I am concerned, I answer emphatically IT IS NOT.

I do not think the time has arrived for me to explain my views further than to say that they are based on natural—that is, on physiological laws, and can be carried out without doing violence to morality, sentiment, good taste, or right feeling, and with a decided gain in all directions, especially as regards health, which is an important consideration. I say this much just now, because I think the turn given to the discussion by the two last correspondents is calculated to bring the subject into disfavour with the public and the press; already, very naturally, prejudiced against the idea included in one of the suggestions, and not likely to take very kindly to the other.

I am, Sir, yours faithfully,

November 4th. PRUDENTIA.

NAVAL ASSISTANT SURGEONS AND THEIR PRIVILEGES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly give space in your valuable journal to a few remarks showing the prospects of naval assistant surgeons? By the Navy List, June 30th, 1869, I see that four assistant surgeons have been promoted during the six months, and only seven during 1868. Now, there are 236 on the list, so that, giving an average of eight promotions, six deaths, and resignations yearly, the men now entering will have at least to wait sixteen years for a rise.

We who joined in 1859 and 1860, and who hope to be at the top of the list in about 1873, will have two men who joined in 1867, or seven years after we did, placed over us as surgeons, according to Circular, May 7th, 1867 (page 324, Navy List), which states that the candidate who passes the best examination of his year will be promoted in five years, the second best after six years, and so on.

So that the assistant surgeons who entered the service in 1866 (the order is not retrospective) will have twenty-four men promoted before them in this manner, of which twenty-four one will have entered ten years after them, two nine years, three eight years, &c.,—not a pleasant thing to look forward to.

Then the great boon lately granted of choice of cabins is nullified by the Dockyard authorities fitting and allotting the cabins for the officers. For instance, I joined a ship, and found she carried a Lieutenant, a navigating sub-Lieutenant, an Assistant Paymaster Engineer, and myself. I came after the Lieutenant in rank, but had the worst cabin. On applying to the Captain, I was told that the cabins were told off in the Dockyard, and fitted so for the officers named, and that he could make no change.

I think it but right that our young surgeons should know what they have to expect in the service.

On entry now, the newly caught assistants are sent to one of the home ships for a few months, to give them time to write to their late fellow-students, and to tell them how jolly the Navy is! how they go on shore without danger or difficulty, and that they have not been the least seasick, particularly if their ship is the old Asia lying at the top of Portsmouth Harbour. But soon a change comes over the spirit of the dream. A big letter on H.M.S. service arrives, and they find they are appointed to H.M.S. Growler or Boxer, going to the Coast of China. To prove this, see Navy List, where out of the fellows who joined in 1867, nine are on the *coast of Africa*, eight in China, and two in the West Indies.

Then all good appointments are filled by surgeons borne in lieu of assistant surgeons,—an injustice, I think, to men who have been four or five years abroad in the worst climates in the world.

Take Punch's advice to people about to marry, all ye surgeons who think of joining the Navy,—and don't.

I am, &c.,

A. B.

PROPHYLAXIS OF ASIATIC CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The accounts which daily come to hand touching the ravages of Asiatic cholera are simply heartrending. I counted upwards of twenty distinct localities in India where this fell disease was reaping an ample crop of victims. If I be satisfied of anything, it is that we have amplest means of everywhere checking this hitherto relentless scourge. First, we have at our disposal the ordinary sanitary precautions and appliances as to meat drink clothing exercise and absolute cleanliness on which I need not here further enlarge, next we have it equally within our power to bury every species of animal excretion, feculant and urinous, at once deep or deeply enough in the soil, thirdly and lastly we are to have recourse to dilute sulphuric acid as a prophylactic of the highest possible value. Administer daily to every one, in case of the imminence or actuality of cholera, *and without waiting for the disease to break out*, half a drachm of the dilute acid, night and morning or morning only, in a little plain or aromatic water. This alone, in the great majority of instances, will I believe keep the disease at bay but, if coupled with sanitary precautions, generally, and the immediate burial of excretions, will, further, I believe render us its complete masters. Keeping off the first causes of Asiatic cholera, whatever they may be, I am of opinion that it is exclusively propagated by infection at first hand or, at second hand, through the medium of the excretions. If I be right in these views, surely to God, the precautions here insisted upon, are worthy of the best attention of practitioners at home and abroad, but especially so in the localities where cholera is at home and which it seems never entirely to abandon.

I am, Sir,

Belfast, Oct. 29, 1869. HENRY MACCORMAC, M.D.

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SCIATICA TREATED BY ACUPUNCTURE.

A gentleman had long suffered from unilateral sciatica, which had proved rebellious to ordinary remedies. Having determined on employing acupuncture, twelve fine needles were selected, which were inserted in the direction of the nerve along the ischio-trochanteric fossa. After stretching the skin tense with the left hand, the needle was seized by the head, and, holding it at an angle of 45°, was passed through the skin in a boring manner about half an inch. All the needles were successively passed and left in place about half an hour, when they were extracted. The patient then rose, and walked with ease and without pain. The cure was radical.—Dr. T. J. Stevens in the *Boston Med. and Surg. Journal.*

MURIATE OF AMMONIA AS AN EMMENAGOGUE.

Dr. Cholmeley (*Practitioner*) is fully satisfied that muriate of ammonia, in a very large number of cases of absent or suppressed menstruation, acts in a very direct and powerful manner in establishing or retaining the flux. He gives the remedy in doses of 10 to 20 grains.

ERGOTINE IN DIARRHŒA AND DYSENTERY.

Dr. Gros, of Germany (*Half Yearly Comp. Med. Science*), recommends *ergotine* in diarrhœa and dysentery. He treated 44 cases of dysentery with it, and had but one death, this being caused by dietetic irregularity on the part of the patient; 25 of the cases were of a mild type. He gives 6 grains in mucilaginous emulsion; and frequently also gives clysters of 12 grains in starch.

In acute diarrhœa the enemata alone are used where it is not desirable to check the discharges too suddenly. Its effect in the chronic diarrhœa of adults and children is favourable; children take the remedy best in the form of dragées.

The clysters are particularly useful as hæmastatics in the bloody dejections of dysentery.

In one case two doses and two clysters were administered—the latter two days subsequent to the former; cure followed within six days; but there was a slow convalescence, owing to unpropitious circumstances.

FUNCTIONAL VALVULAR DISORDERS OF HEART.

J. M. Da Costa, M.D., Phys. to Penn. Hospital (*Am. Jour. Med. Sciences*), in an interesting paper, styled "Functional Valvular Disorders of Heart," asks if cases of functional valvular disorder ever pass into organic valvular disease? He states that this is a very difficult matter to settle, but believes that it is so. Cases have been seen, few it is true, that had the inconstant murmurs, the examination of which has occupied so large a share of this inquiry, and in which, when encountered after the lapse of time, obvious valvular disease existed. But in every one the enlargement of the heart, which at first was slight, had become a marked feature. Hence, a case might begin with functional valvular disorder attending functional affection of the organ; hypertrophy may follow the functional affection, and, if this becomes marked, valvular diseases may ensue. Such cases have happened, which came under his own observation. Such he believes to be a possible result, and while it is not susceptible of proof—for it may be suggested that the signs of valvular affection were, from the outset, due to a slight but increasing organic lesion—repeated examination of the question, and a careful weighing of the facts, have caused his belief to become a firm conviction. In conclusion, he states, if this sequence be true, how important a lesson it inculcates as to the importance of not neglecting functional affections of the heart; how it teaches us to treat that which if we make light of may pass from a curable into an incurable malady; how markedly it points to the means which will give the agitated organ rest, as alike of value in the present, and as preventive of mischief in the future.

BROMIDE OF POTASSIUM IN TYPHUS FEVER.

Isaac G. Porter, M.D., of New London, Conn. (*Am. Jour. Med. Science*), advocates bromide of potassium in combination with sulphate of morphia in solution in the perilous stage of typhus or typhoid fever. That stage so well described by Graves, when in the latter part of the disease, "subsultus, long-wakefulness, muttering, raving, delirium, cold perspiration, and involuntary discharges," show exhaustion of the powers of life and approaching dissolution. The condition is atonic, and forbids everything which is in its nature depressant or destructive to the tissues; and yet in such cases it is that, in the absence of a better remedy, the eminent Graves recommends the use of antim. et potass. tart. in large doses, with opium.

Few practitioners have the temerity to recommend the use of antimony at a juncture in disease so critical and dangerous as the one referred to. In such cases musk was formerly resorted to, and more recently, camphor and chloroform, taken internally, have been used; but there is reason to believe that the bromide of potassium, in combination, is more safe, effective, and salutary. He says in combination, for it doubtless acts partly by its own powers and partly by modifying the action of opiates and antispasmodics, the different articles aiding each other in the production of the good result.

He cites cases showing that the effect of the remedy was obvious and triumphant. The bromide of potassium was given in ℈j. doses, combined with sulph. morph. gr. ⅛, in solution, on three different occasions, in each case at intervals of three hours.

Medical News.

"Bosch."—The public was somewhat alarmed at the revelations made a few days since in the Thames Police-court, when it transpired that a Dutch butter factory exists in Glaucus-street, Bromley, where "Real Dorset" is said to be made from suet. Messrs. Haas and Co.'s have contradicted the fact in a letter to the daily papers stating, in effect, that theirs is a suet refinery, and not a butter factory. Whether the unfortunate factory upon which the odium has accidentally fallen deserves it or not we do not care to say—we are content to accept Messrs. Haas and Co.'s explanation. This, however, does not dispel the wretched fact that in London there are several manufacturers of what is dignified with the name of butter by the public, but which is known in the trade as "bosch." We regret that this is the case, but it is of no use blinking the fact. It is perhaps the work of that inexorable master—the law of supply and demand. There is a large section of the public who *will* have butter at a less price than any dairyman or woman could produce it for, so the manufacturer of bosch steps in and fills the gap.—*The Grocer*

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NOTICES TO CORRESPONDENTS.

An Old Subscriber.—The side position is most common. A many-tailed bandage which can be gradually tightened by assistants prevents syncope. The skin may be divided by a bistoury before *plunging* in the trocar.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I see by a letter from Dr. W. W. Leeper, of Loughgall, in your issue of the 29th of September, that he also has been successful in the treatment of diphtheria by the use of carbolic acid. I attended two children, brother and sister, more than a year ago, suffering from the same disease, and used the same carbolic acid lotion (one to twenty), with the same result. I forget the internal treatment, but believe it was potass. chlor., and as much nourishment as their poor parents could afford to give them.

Yours truly,
Warrenpoint, Oct. 18, 1869. Allen E. Douglas, M.D.

"OXYGEN FOR INHALATION."

Sir,—In the present week's issue of the Medical Press and Circular, I observe a short note from Dr. Luther, requesting some information regarding oxygen inhalation. He will, I believe, find all the information which he can require in my work 'On the Action, Use, and Value of Oxygen," published at Churchill and Sons. Barth and Co., 2: Duke street, Bloomsbury, supply *the most reliable*, but the most expensive apparatus with condensed gas. By writing to that firm, he could learn their terms.

As I suggested in my work, however, Dr. Luther might easily extemporise an apparatus, if the cost of Barth and Co's. method be a serious drawback.

I am, Sir, yours faithfully,
61 Harley street, W. G. B. Birch, M.D.

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BOOKS, PAMPHLETS, &c., RECEIVED.

The Student's Guide to Medical Diagnosis. By Samuel Fenwick, M.D. London: John Churchill and Sons.

Outlines of Chemistry. By Wm. Odling, M.B., F.R.S. London: Longmans, Green and Co.

Strangeway's Veterinary Anatomy. By Drs. Johnston and Call. Edinburgh: Maclachlan and Stewart.

The Pathology of Insanity. By R. G. Shettle, M.D. Reading: Barcham and Beecroft.

A Medical Guide to Scarborough. By Dr. C. B. Brearey.

Abstracts of Surgical Principles. Parts I., II., III., IV. By Thos. Annandale, F.R.S. Edinburgh: Maclachlan and Stewart.

The Practitioner; the Monthly Microscopical Journal; the California Medical Gazette; the Shipwrecked Mariner; Science Gossip; Pharmaceutical Journal; the Homœopathic Review; the Western Journal of Medicine.

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APBOINTMENT.

Dr. John Crockett Fish, of 92 Wimpole street, Physician to the Royal Hospital for Diseases of the Chest.

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Marriage.

Clarke—Flexman.—October 28th, at South Molton Church, by the Rev. T. H. Maitland, A.M., assisted by the Rev. G. Gent, A.B., Francis Edward Clarke, Esq., A.B., M.B., Trin. Coll. Dub., eldest and only surviving son of Dr. F. Clarke, A.M., F.R.C.S., M.R.I.A., St. Helens, Dunfanaghy, Co. Donegal, to Lucy Elizabeth, eldest daughter of James Flexman, Esq., M.R.C.S., Duke street, South Molton, Devonshire.

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Death.

Ashwin.—On the 3rd inst., at Abergavenny, Charles Mepley Ashwin, M.R.C.S., L.S.A., aged 81.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 17, 1869.

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Introductory Lecture

TO THE COURSE ON

GENERAL PATHOLOGY.

By **William R. Sanders**, B.L., M.D.,

Professor of General Pathology in the University of Edinburgh.

Gentlemen,—Before proceeding to the special subject of this lecture, it is proper that I should, in accordance with established custom, refer to the career of my immediate predecessor. After holding the chair of general pathology for twenty-seven years, Professor Henderson has retired in consequence of ill health. You are all aware that Dr. Henderson held peculiar views in medicine. It is not my intention particularly to refer to these. My purpose is to render justice to Dr. Henderson's scientific labours, which are in some danger of being overlooked or forgotten. After graduating in medicine in this University in 1831, Dr. Henderson entered on the practice of his profession, and was at an unusually early period appointed physician to the Fever Hospital, and afterwards to the Royal Infirmary. In this position he soon distinguished himself as an original observer of disease. In 1835 to 1837 the results of his clinical study appeared in certain remarkable contributions on the subject of disease of the heart and larger blood-vessels. In these papers he recorded the earliest notice of the murmur of efflux in a case of sacculated aortic aneurism, and he was the first to point out, as a distinctive sign of aortic regurgitation, that the radial pulse followed that of the heart by a longer interval than usual. These points of diagnosis indicate acute powers of investigating disease. By far the more important original observations which he made, however, had reference to the discrimination of the typhus and relapsing fevers in the epidemic of 1843. Dr. Henderson was the first who adduced evidence to prove that the one of these fevers never communicated the other; and that an attack of the one afforded no immunity from an attack of the other. The conclusion therefore was that these two fevers, usually confounded, were distinct, and were due to different poisons. The importance of recognising separate types of fever, in a sanitary as well as a medical point of view, is immense; and Dr. Henderson's fame will rest chiefly on these researches. A later memoir by Dr. Henderson, in conjunction with the late Professor John Reid, of St. Andrews, on the typhus and typhoid fevers, displays similar qualities of accurate observation. Advancing with the science of the day, Dr. Henderson, as early as 1841, employed the microscope for pathological research on the anatomy of the lung in pneumonia, on molluscum contagiosum, &c. Without further detailing his papers, I may refer, finally, to his clinical lectures in 1842—44, which prove that at that period he had acquired a position of eminence as a clinical teacher. Indeed, I have frequently heard it stated by those who had been his contemporaries or his students, that while a hospital physician his powers of diagnosis were held in the highest estimation. In 1842 Dr. Henderson was appointed to the chair of general pathology in this University. Shortly afterwards a memorable change occurred in his medical opinions, which resulted in his adoption of the tenets and practice of homœopathy. In consequence of this, his connection with the Royal Infirmary as clinical physician was dissolved in 1844; but he retained his chair in the University. After this period he still continued diligently to increase his stores of medical erudition, which were very extensive; but I am not aware that he made any important contribution to medical discovery. We cannot but regard that change of views as peculiarly unfortunate which interrupted a scientific career so full of promise.

Pathology is—or professes to be—the science of disease. It investigates the causes, the nature, and the laws, of morbid action. But, it may be asked, is a science of disease really possible? In view of the notorious discrepancies of medical opinion, can we pretend to have attained the certainty of scientific truth? Does pathology rest in any fixed basis, or are we deluding ourselves with mere formulas accepted to-day, rejected to-morrow? In reply to the objections, I think it may be maintained that although only in modern, or indeed in recent, times has it any pretensions to be called an exact science, yet at all periods of its history, medicine has been cultivated to some extent scientifically, and has afforded the materials, which have gradually accumulated, for a true pathology. The certainty or uncertainty of pathological doctrines, the progress or retardation of the science, have depended entirely on the methods by which it has been cultivated, the means of investigation at its command, and on the aid which the accessory sciences of anatomy, physiology, and chemistry have been able to afford it. The utter failure of speculative pathology, and the success of the methods of observation and induction, are nowhere more conspicuous than in the history of medicine. Alluding to the steps by which pathology had progressed as a science, to the degree of certainty it had attained, and its place and value in medical science and practice, the lecturer stated that the earliest study of disease was necessarily by means of the symptoms, and the earliest pathology rested, therefore, on that foundation only; but it was quite clear that scientific certainty could not be arrived at from the study of symptoms alone. The observation of symptoms required immense skill, and even to the most expert they were often unsatisfactory or fallacious. It was certain that had symptoms been the only source of knowledge, many diseases must have remained undiscovered, and the intimate nature of all of them unknown. Even now it was by trusting to symptoms alone that persons were so apt to be deceived both as to the nature of disease and the influence of remedies. The only key to the interpretation of symptoms, and the only method by which pathology could be advanced, obviously consisted in a knowledge of the structure and functions of the body. A natural repugnance and prejudice, however, long retarded the progress of these sciences; but gradually, after their cultivation in the sixteenth and seventeenth centuries, facts of morbid or pathological anatomy began to accumulate—at first somewhat out of curiosity, but gradually assuming importance. The first great work in which morbid anatomy was made the foundation of certainty in medicine appeared only a century ago. In his old age, Morgagni published the experience of his own lifetime, and that of his immediate predecessors, in a series of cases, in which the symptoms during life were carefully recorded with reference to the anatomical changes observed by dissection. The treatise on the "Seats and Causes of Disease as investigated by Anatomy" marked the date of commencement of the modern science of pathology. The modern science of pathology is chiefly based, therefore, upon morbid anatomy. Noticing the various stages of the progress of the science, and mentioning that the first occupant of the chair of general pathology, Dr. John Thomson, taught the subject of morbid anatomy as part of his course, and employed Carswell to make that splendid collection of pathological drawings, part of which is now in possession of the University, the lecturer proceeded to refer to the position and influence of morbid anatomy on pathology, and stated that it had given certainty to pathology and medicine, and promoted their progress, first, by contributing to render more certain the diagnosis in the detection and discrimination of diseases previously known; second, by serving to distinguish diseases previously confounded together—for example, typhus and typhoid fevers; third, by the discovery of new diseases; and lastly, by establishing the anatomical history of diseased structures throughout their whole progress, from their original elements to their termination in organisation or destruction. In conjunction with morbid anatomy, chemistry had rendered distinguished services to pathology, especially in the investigation of the fluids—the blood and excretions; whilst physiology also, and the department of experimental and comparative pathology, had greatly increased our knowledge of the science. "I have thus endeavoured to show how, apart from any great speculations, or wide generalisations, pathology has progressed by extending the field and improving the methods of observation. We have now nearly as complete a scientific knowledge of diseased as we have of natural processes; both are alike founded on the study of structure and of function; both are subject to the same general laws of organisation—physiology and pathology; healthy anatomy and morbid anatomy are all branches of one common science of life. From a consideration and comparison of the pathology of special diseases, may be deduced certain general principles which constitute general pathology. In this relation, however, it must be again noted, as appears from the whole history of pathology, that the science possesses few great generalisations. In the department of morbid anatomy or histology, we have indeed certain theories of organisation—the cell theory with its various modifications—these are certain laws of action of morbid poisons, of periodicity, of self-limitation or disease, &c. But on the whole, the principles of pathology are of limited application; in this respect resembling those of the allied science of physiology. These principles, however, are of great importance, from their immediate bearing upon practice, and from the certainty they give to medicine. Indeed, one of the greatest of advantages derived from pathology is the recognition that disease, in place of being obscure and variable as to be incapable of scientific treatment, is in reality subject to the same definite laws as the healthy body. Hitherto I have said little of that department of pathology which treats of the causes of disease—viz., etiology—for it is quite obvious that the causation of diseases could not be fully ascertained till they were accurately observed and discriminated from each other. So long, for example, as typhus and enteric fevers were undistinguished, there was little chance of arriving at any accurate data as to their causation. In recent years, owing to the great progress of medical science, the department of etiology has begun to assume a great, indeed a national importance. I need only refer to the large amount of accurate investigation which is now brought to bear in tracing to their origin the outbreaks of epidemics of fever, cholera, &c. Under the able direction of Mr. Simon, scientific medical men are continually engaged in these and similar inquiries; and the annual reports of the medical officer of the Privy Council are a rich mine of etiological information. The Epidemiological and other societies also furnish valuable contributions. The influence of climate is also now scientifically investigated; and you are all familiar with the important discussions in regard to ventilation and the germ theory of the diffusion of disease, &c. There is, in fact, no branch of pathology of more extensive importance than etiology; and the necessity will soon be admitted of having in all districts, which at present we find only in large towns, officers of health, or practitioners of "State medicine," who shall furnish accurate information of the existence of epidemics or of extensive sickness among the people, so that preventive or protective measures may at once be put in force. We have now to meet the great practical question, Of what use is pathology for the treatment of disease—*i.e.*, for therapeutics? For although it might be shown to be of great importance to know with scientific accuracy the nature of disease, even independently of treatment, yet unquestionably the true aim of the physician is *the cure of disease*. In this respect the uses of pathology have ever been—1st, to show that many diseases are self-limited, and of themselves tend to cure if not interfered with; 2d, by establishing the natural course of disease as a standard to show the inefficiency of many reputed modes of treatment, and thus prevent useless and injurious medication; 3d, to analyse morbid phenomena so as to present to the therapeutist the indications for treatment. Therapeutics has hitherto been mostly cultivated as an art—*i.e.*, empirically - doubtless with many useful results, as even in our own day the recent discoveries of useful medicines prove; but the effects of medicines are now being investigated on scientific principles in accordance with the minute anatomical and physiological analysis of the present day. Medicines are found to act specially on certain textures, or certain elements of textures; while, on the other hand, pathology teaches that diseased processes are also limited in their action to certain textures and elements of textures. There is, therefore, every reason to believe that pathology and therapeutics will be brought more closely into conjunction; and that we shall obtain a scientific system of therapeutics more certain and more powerful than has hitherto been possible. Such a result would be indeed the triumph of the medical art. Having now sketched the outlines of the science of pathology, what parts of it ought more specially to receive our attention? I have no hesitation in answering that morbid anatomy is the department which ought to be made the foundation of the teaching from this chair. And it is my intention to carry out that view. It will be possible to illustrate the lectures with the large and valuable collection of drawings by Carswell to which I before alluded; there are also the ample resources of the University Museum; and, finally, arrangements are in progress by which fresh specimens of diseased structure will be demonstrated before you. With these and the other opportunities which our medical school presents, there is no reason to doubt that the subject of morbid anatomy will receive the careful study which we have already seen its importance requires. If I can succeed in explaining clearly to you the anatomy and physiology of disease, in relation to symptoms and causes, then you will be specially prepared to profit by your courses of practice of medicine and clinical medicine. For pathology studies diseases analytically, or, where synthetically, in the synthesis of anatomical or physiological connection; but practical and clinical medicine view disease in a different aspect—viz, in the complex combination of symptoms which nature presents, a complexity which renders the accurate observation of individual cases of serious disease a study of great and peculiar difficulty. Under these circumstances you will find an accurate acquaintance with pathology yield you invaluable assistance, giving a precision and certainty to your knowledge of disease which would otherwise be unattainable.

UNIVERSITY OF EDINBURGH.

PROFESSOR LISTER'S OPENING LECTURE.

On Monday, 8th Nov., Mr. Lister, the recently-appointed Professor of Clinical Surgery at the University, delivered his opening lecture in the Chemistry Class-room. There was a large attendance of students. Professor Lister was accompanied to the rostrum by Principal Sir A. Grant, Bart., Professors Christison, Bennett, Balfour, Crum Brown, Wilson, and Muirhead, ex-Professor Syme, Dr. Morehead, Deputy-Inspector of Hospitals, Dr. Bryce, and other gentlemen. Ex-Professor Syme, on entering the room, met with a most enthusiastic reception.

Professor **Lister**, in the outset of his discourse, said that while on the one hand he could not but feel proud to have the honour of occupying a Chair which, without disparagement to others, must be allowed to have been during the last thirty-six years one of the most influential, if not in itself the most important, in connection with their Medical School—(applause)—on the other hand the exultation he felt was dashed by the thought that the circumstance which had led to his promotion was the retirement of him to whom the lustre of the Edinburgh Chair of Clinical Surgery had been from first to last entirely due. (Applause.) It was well known that that gentleman had made the place, not the place him; and although in his presence he must not say all that he otherwise would, he could not refrain from expressing his conviction that, whether regarded as a scientific and practical surgeon or as an editor of those principles which he had done more than all other men in this century to establish, Mr. Syme had been without a rival in the world. (Applause.) Hence in addition to the grief which he felt in common with them all in the cause of their late Professor's resignation of the Chair he had so long adorned, he was oppressed with a humbling sense of his own insufficiency—he was weakness compared with his predecessor's strength of mind and purpose—he was utter inability to fill his predecessor's place. But leaving these personal considerations, let them turn to the subject that lay before them. Clinical surgery was, strictly speaking, surgery at the bedside—surgery illustrated by cases in hospital, as distinguished from surgery taught systematically in the class before him. The importance of bedside study could not be over-estimated; it was the very keystone, without which all the educational structure, being merely preparatory, would be absolutely useless. It was to surgery what dissection was to anatomy—it conferred a familiar acquaintance with the nature of disease, and the instinctive knowledge of the proper treatment, without which a man, however accomplished, would be utterly unfit to practise the profession. But how, it might be asked, could a course of lectures be delivered on that principle? Would it be possible to take a class of the size of his present audience to an hospital ward and profitably teach them there? To do this would certainly be impossible. Remarks made at the bedside were doubtless highly valuable to those who heard them. It was impossible to take a large class to the bedside; but it was possible, in most instances, to bring the patient before the class collected in the operating theatre, where they could all see the salient features of the case, and hear not only the remarks of the teacher, but the patient's own account of his symptoms, and the treatment then and there put in practice; or, if it was thought desirable to defer the operation till another day, they were prepared to watch the steps with interest and profit, after having heard the principles of the procedure fully discussed. Such a course of instruction was thoroughly clinical, and, if rightly conducted, possessed a vividness of interest and permanence of impression peculiar to itself. Having witnessed the advantages of the system when in Edinburgh, he had followed it out in Glasgow, and would continue to pursue it here. But invaluable as such lectures might be made, students were not to suppose that attendance on them would do all that was necessary. They must not only see diseases and their treatment by others, but by acting as dressers and house-surgeons in hospitals, they must obtain personal experience in the management of cases; and no man should assume the responsibilities of practice without having availed himself largely of the opportunities presented in Edinburgh Infirmary or some similar institution. The learned Professor devoted the remainder of his hour to an exposition of the germ theory of putrefaction, as the basis of the antiseptic system of treatment.

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Original Communications.

ERGOT OF RYE AS A THERAPEUTIC AGENT.

By J. Waring Curran, L.K. and Q.C.P.I., &c.

Although the chief uses of ergot of rye are, for the most part, confined to those affections of the uterus over which it seems to exercise a specific action, I have been induced to give extensive trial of the drug in other complaints; and as I have found most satisfactory results from its administration, the following paper has been written in the hope that ergot of rye may be more frequently exhibited as a medicine, and that the practitioner may be reminded, in it he has a most potent therapeutic agent of reliable efficacy in other diseases apart from those affecting the uterus.

In Parturition.—The physiological action of ergot of rye upon the parturient uterus in exciting contractions of the unstriped muscular fibre is familiar to all, and the *constant* pains which it induces so characteristically differing from genuine labour pains. This action is entirely produced through the ganglionic nervous system by affecting the muscular coats of the blood-vessels, and thus diminishing their calibre. We are told by Dr. Brown-Séquard, as the result of a series of experiments made by himself, that the blood-vessels of the pia-mater of a dog under its influence become smaller, and that the reflex action of the spinal cord was diminished to a great extent.

In three-fourths of the labours attended by myself, I have exhibited ergot with most salutary results. I have never observed any ill effects from it, when judiciously given, to either mother or child. I never attempt it unless the os is dilated and dilatable; and primipara cases, if the pelvic development be natural, and the os be not rigid, never prevent my giving it. The cases we read of, and lecturers have told us about its destructive effects upon the mother, and its poisonous properties to the child, experience teaches me, must have been cases where ergot was improperly given.

I have used extensively the liquid extract prepared by the action of ether and spirit upon powdered ergot, and the tincture too; but on neither have I the least reliance. Some time ago I was sent to assist a medical gentleman; upon my arrival I found the child's head in the vagina, and complete inertia; the gentleman in attendance told me he had given the liquid extract in large and repeated doses without any appreciable therapeutic action. I immediately prepared a fresh infusion—the preparation I invariably employ—added to it some borax; in twenty minutes its action commenced, and within an hour the child was born. I do not say that in such a case the short forceps would not have done equally well; but people, as a rule, have, in private practice, so great a hatred to instrumental deliveries, and are so apt to attribute every little trivial subsequent complaint to their use, that I have not used the forceps as frequently as formerly.

When studying midwifery, some years ago, at the Rotundo Lying-in Hospital, Dublin, I painfully noticed—and the observation has made no little impression upon me—that the students and embryonic midwives were compelled to allow poor women to continue in labour, hour after hour, until nearly exhausted, because the rules of the institution forbade their interference, unless an over-fed and morose female superintendent was awaked and consulted. The educated student, revolting at such consultations, allowed the case to linger in preference. As I now reflect, I have not a particle of hesitation in saying that many of those confinements might have been safely and expeditiously concluded hours previously, had the best informed and senior student been permitted to prescribe a dose of ergot. To keep a woman five minutes in labour longer than she might be is an unnecessary and a great cruelty. The freshly prepared infusion with borax will demonstrate its action in twenty to twenty-five minutes, or earlier if the anterior os be gently irritated with the forefinger. So far as ergot is related to the accoucheur, I should feel disappointed arriving at the bedside of a parturient woman without it. I write not inconsiderately making this remark, for I thoroughly deprecate the exhibition of any drug given indiscriminately and recklessly, and can thoroughly comprehend the issue of a case of distorted pelvis, or rigid os (when antimonial wine is requisite) where any could be found foolish and inexperienced enough to prescribe ergot.

Flooding after Labour I have never failed arresting by a full dose of infusion of ergot, at the same time lowering the patient's head, elevating the pelvis, and firmly applying the padded binder. I have observed in the practice of others that plugging the vagina had in several instances to be superseded by a full dose of ergot of rye, and that with the desired effect.

Mænorrhagia is a term now so inaptly applied to the varied forms of uterine hæmorrhage, requiring different treatment, that I purpose devoting a paper to this subject alone, and to the effect which heat along the dorso-lumbar region produces by inducing hyperæmia of the vaso-motor nerve centres related to the uterus, and through the increased currents along the nerves, causing contraction of the uterine vessels, and thus arresting mænorrhagia; but here I must confine myself to those varieties of uterine hæmorrhage best cured by the ergot of rye. What I am pleased to call the *strumous abortive predisposition*, met with in patients of a scrofulous habit, who have become very frequently impregnated, who suffer from constitutional debility, from leucorrhœa when the mænorrhagia has exhausted itself, or when arrested by treatment, demands the exhibition of ergot when the hæmorrhage is present, which it rarely fails to command. Mænorrhagia from obstructive cardiac disease at either the mitral or aortic orifices, congesting the pelvic viscera, that associated with a diseased portal system, that consequent upon a scorbutic state of the system, and genuine mænorrhagia—*i.e.*, an increase of the catamenia continuing for an unnaturally lengthened period and returning before the time calculated upon, without organic lesion, are the forms or varieties of mænorrhagia to be benefited, to be checked and cured by the freshly prepared infusion of ergot and borax. Mænorrhagias dependent upon ulceration of the os uteri, due to the existence of polypoid growths, or owing to the presence of malignant excrescences, or the effect of retroflexion of the uterus, do not come among the category of cases to be affected beneficially and permanently by ergot of rye, although I have used the drug for the purpose of pressing down the growth of a polypus to be snared, a malignant or an ulcerated surface to be cauterised.

Amenorrhœa occurring in the plethoric is best treated for a few days with strong salines, aloetic purgatives, or medicines which act upon and increase the circulation of the large intestines, and then closely followed by two-ounce doses twice a day of the infusion of ergot, prepared according to the British Pharmacopœia. Amenorrhœa in those who have only *changed* a few times, and in those of tender years, and amenorrhœa of chloritic women, should have citrate of iron, spirits of ammonia, and tincture of nux vomica administered for three weeks in full doses, and the fourth week be ordered hip-baths, and from one ounce to an ounce and a half doses of the infusion of ergot thrice daily.

In these cases, as in the parturient, vomiting is sometimes induced, being the direct effect of the drug upon the muscular coat of the stomach. Accordingly, to prevent this, I direct the albumen of an egg or some gruel to be partaken of before the medicine, and this with good results invariably.

Hæmoptysis I have frequently arrested for a time with ergot, with good effect in the commencement of phthisis; but I should not be disposed to prescribe it lest vomiting should be set up in the hæmoptysis which sometimes accompanies the advanced stages of pulmonary consumption.

Hæmaturia.—I have found great benefits from the tonic effects of ergot upon the blood-vessels, in causing a diminution of their calibre, and arresting hæmorrhage from the kidney. I can safely say that its effects are superior to either turpentine or the vegetable acids in this complaint, and that the same observation applies to the tonic effect it produces on the muscular fibre of the bladder in those cases of general atony which come under our notice, and for which so little permanent good can be done.

Constipation of the Paralytic is strikingly remedied, when the most powerful cathartics fail, by occasional doses of ergot, which sensibly diminish the amount of blood present in the spinal cord and its membranes, give tone to the muscular fibre of the bowels, and thus propel the fæcal matter to the rectum.

Fatty Degeneration of the Heart.—I have had and still have two patients suffering from this complaint, who are very materially assisted by occasional doses of ergot. I can only compare its tonic virtues to that of carbonate of ammonia, but as experience is limited I cannot write emphatically.

As an Injection in Gleet I believe I have been the first to use the infusion of ergot in this complaint, and I have not yet failed. I employ the Pharmacopœia infusion, and direct its being injected three and four times in the day. I observe the tonic power it imparts to the urethra.

When the injection is thrown along the urethra, I direct the meatus urinarius to be firmly pressed against the nozzle of the syringe, so that the ergot may lie for five minutes in the urethra; for experiment has taught microscopically that the first effect of ergot locally applied to a raw surface, is, 1stly, to increase the circulation; 2ndly, to suspend the circulation; 3rdly, the circulation recovers itself, is still disturbed, and irregular, or spasmodic, showing that the contraction and relaxation of the muscular coats of the arteries are subservient to the will of the ergot, hence, undue contraction producing gangrene. These series of phenomena upon the blood-vessels of the urethra, at all events set up healthy action and cure a foul disease.

I hope this paper may have the effect of bringing more prominently forward one of our most valuable drugs, that in the diseases I mention the practitioner in extensive practice may be induced to test its value and give us the result of his experience, for it is only by combining results that accuracy is established. To the point: an accomplished surgeon, at my suggestion, has employed infusion of ergot as an injection in a case of chronic catarrh of the bladder. The reports of the case are valuable, but they are not corroborated by other cases, hence my delicacy in alluding to what another will publish; for in other similar cases its tonic virtues may not prove as effectual.

P.S.—The inconvenience and trouble of preparing a fresh infusion of ergot on every occasion—the tincture and extract of the Pharmacopœia being unreliable—combined with the fact that the patient knows the nature of the loathsome dose about being administered, has induced my consulting Mr. Edward Long, of the eminent firm of Hamilton, Long, and Co., of Dublin, regarding the great want of a new and reliable preparation. I am happy to state that in a few weeks a great desideratum will be accomplished, and that the Profession will have an opportunity of testing the power of a new preparation, which will have the advantages of being *sweet, concentrated*, and *permanent;* the ergot, being first exhausted with glycerine, which is strained off, the residuum is digested in spirit, and then evaporated to the consistence of syrup. The two solutions are joined, so that we get all that is soluble in water—infusion, and all that is soluble in spirit—extract, tincture, &c.; but a more full and practical description of the method of this new preparation of ergot I retain for a future contribution, when the utility and therapeutic power of the preparation is established.

Hospital Reports.

ROYAL FREE HOSPITAL.

In a recent visit to the Royal Free Hospital, we found that Mr. J. Hill had two cases of stricture under his care, on which he had employed the forcible dilatation plan of Mr. Holt with perfect success. Mr. Hill expressed his very high opinion of this operation, and mentioned that he had already operated successfully by its means on nearly thirty cases of severe stricture. The details of the cases he will probably publish shortly. Of course, he added, there are cases not suited for the operation; and occasionally, though very rarely, some untoward accidents may arise in careless hands; but the operation must be looked upon as one of the greatest improvements in modern surgery.

We observed in one of the wards a case of stricture, accompanied by fistula, and destruction of a portion of the urethra, just anterior to the scrotum. The patient, a man about thirty, was in a deplorable condition on entering the hospital. No catheter could be passed, and, shortly after he came in, there was some infiltration of urine or abscess upwards, and, consequent upon this, a slight fæcal fistula in the lower part of the abdomen, which lasted some time. By patient attention Mr. Hill first contrived to introduce a catheter into the bladder, and subsequently, by means of a plastic operation, he attempted to unite the divided portions of the urethra. The appearance of the patient was greatly ameliorated, and Mr. Hill is in hopes to effect a comparative cure in this most complicated case.

The venereal wards in the upper storey of this hospital have been for some time untenanted, owing to loss of funds occasioned by the outcry raised against the hospital in one of the Medical Journals. It is hoped, however, soon to open them again to those unfortunate patients who stand so much in need of shelter and medical care, both on their own account and quite as much in the interests of public hygiene.

A young man, a smith, was brought into hospital by a policeman for the following accident:—A large bar of iron had suddenly fallen upon his right leg below the knee, crushing the bone and soft parts so suddenly as to render it imperative to perform amputation above the knee. This operation was performed by Mr. Hill by means of a flap, containing only integument off the front of the thigh. The man made an excellent recovery, and the stump was entirely free from all conical appearance. We saw the patient the day after the operation. He was quite calm, and employed in reading the newspaper. Such hopefulness gave him, of course, an admirable chance of escaping from some of the sequelæ of such severe operations as amputations of the thigh in hospitals have been found to be.

UNIVERSITY COLLEGE HOSPITAL.

The patient operated on by Mr. Erichsen for aneurism in the thigh about Poupart's ligament, by tying the artery in the pelvis, is doing well, and has a good appetite, and appears in a fair way towards recovery. On Wednesday Mr. Erichsen operated on the man with popliteal aneurism, whose case had resisted all attempts to cure it by means of compression on the artery in its course along the thigh for three or four weeks past. The operator made the usual incision along the front of the thigh, and, carefully separating the artery from its surroundings, he tied the artery without in any way injuring the vein. It is somewhat remarkable that two cases of such a rare disease as aneurism should have thus come under Mr. Erichsen's care at once.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

On Tuesday, the 9th inst., we saw the following cases in the ophthalmoscopic room. The first case was under the care of Mr. Couper. A man, about forty years of age, complained of having, about a week before the visit, suddenly lost vision in the left eye to a great extent. In the ophthalmoscopic examination a muddiness was observed in the vitreous, owing, Mr. Couper thought, to the bursting of some small vessel of the retina into the vitreous.

The second case was one of great dimness of vision in a shoemaker about the age of fifty. In this case ophthalmoscopic examination of both eyes presented an appearance as if there were a whiteness and want of vascularity of the retina: atrophy. The man said he was a very hard smoker, and had smoked from morning to night for years, as much, perhaps, as an ounce a day. Such cases are, of course, the more important that they point to the possibility of slightly diminishing the number of cases of amaurosis, by abandoning the habit of tobacco-smoking to a great extent. But a German gentleman of great oculistic experience informed us that in Germany such cases of tobacco amaurosis were far from being so common as he found them in London.

ROYAL VICTORIA HOSPITAL, NETLEY.

Abscess of the Liver; Discharging outwardly.

The following case is the fourth of abscess of the liver, under Professor Maclean. We have already published the three former ones of this series:—

Sergeant Buchanan, aged thirty-seven; Department of Public Works, Bengal; seventeen years' service, of which ten were spent in India. With the exception of a few attacks of ague this man's health was good; his occupation involved great exposure to the sun. On the 7th of November, 1868, he had a heavy day's work, and was exposed all day to a hot sun; he was much exhausted, and slept in a thorough draught of air during a cold night; awoke next morning with a sharp pain in the right side, with fever, and was confined to bed for six weeks. Finally an abscess of the liver pointed in the mesial line, two inches below the ensiform cartilage, and discharged a large quantity of purulent matter of a dark red colour. As the discharge continued for a long time in India, injections of nitrate of silver, and afterwards of tincture of iodine, were used; and as his health was much impaired, he was sent home. On arrival at Netley on the 17th December, the liver was found to extend downwards 2½ inches below the false ribs, the opening was discharging freely, and continued to do so for four months after admission, notwithstanding the use of the antiseptic dressing and great attention to his general health. The discharge has now almost ceased, and in a few days the patient will be discharged.

The site of this abscess was favourable, it is in the position that gives the largest number of recoveries, when the abscess is discharged through the abdominal parietes.

As Dr. Maclean has elsewhere remarked, in the few cases of hepatic abscess that have discharged externally presenting themselves at Netley, the majority have the cicatrix where it was in this case—that is, in the epigastric region.

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SPECIAL REPORT
ON
STUDENTS' TEXT BOOKS.

(Prepared expressly for the Medical Press and Circular, by Professors in Schools of Medicine.)

No. VI.

Before the student can put in practice all he learns as to the treatment of diseases he must make himself intimately acquainted with the remedies he may have to employ. Materia Medica, therefore, occupies a very important place in the curriculum, and to the study of it he must bring his knowledge of botany, chemistry, and some other subjects which have already been considered. Of course, he need not want for text-books, as they abound on every subject,—and Materia Medica and Therapeutics go, as it were, hand in hand in this matter. Churchill has two Manuals on these subjects. The Materia Medica originally projected by Royle is very good, and the names of the medicines in several languages render it useful to a large number. The "Manual of Therapeutics" in the same series is by Dr. Waring, whose labours on the Indian Pharmacopœia we have already commended. Both these works maintain their reputation as good condensed books. A little while ago we reviewed a new work on "Therapeutics" by Dr. Sydney Ringer, published by Mr. Lewis, of Gower-street. The success of the book, we believe, is amply justifying our favourable notice. We have always felt, however, that on so large a subject the student really requires something more than the most excellent of Manuals. In the work of his life his principal care will be to select remedies and watch their influence, and he will, therefore, gladly avail himself of many monographs as well as of much larger books than on most subjects. The late Dr. Pereira's work was an invaluable encyclopædia for both student and practitioner, containing the fruit of a laborious life. It is rich in information, and unapproached by anything else in the language. Its only fault was, it was too bulky. If we had not effected so many changes by the new Pharmacopœia it would yet be a library in itself of all required in Materia Medica. Those who do not mind the trouble involved in referring to the changes thus brought about will still find it a mine well worth digging, and though out of print we believe a second-hand copy is often to be met with at Mr. Lewis's. The abridgment of this book we do not recommend. If a new work were to be projected we should like to see Pereira with only such changes as time has made indispensable.

The want of a work above the ordinary hand-book, but less bulky than the encyclopædic Pereira, was supplied by the late Dr. Neligan's "Medicines, their Uses and Mode of Administration," and a very popular work it was, worthy in every way of the repute of its amiable and accomplished author. It exactly filled the position we have marked out as desirable. For this reason we congratulate Messrs. Fannin and Co. upon having brought out successive editions of the work under the care of one who had the advantage of working jointly with the author before his lamented decease.

We have before us, and have lately been re-examining, the seventh edition of "Neligan's Medicines," edited by Professor Rawdon Macnamara. It is thoroughly brought down by the learned editor to the present day. It includes a complete conspectus of the new British Pharmacopœia, with which every paragraph has been brought into accord, and may be regarded as the joint result of the long labours of both Neligan and Macnamara. In a single, large, thick volume, there is brought together far more information than could be expected in a mere hand-book, and as the perusal of such works is, after all, much more agreeable than that of the most condensed Manuals, we can heartily commend it to the notice of all who would like to have the best book on the subject. Its price being a little higher than most Manuals is more than compensated by the fact that it will really replace two, one on "Materia Medica," and the other on "Therapeutics." Though fully adapted to the new Pharmacopœia, it is not confined to it, three or four hundred other medicines being included—and yet the B.P. are readily distinguished. The work is arranged in a series of twenty chapters, on the classes of agents—antacids, astringents, tonics, &c.—each class having a chapter. The twenty-first chapter is devoted to waters, and includes a very brief notice of the principal mineral waters and their composition. Of course, this will not suffice to enable the reader to choose a mineral course in a difficult case, but it will serve well to refer to as to the composition of those waters mostly prescribed. Chapter 22 is devoted to supplementary agents, of which fifty-five are described. Chapter 23, on the administration of medicines, is brief, to the point, and contains excellent advice as to the writing of scientifically constructed prescriptions. Would that many would thoroughly master the principles here taught! A very pithy reply is offered to those who, disgusted with the long formulæ for heterogeneous medleys, have gone to the other extreme, and refused to combine any two remedies.

Simplicity is certainly to be commended, but the work before us shows that this is not altogether incompatible with taking advantage of more than a single drug at a time. A posological table follows, and very complete it is. We were pleased to find four columns in place of the ordinary two. One of the additional columns gives the dose for a child one year old, the other the best form of administration.

After this we have a series of formulæ. These are followed by a classification of the chief plants used in medicine. The volume concludes with a most copious index, by means of which ready reference is offered to any subject treated of. We have said enough to show that the student who buys Macnamara's Neligan will possess ample materials for reading up Materia Medica and Therapeutics for his examination, while the practitioner who makes the same purchase will obtain a most reliable guide in the selection of remedies and the modes of administering them under the varying circumstances of every day practice.

We now propose to close our Special Reports on Students' Text Books by remarking very briefly on one or two that were not included in the proper place in consequence of the gentlemen to whom they were entrusted being unable to finish them in time, and one or two others that have reached us since the articles on the subjects to which they relate were issued.

"Exercises in Practical Chemistry," by A. G. V. Harcourt and H. G. Madan (Oxford: Clarendon Press; London: Macmillan). This is an invaluable work for those who are beginning to learn practically the beautiful science of chemistry. It may be regarded as a companion volume to Roscoe's "Lessons," which we have already noticed. If chemistry were practically taught in our schools this would be the text-book. It is admirably adapted for those who begin chemistry before their strictly professional studies. It is not specially adapted for medical work, but may advantageously precede physiological chemistry.

"A Guide to the Examination of the Urine," by J. W. Legg, M.D. (London: H. K. Lewis). This is a concise guide to the clinical clerk, and may even be carried to the bedside to refer to. With one or two exceptions it seems to be as well done as could be expected. We hope the author may have an opportunity for revising it by the speedy call for a new edition.

"Abstracts of Surgical Principles," by Thomas Annandale, F.R.S., and F.R.C.S. (Maclachlan and Stewart). If a great book is a great evil a little one is no little good. There is no more useful product of teaching than an exact and carefully arranged abstract that seems but the syllabus of a course of lectures. Such is Mr. Annandale's, which comes before us in four distinct parts. These abstracts were, in fact, originally printed for the students of Mr. Annandale's Class of Systematic Surgery, and they are so well done that we are very glad they are now within the reach of all. Part I. is a small 8vo pamphlet of 37 pages, and includes inflammation, suppuration, abscess, sinus and fistula, mortification, ulceration, and ulcers. Part II. is an uniform pamphlet of 66 pages, devoted to tumours. Part III. is 36 pages on dislocation; and Part IV. contains 57 pages on fractures. These abstracts are of the highest value for the first year's lectures—far better than the most careful notes that could be taken by a student. In th second year we would advise a student to have them bound, with ruled paper interleaved, and by additions of notes make his own text-book.

"Phthisis and the Stethoscope," by R. P. Cotton, M.D. (Churchill). This little work has reached a fourth edition, and, though not a complete guide to auscultation, is a very efficient one so far as it professes to go—that is to say, in relation to the dire disease to which it is mostly confined. The student who desires to master auscultation should diligently work in the wards. "The Physical Diagnosi of Diseases of the Heart and Lungs," by Dr. Herbert Davies, the senior physician to the London Hospital, should be thoroughly mastered. Dr. Cockle's translation of Weber is an excellent handbook of auscultation, and now published at a reduced price by Lewis.

"The Diseases of Children," by Fleetwood Churchill, M.D. (Fannin), is uniform with the author's other Manuals already reviewed in this series, and it would be difficult to point out any other work more adapted to the student and young practitioner, although the subject is a favourite one. That Dr. Fleetwood Churchill's name is a sufficient guarantee for the contents of such a book is well illustrated by the fact that his "Diseases of Children" originated in a request from America to write one. Maunsell and Evanson's work has been a standard one for a whole generation, and therefore needs no word from us.

Some time ago we had the opportunity of reviewing Dr. Graily Hewitt's admirable treatise on "Diseases of Women," so that we need not now repeat our commendation of that truly valuable book. We desire, however, to draw attention to a series of outlines for pictorial diagnosis of these diseases, which the learned Professor of University College had lithographed for the purpose of clinical instruction, and which are published by Mr. Lewis. They are sure to be useful, though we think the author would have done well to give a page or two of letterpress to explain their use. Full explanations might easily be given, and we hope that Dr. Hewitt will thus make them useful to others than his own students.

Dr. Fenwick, of the London Hospital, has just brought out "The Student's Guide to Medical Diagnosis" (Churchill's). It appears to us to supply a real want, and the execution of the design is as well nigh perfect as could be believed. Instead of a bulky, heavy volume, Dr. Fenwick has given the student one that he may always carry with him in a side pocket. It is illustrated with a good number of woodcuts, and supplied with a diagram and carbon paper for recording cases pictorially.

There will soon be a new edition, for such a compendious guide cannot fail to please students. We only beg the author not to increase the size, a temptation into which so many fall. If he must add more, let him confine himself to engravings. Perhaps, however, he might give two pages on skin diseases, of which the diagnosis often puzzles students.

Our last remark brings us to the one subject that remains. The most complete treatise on Diseases of the Skin is the large volume of Erasmus Wilson, with which there is nothing that can compare. The same may be said of the plates, but such luxuries are not for all students.

The best Manual that has come under our notice for these Reports is that of Dr. Neligan, edited by Dr. Belcher, and which will be found fully equal to all the requirements of students and young practitioners. It is a work that has stood its ground, that was worthy the reputation of its author, and the high position of which has been maintained by its learned editor.

In closing these Reports the Editors of the Medical Press and Circular would express a hope that they may be found useful. Much care has been bestowed upon them, and, once more, the teachers in our Hospitals and Schools who have so kindly helped in the work are warmly thanked for their assistance.

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EXTERN MATERNITIES AND LYING-IN HOSPITALS.

A REPLY TO CRITICISMS ON A COMMUNICATION TO THE DUBLIN OBSTETRICAL SOCIETY.

By Evory Kennedy, M.D., F.K.Q.C.P.

(Concluded from page 366.)

Another charge, or rather an insinuated imputation, was made even more absurd in its nature, in a few excited words, that said but little but implied a great deal, by Dr. Sinclair, on the third night's discussion.

This gentleman introduced the name of the Prime Minister, with a suggestive insinuation that he was going to deal destructively with the hospitals of this city. No doubt, Sir, in admitting that Mr. Gladstone's acquirements are as varied, and his information as extensive as conceivable, yet I may affirm, without assuming any knowledge of State secrets, or committing myself in their divulgence, that he knows just about as much of this discussion or its objects as of that important question that engrossed the attention of the three tailors of Tooley street. Sir, I believe in my heart Mr. Gladstone's aspirations, wishes, and intentions are, as all may know who will be at the pains to inquire, to benefit the poor of this country in every manner that his enlarged mind, great experience, and devotion to sanitary improvements so peculiarly befit him to do. Sanitarians, at least, must agree that fortunately for Ireland, the power, the knowledge, and the will to exercise them in the right manner are combined in one man, at this moment, and that man is one who has taken the improvement of the sick and impotent in this country seriously to heart. Fortunately for us, as Irishmen and physicians, the practically benevolent pursuits to which Mr. Gladstone and his family have always been devoted have well prepared him to deal with the improvement of the medical charities of this country.

And, still more fortunate for us in Ireland, the manner in which his efforts have been so ably seconded by the partner of his cares (a title nobly earned by her whose exertions to benefit the London charities have rendered the name of Gladstone, as that of Nightingale, a household word with the benevolent). Sir, the medical men and citizens of Dublin have a right to know the fact, as this name has been so invidiously, and, I may add, so injudiciously, introduced into a purely scientific discussion : that the same anxiety to improve and extend our Dublin charities that has so well succeeded in London, prevails in that benevolent, large-hearted mind, and, unless frustrated in its exertions to accomplish its object, I doubt not the same success will attend them.

If, after the experiences, the facts, and the reasonings, and the reliable statistics that have been produced, there be still amongst my hearers and readers more than one man who denies that our large lying-in hospitals cannot, and ought not, to be improved in their rates of mortality, and that, even upon the showing of those gentlemen who have taken an adverse line in the discussion, I should like to see him and hear him say so boldly. If there be not, then there is at least one point upon which every man in this Society, and, I might add, every man who knows anything of the subject, out of it, must agree—that is, that a necessity exists for lessening the death-rates in lying-in hospitals. The means of doing that is entirely another question, and one upon which there may be as many different opinions as there are individuals present. Taking it for granted, then, that a necessity exists for an improvement, it may be further affirmed that every one of the recusants who carried, as one of them pugnaciously remarked, "war to the knife" against my inquiry—the hospital physicians and their congeners who admitted so many of my propositions, and confirmed the real basis of my arguments—and the general listeners, including the sons of Korah, who have exhibited such patience and zeal in sitting out the nine nights' discussion, I say, it may be affirmed that each one of my hearers and readers who has arrived at the above conclusion, and who, as far as in him lies, does not endeavour to correct it, is assisting in sustaining that death-rate. Do not deceive yourselves, gentlemen. He is not merely in the position of an accessory after the fact; he is from this day out an accessory before the fact. And what is the fact? It is the taking away of life—precious life, a gift that none of us can restore.

The law recognizes two descriptions of responsibility: that by commission and that by omission; and culpability attaches as well to the first as to the last. I now say, and say with deliberation, that every one of us who possesses the power, by act, word, or deed, of preventing the unnecessary loss of life, and who exercises his influence against that prevention, or omits to exercise for it, is morally in one or other of these positions.

Following, Sir, the example of my commentators, I might have been perfectly justified, in a discussion of this nature, in turning to account the artifices of oratory. Like them, I might have attempted bathos and perhaps accomplished travesty.

I might have appealed to them to use their own language, not mine, not to give over "these poor women to die in the proportion of 3 to 1 that ought to die in their hospitals." I might have besought them as parents, as husbands, to throw their shield over those doomed to become motherless and bereaved.

I might have attempted to arouse their feelings by depicting the mother led in tears from her humble but happy home to the hospital to endure the pangs of labour, cheered with the confident hope of a speedy release in health and strength—a hope, alas! how bitterly to be disappointed!!!

I might harass them by attempting to depict that death-bed scene, and its consequences, with which, alas! I am but too familiar.

The strong, hopeful woman but yesterday, grasped by the unrelenting hand of death, in a silent, lonely, strange chamber, separated from her friends, and tended by the hand of the hireling stranger, unsoothed, unsolaced by those tender attentions of her family, that deprive even death itself of half its terrors.

I might have changed the scene, and depicted the shrouded victim stretched on the table of the ghastly charnel-house, until her husband and surviving relatives attend to convey the remains of her they loved, and parted with so hopefully a few hours before, to her last resting place.

But who could attempt to calculate or depict the consequences of this bereavement to that sorrowing family? A father obliged to neglect his motherless family in the discharge of his daily duty. The children deprived of their guide—now Arabs on the street, swelling the huge catalogue of crime. The males, perhaps, ending as felons—the females, as worse.

But, Sir, neither my inclinations nor my respect for my audience approve of such a course, in a strictly practical inquiry, "*non tali auxilio nec defensoribus istis tempus eget.*" Nay, I might have appealed to the gentlemen who oppose this attempt at lessening the mortality by an improved arrangement of our lying-in institutions, and begged them not to rest satisfied that 1 death in 45 deliveries proves to us that matters are "tending to render the hospital as healthy as one could almost desire."

I will, however, appeal to them in the language of the Patriarch pleading for the cities of the plain, and say:—Peradventure we might find a way of saving 20 more women in every thousand. Shall we not do it? Or even if, peradventure, we might save 10 more in every thousand—let us do it. Or to the recusants who object to the expense or inconvenience, with a comparatively small improvement, resulting to the hospitals, such as the modified improvements in St. Petersburgh, Vienna, and Paris, we might add—Peradventure we might even find a way of saving 5 lives out of every thousand—let us do it.

It is doubtful whether those gentlemen, my critics, whom I have not specially answered may not be more dissatisfied with my breach than my observance of this mark of respect. Should such be the case, I can only apologise to them in the words of Napoleon I. in bidding farewell to his army on leaving France for Elba:—"Soldiers, would that I could embrace you all! As this is impossible, I salute your generals."

Sir, it remains for me now merely to express my apologies for the imperfect manner in which I have executed this great, this painful duty, and to thank you for the patience with which you have borne with me.

Nine nights have been devoted to this important investigation; the amount of mortality in our great hospitals has been brought to light, and the means of preventing this have been elucidated. It rests with us now to apply our knowledge—and that without delay—for, in the words of the American poet—

> "Man-like it is to fall into sin,
> Fiend-like it is to dwell therein."

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ASSOCIATION OF MEDICAL OFFICERS.

PREVENTION OF SCARLET FEVER.

THE continued prevalence of scarlet fever in London has been often alluded to by ourselves, our contemporaries, and the Registrar-General. The last-named recently said in his Report—"The Medical Officers of Health will no doubt endeavour to suggest some practical means of preventing its further extension."

In consequence of this the Association has forwarded the following Memorandum to the Registrar-General. The great importance of the subject to the public health is a sufficient reason for giving it a place in our columns:—

"It is quite possible to check scarlet fever, if adequate means be taken to destroy the emanations of the sick, so that they shall not infect the healthy. For this purpose the sick must be separated, either by putting them into rooms apart, or by sending them out to a sick house, or, which is better, by removing the healthy to another house. The infecting matter of the disease resides in the excretions of the mouth, throat, and lungs, of the bowels and kidneys, of the skin, and of the suppurating surfaces common towards the close of the disease. Disinfection should be applied assiduously to the mouth, nose, and throat, as each case may require, by gargling, swabbing, or syringing with a teaspoonful of Condy's Fluid to a pint of water; the excreta of the bowels and kidneys should be well dosed with strong carbolic acid before they leave the bedside; the air of the sick room should be occasionally freshened by dispersing Condy's Fluid (diluted as above) by means of a vaporizer, and the doorway should be hung with a sheet well sprinkled with carbolic acid, so that there may be no mixing of tainted air with that of the body of the house. It can do no harm to oil the skin during the height of the fever, but what is of real consequence is the persevering use of warm soapy baths so soon as the patient can take them, and through the convalescence till the skin has done peeling and the throat and nose are healed. All handkerchiefs, towels, and linen before leaving the room should be steeped in boiling water, containing a teaspoonful of chloride of soda or of Condy's liquid to a pint; and when the disease is over, the bedding and clothing of the patient and his attendants, all floors, walls, and ceilings, and the surface of all furniture on which infectious matter may have settled, should be scraped or cleaned with a disinfectant and fumigated. Moreover, disinfecting fluids (as carbolic acid) should be poured freely after the slops from the sick room into the closets, sinks, drains, and sewers, and into every place around the house where decaying organic matter can be harboured.

"The persons attending on the sick should wear glazed or smooth dresses by preference; they should often wash their hands, especially before eating, and should mix as little as possible with the family.

"For fumigating infected rooms and their contents nothing is better than sulphur. A quarter of a pound of brimstone, broken into small pieces, should be put into an iron dish (or the lid of an iron saucepan turned upside down), supported by a pair of tongs over a bucket of water. The chimney and other openings are then closed with paper pasted on, and a shovelful of live coals is put upon the brimstone. The door is then quickly shut, the crevices covered with paper and paste, and the room kept close for five or six hours. After this a thorough cleansing should be effected; everything washable should be washed, and all other things be cleansed by proper means.

"Fumigation of clothes, &c., may be easily carried out on a small scale by burning a sufficient quantity of brimstone matches.

"Provided there be no unsuspected drain, sewer, gulley, watercloset, pipe, or cistern, or other source whence the inmates receive fresh infection, scarlet fever can be and is daily arrested in private houses by the above means carried out in detail: but only by persons having space, wealth, intelligence, and the wish to save life. It is far otherwise in the crowded houses of the poor, where the healthy are mixed with the sick and even with the dead.

"Public hygienic measures are then necessary, and the following are the measures which the Medical Officers of Health recommend:—

"MEASURES OF PUBLIC HYGIENE AND THE PRESENT IMPEDIMENTS TO THEIR ADOPTION.

"1. Information should be diffused through every family by printed bills as to the contagiousness of scarlet fever and the mode of preventing it. Expense has hitherto prevented the adoption of this measure.

"2. Every case of scarlet fever, and especially every first case, should be immediately reported to the sanitary authority. At present this is not done. There is no provision by which cases of infectious disease, even in Poor Law and public practice, shall be made known to the Medical Officers of Health. In some districts, by an act of courtesy, information is forwarded at more or less prolonged intervals, and so, usually, at a late period of the illness. It is only when death occurs that the health officers with certainty hear of the occurrence, and by that time (often a week or ten days after death) the contagion may have spread more or less extensively. They never hear officially of private cases; it is held to be the interest of all parties to conceal their occurrence. Without early and ample information it is impossible to put in force the provisions of the Sanitary Act directing the disinfection of houses, &c., and forbidding the exposure of disinfected persons and articles.

"3. Every case so reported should be immediately visited by the Medical Officer of Health or his skilled assistant, who should see that all proper precautions are in preparation. But even with full and early information, adequate precautions could only be superintended by the devotion of all the time of the Health Officer to public work, for which the sanitary authorities have made no provision, and by the aid of a staff of assistants such as was given to few of them even during the cholera epidemic.

"4. The streets and courts and the yards of infected houses should be watered with a disinfectant solution, such as of carbolic acid. Such a proposal could not be made to a metropolitan vestry with any chance of compliance. The expense and the dread of panic would be obstacles. This proceeding has hitherto, therefore, been limited to severely infected streets and courts.

"5. Public day and Sunday schools in an infected district should be authoritatively closed. The out-patient rooms of hospitals and dispensaries are even more dangerous than schools. It should be a punishable offence to send a child to any day-school, public or private, from a house or family in which fever exists. There is, however, no power or authority for this.

"6. Sufficient hospital accommodation should be provided for the poor, with arrangements at each hospital for the disinfection of the person and clothing of the patient on his discharge. No sufficient hospital accommodation as yet exists.

"7. Where it appears to the Medical Officer of Health necessary that the sick person should be removed he should enforce the removal, certainly in any case where the sick is under no medical care, or is being treated at the public expense. Very limited powers of this kind are at present conferred by the 26th section of the Sanitary Act, 1866, and these are only applicable after considerable dangerous delay. This section is practically useless.

"8. An appropriate carriage should be provided in every district for the conveyance of the sick to the hospital. At present public cabs are still largely used because few local authorities in London have provided appropriate carriages, as they are empowered to do by the 24th section of the Sanitary Act, and sometimes because the sick refuse to use them.

"9. The Sanitary Act (sections 24 and 38), as it relates to the use and disinfection of public carriages for the conveyance of persons with infectious diseases, should be enforced; this is not done.

"10. There should be in every district one or more proper mortuary houses for the reception of the dead of any class of society, and removal thereto should be capable of being enforced where necessary. There are many of the districts of the metropolis in which the local sanitary authorities have not yet provided the mortuary house, which they are empowered to provide by the 27th section of the Sanitary Act; even when it has been provided the limitations imposed by that section render the statute practically valueless. In all cases a packet of Macdougal's or of Calvert's disinfecting powder should be strewed over the body before the coffin lid is screwed down, which should be done as quickly as possible.

"11. The sanitary authorities should provide such a staff of assistants or labourers and such appliances as may be necessary to carry out the disinfection of houses, clothing, bedding, &c., where people are too poor or ignorant to be trusted with the work, and also proper means of destroying certain things by fire. The 23d section of the Sanitary Act, empowering local authorities to provide means of disinfection, has, it is believed, up to the present moment been entirely ignored in the metropolis, not even a 'proper place' having been provided where disinfection may be carried out. Houses are often now very inefficiently disinfected for the lack of a proper staff of persons to carry out the work.

"12. There should be arrangements by which articles of clothing, bedding, &c., destroyed by order of the Medical Officers of Health may either be replaced or paid for. At times when the Diseases Prevention Act is not in operation by order of the Privy Council no such arrangements can be made.

"13. During the disinfection of a house or apartment, or when the sick person cannot be moved, it is necessary to remove the healthy; for this there should be one or more houses of refuge provided, in which poor families may be temporarily lodged, and with means of disinfecting the persons and clothing of those removed. A house of refuge is a thing at the present time utterly unknown to the sanitary arrangements of the metropolis.

"14. The Diseases Prevention Act should be put into operation by order of the Privy Council on any severe outbreak of scarlet fever in London, or at times when from seasons or cyclical period it is probable that the disease will spread extensively. Practically, this otherwise invaluable Act is a dead letter, except on certain occasions when an unusual disease prevails in this country, such as an epidemic of cholera.

"15. The services of public nurses to superintend the administration of nourishment and medicine and the disinfection of discharges would be invaluable. One bad case of scarlet fever furnishes quite occupation enough for one woman.

"16. The Medical Officers of Health desire to put in force the lodging-house clauses of the Sanitary Act, 1866, sec. 35, which, by restricting the number of inmates, and by enforcing periodic cleansing of the homes of the poor, might in some degree limit zymotic diseases."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 17, 1869.

MEDICAL REFORM.

DANGERS AHEAD!

WE have taken pains to keep our readers *au courant* with the march of ideas on all the branches of Medical Reform. We have foreshadowed one Bill that is likely to be brought in. We have from time to time urged everyone to employ his influence in compelling attention to the subject. Only last week we gave as complete a report as we could obtain of the debate at the Medical Club, on the memorial of the ten thousand. Still it is no time to cease our efforts. There are other vague notions abroad; strange proposals are likely to be made, and, as we have said, our Medical Reformers may have as much to do in defending as in attacking institutions.

It is no secret that there is a class of men who are so enamoured of iconoclastic notions that they would gladly sacrifice any institution for the sake of producing a *tabula rasa.* To them perfection is a blank, and all their efforts are directed towards abolishing something. There are few such in our Profession. Greatly as we pride ourselves on recent advances, there is veneration for the past amongst us, and as a body we do not desire to overturn anything that serves a good purpose. Still a few have been smitten with this destructive impulse, and some one or two seem to have found a vehicle for the expression of their opinions in the *Medical Mirror.* That monthly sheet, which has lately passed into new hands, appears to have abandoned the spirited programme of its former conductor, to place itself unreservedly at the disposition of those who would carry free trade in physic to such an extent that the whole community would be left to the tender mercies of quackery, and the Profession as a body thrown more open than it is in America, whence the wails of our educated brethren reach us across the broad Atlantic, and should warn us of what would be the consequence of such extreme notions.

Happily, we need not fear the adoption of any such ideas, and may therefore pass on to consider the opposite danger. It is whispered that an attempt may be made at reform which would hand over the Profession, bound hand and foot, to a Government Committee. Hints have been dropped in various quarters that the Medical Council, not being a representative body, and not agreeing to become so, might give place to a small body of five or six persons, nominated by the Privy Council, responsible only to that department, and endowed with authority over the whole Profession, and all that relates to it. With a Liberal Ministry we may be sure such an unmitigated scheme of centralization will not be entertained without hesitation, even though proposed by persons of influence. The Profession would regard anyone who sanctioned such a surrender of its rights as an odious traitor. To barter away the liberty of 20,000 professional men, who only ask to be allowed to regulate their own affairs, would disgrace the purest despotism. How, then, can it find favour in a free country, with a free press? Nothing but the most criminal treachery could propose to set up a worse oligarchy than the many with which we have been afflicted, and the depths of professional apathy might well be stirred by the bare mention of such a scheme.

What the Profession has asked is such a reform of the Council as would make it a representative body. Why should anyone be offended at so just a demand? We have asked for bread, a stone will not satisfy us; we cry for fish, offer us not a serpent.

SCARLET FEVER.

The continued prevalence of scarlet fever in the Metropolis and many other places has, at length, caused the Medical Department of the Privy Council to issue a paper entitled, "Precautions against Scarlatina." From its tenour it would be difficult to say whether it is intended for the guidance of the sanitary authorities, or for the instruction of the public. If the former be its object, it will prove of comparatively little use, because it is hardly more than an echo of Dr. Budd's precautionary directions against scarlet fever which were published early in the present year, and consequently have been long familiar to sanitary officers. If the latter be its purpose, it will be found to be too vague, and to leave too much discretion in the choice of the measures to be adopted. For instance, there is not much use in cautioning the public against drinking impure water; what was required under this head was, information relative to the means of recognizing foul water, which frequently does not betray its dangerous condition to the eye nor to the nose. Again, the recommendation that "in the room and on the person of the patient every practicable disinfection should be effected without delay," is much too general. Precise directions ought to have been given for disinfecting the sick room and the person of the patient. This was the more necessary because there are many poor persons who will not be willing to conform to the advice tendered them in the official "precautions," and refuse to have their sick transferred to hospitals, even if there were sufficient hospital accommodation for all, and will prefer at all risks to have them tended, even when a separate room is out of the question. And, if some of the writers on hospitalism are worthy of credence, who can blame them?

In like manner, whether they be addressed to the sanitary authorities or to the general public, the official directions might have been expected to say something definite as to their respective efficacy of the "two great classes of chemical disinfectants," by which is no doubt meant those that act by oxidation, and those of the antiseptic kind. Disinfectants are now universally admitted to be so essentially necessary for successfully combating infection as to have rendered it incumbent on the Government Department, which presides over sanitary matters, to institute such comparative practical trials as would suffice to decide the question. It is acknowledged in the "Precautions" under consideration, that "these two systems do not combine well with one another," which is equivalent to saying that they are diametrically opposed.

We could have wished, moreover, to see some other substance than chlorine named as the representative of the oxidizing class of disinfectants. Ozone would appear to us better to represent the latter. Being oxygen itself in the active state, it is a direct oxidizer, whereas chlorine acts only as an indirect oxidizing agent. In quantity sufficient to procure aerial disinfection, ozone can be employed in inhabited rooms, whereas chlorine cannot. We have no hesitation in saying that the State Sanitary Department is much to blame for allowing the advantages derivable from ozone to remain up to the present time unascertained. With the means at their disposal they might long ago have set this question at rest. More than ten years back, the late Professor George Wilson, of Edinburgh, made the following remarks in reference to this subject:—"No one who has experimented on ozone will deny its potency. I refer to it here, because there are so many reasons for believing it to be the great natural disinfectant that I cannot avoid looking hopefully to it as destined to prove our disinfectant *par excellence.*" If this view of Wilson's be correct, we are allowing to remain overlooked and neglected the very agent which is calculated to subdue infectious and contagious influences.

RELAPSING FEVER AND VAGRANCY.

In the Memorandum on the Re-appearance of Relapsing Fever in London, issued on Nov. 11th, by the Medical Officer of Her Majesty's Privy Council, is contained a brief account of the rise and progress of this disease, from July 4th, 1868, when the first well-marked case was admitted into the London Fever Hospital, under the care of Dr. Murchison.

From inquiries made by Dr. Murchison concerning the disease abroad, it appeared that relapsing fever, along with typhus, had been epidemically prevalent in the Province of East Russia, lying on the north of Poland, since the end of 1867; and, further, that relapsing fever had prevailed extensively in Berlin during 1868; and at St. Petersburgh the disease was epidemic as early as 1865.

It was in May of the present year that the disease became fully pronounced in London; in October 123 fresh cases were received at the London Fever Hospital, and on the 10th instant we learn that there were in the wards of that institution no fewer than 138 cases, so that the wards were overflowing.

People are beginning now to know the disease whose outbreak has been thus sketched by the name of "Famine Fever," and while those who are well off and well fed may comfort themselves that a disease having for its cause starvation and bad living, may not just yet venture to intrude into their comfortable homes, they must yet remember that a famine fever is not a disease to be cured merely by physic, physicians, and hospitals. Very necessary will it be this winter that all reasonable relief should be afforded to assist the starving poor, and so enable them to withstand the inroads of famine fever, and to enable those attacked to make a good convalescence; for thus, not only will the present epidemic be mitigated, but the calamity to be apprehended in the form of an outbreak of true typhus, so often consequent on relapsing fever, may be averted.

Tramps and vagrants herding together in the casual wards of the workhouses seem to be the chief media for the diffusion of the relapsing fever among the community, and the dimensions to which vagrancy has now attained are truly astounding. In 1863 the number of vagrants relieved in the casual wards of the Mile-End Union was not 3,000; for the last three years the annual number has exceeded 18,000.

Though it is very certain there will always be idle people who will not work, and who prefer the life of a varant to any other; yet among such a number as 18,000 as compared with 3,000, there must be a very great proportion who are brought into this evil plight by the present depression of trade, want of work, and expense of living.

What exact proportion in 18,000 vagrants those who are such from necessity and misfortune bear to those who are such from choice, it would be interesting to discover. We believe that a large number might be classed as persons whose first misfortune was that of not knowing when they were well off; that is to say, people who, while living in comfort, though not, perhaps, in abundance, in the country, have sought to better themselves by coming to London, or to some other large overcrowded city. Young men with no encumbrance may do well enough coming to one of the great towns; but the case is likely to be very different with the man who brings his wife and half a dozen small children, with no definite prospects or plans, into one of the great towns.

Thus it is that overcrowding and overstocking the labour market with a supply greatly in excess of the demand brings poverty and destitution; epidemic and endemic disease soon seize the opportunity and establish their reign; poor rates rise, and all classes complain loudly enough.

The remedial measures must be for the parish authorities to use every legitimate means to discourage idleness and stimulate to self-reliance. Lazy vagabonds from the country, who are known and treated as such there, must find that in London their characters are discerned and dealt with; and if they can work and won't work they must be made to work. Emigration to the colonies should moreover be encouraged in every possible way; the earth is big enough for all, if folk will but avail themselves of its resources.

Lastly, with respect to the rise of epidemics, be they famine fever, or any other form of wide-spreading malady, we need only say, let such be met with the energy, decision, and promptitude with which the Privy Council and their Health Officer appear to be encountering the present outbreak of relapsing fever. We know that Heaven helps those who will help themselves.

SCOTLAND.

FEMALE MEDICAL STUDENTS.

Five ladies have availed themselves of the right accorded to them by the General Council of the University of Edinburgh, and have matriculated as students in the Faculty of Medicine. An innovation so novel, so contrary to what are conceived to be British tastes and prejudices, as the admission of ladies to the privileges which our Universities confer, must necessarily interfere, more or less, with its immediate success. The organization of a new system is always a work of time and patience; but its supporters have usually the elements of success in their own hands, if they advance with a caution proportionate to the extent and nature of the difficulties they are seeking to overcome. The female students of Edinburgh have good reason to triumph in their success and in the successful exertions of their friends on their behalf.; but in this there is a danger which is already beginning to appear;—of their aspiring, with unwise haste to privileges which the Council are not yet prepared to concede to them. It has been said that the University might have "gone a step further and carried the admission of women to the ordinary courses of lectures, instead of permitting the very needless and unmeaning compromise which requires special courses to be delivered to the women separately." Considering the various interests which are involved in this question of extended privilege, it is greatly to be feared, that if the matter is pressed by our ingenuous female students, and their unpardonably impulsive male friends, their cause may be damaged to a much more serious extent than is their position at present by the University regulations. There are other interests, besides those of its female students, which the University has to consider; and the first of these are the interests, feelings, and prejudices of the Professors, and these deserve the most respectful consideration. They have been recognized by the Senatus and University Court in adopting the third resolution recommended by the Faculty of Medicine:—"That the Medical Faculty be allowed to have classes for ladies, but that no Professor shall be compelled to give such course of lectures." The occupants of the Medical Chairs were elected to discharge duties the nature of which they perfectly understood when appointed. It is in their option, with consent of the University Court, to add to these duties, but it would be clearly unfair in the Court to compel them to do so. Again, there are many more with minds so constituted who would feel it impossible to discourse to *ladies* upon certain topics embraced in a medical course, who have no difficulty in doing so to a class of men. In attempting to answer this objection, it is absurd to employ the argument that the treatment of *every* scientific subject must be delicate, for the most modest might occupy a seat in any of our medical class-rooms, without having a blush called up by any want of delicacy on the part of the lecturer in the treatment of his subject. It is a feeling which it is impossible for the possessor of it ruthlessly to overcome, for it is one which education has only strengthened, and which is fostered by the constitution of society. In a mixed class of males and females these feelings would be outraged beyond endurance; in a purely female class the difficulty might be got rid of, by avoiding or merely glancing at those subjects which are felt to be painful. But the person for whom this alternative might be suggested is of all others the man most likely to reject it: he would refuse to epitomise the subject which he professes, which is perfect only in so far as it is complete, and he would feel as if guilty of an act unbecoming in an honourable gentleman if he pocketed even a minimum fee for work so imperfectly done.

Of the prejudices entertained by individual Professors, we shall only remark that we believe them to be respectable and worthy of respect. But there is another class of men who have prejudices also; and it is a matter of very little importance of what nature they are, whether they are worthy or unworthy, respectable or otherwise, for the prejudices of students always make themselves felt, and in a way not usually pleasant. Students, to say the least, are somewhat peculiar, medical students proverbially so; and although it is a habit with some who fail to convince by force of reasoning, to endeavour by a process of stamping out to annihilate the prejudices of their weaker brethren, we fear the experiment in the present case would be somewhat dangerous, at all events it will require a considerably greater amount of force than is possessed by the five pairs of feet of the combined female students, to stamp out the prejudices of five hundred medical students of the opposite sex.

Other reasons for caution in pressing for greater advantages for the female student might be adduced, but it would be tedious to do so; and we would conclude, therefore, with suggesting two words as being admirably fitted to serve as a motto for the ladies' gentlemen friends—'*festina lente.*'

ROYAL MEDICAL SOCIETY OF EDINBURGH.

THE hundred and thirty-second session of this society was opened on Friday evening, November 5th, with an address by Dr. Alexander Wood. There was a large attendance of members. A society so flourishing, and, in some respects so unique, is worthy of a passing notice. Founded in the year 1737 by six students attending the University, for the purpose of discussing subjects of professional interest, it has acquired at this date an influence and a prestige hardly surpassed by any other in the Kingdom. Numbering among its members some of the most distinguished living graduates of the University of Edinburgh,—Christison, Stokes, Ferguson, Carpenter, Sharpey, Morehead, Simpson, Bennett, Murchison, &c., &c., it has become classic from the lustre which surrounds the memories of such men as Oliver Goldsmith, Akenside, Gregorys, Monros, Bright, Allison, Goodsir, and a host of other revered names, all members of the society. It is now, as it was at its foundation, a Students' Society, and in this it possesses singular advantages. With a library of 16,000 volumes, constantly receiving fresh addition, a reading-room and museum, where private studies may be pursued, and descriptive information brought to the test of practical observation, it affords to the student, by the weekly debates which occupy its attention, an opportunity of cultivating those talents for public address, which is so desirable, but which, apart from a society of this kind, it is impossible for the student of medicine to acquire; and, above all, it gives a stimulus to the acquisition of knowledge, beyond the beaten track of class-room reading, which will prevent, more than anything else, the student degenerating into the routine practitioner.

PROPOSED NEW EDINBURGH INFIRMARY ON THE GROUNDS OF GEORGE WATSON'S HOSPITAL.

A PUBLIC meeting is to be held on Friday, the 19th inst., for the purpose of eliciting from the subscribers to the new building their views regarding the propriety of the managers of the Infirmary applying to Parliament for power to carry out the following resolutions:—1. That the new Infirmary shall afford accommodation for surgical as well as medical patients; and, 2, that the new Infirmary shall be built on the grounds of George Watson's Hospital. From what has been already ascertained of the views of the subscribers, it is almost certain that the meeting will be nearly unanimous in favour of the application.

MR. SYME.

THE meeting held on Wednesday last for the purpose of organising a testimonial to Mr. Syme, was a spontaneous tribute of respect to that great man, which it is as impossible as it would be unbecoming to attempt to characterize. In retiring from the more active duties of his professional life, Mr. Syme enjoys the rare privilege of knowing that his intense earnestness in the work of his life is acknowledged as being a triumphant success by those who are best able to appreciate its usefulness, and that in generations to come, his name must continue, as now, a familiar sound, so long as the University he adorned exists.

GREENOCK.

OUTBREAK OF SMALL-POX.—We are given to understand that small-pox has become very prevalent in the lower districts, and we have heard of a case where no less than seven patients were removed from one house by the local authority and sent to the Infirmary. This shows the necessity of the provisions of the Vaccination Act being enforced with the utmost rigour.—*Greenock Advertiser.*

MEDICAL APPOINTMENT.—At a meeting of the Parochial Board of Cannongate, Edinburgh, Mr. W. B. Alexander, surgeon, was appointed medical officer of the parish, in room of Dr. Linton, resigned.

Notes on Current Topics.

Registration of Disease.

THE Epidemiological Society, the Social Science Association, the Officers of Health, the Medical Society of London, and the St. Andrew's Medical Association, all seem agreed that a registration of disease would be of great service. A deputation last week waited on Mr. Goschen, and laid before him a very simple plan for securing a return of such diseases as are observed by the Poor-law Medical Officers. It is clear that very little extra work would thereby be entailed on these gentlemen; and, of course, for that they should receive some remuneration. It was proposed to place the returns of disease in the hands of the Registrar-General, and that would be much better than leaving their publication to the Poor-law Board. The machinery for tabulating and distributing such statistics is in operation at Somerset House. In fact, the additional information is just what is wanted to render the Registrar-General's Returns more useful.

The Black Hole of St. Pancras.

THAT the deceased died from "the mortal effects of an effusion of serum on the brain;" and the jury do further say that the death "was accelerated by overcrowding and want of ventilation in St. Pancras Infirmary." That is substantially the verdict returned by a jury presided over by Dr. Lankester, not in a single case, but in several, and is an apt commentary on our boasted humanitarian principles in this year of Grace, 1869. Tender-hearted as we are, no wonder we lavish our sentimentality on "habitual criminals," insist on the sacred human rights of inhabitants of our jails, and tremble at the thought of inflicting punishment on felons. One patient seems to have died after a single night in the black hole dignified by the name of ward. Others survived longer. The conclusion of the inquests has been adjourned to next Monday; but an extract from the evidence submitted will be enough to nauseate our readers. Hear what a Vice-President of the London College of Surgeons, and hospital surgeon of the highest standing, has to say. Mr. Solly, F.R.S., said he had gone round all the wards. As to No. 11, he declared he "had been in a good many foul places, but never in all his life went into any room which stunk so beastly as that ward." Further on, he said all the wards "were foul and offensive." Again, in reply to the Coroner, he said, "the place was badly ventilated and overcrowded, and had such an effect upon me that after I left the ward I was obliged to stop to get fresh air before proceeding, so much was I overpowered by the stench." Evidence was further tendered to the effect that what fresh air could enter came through the water-closet. It is not worth our while to repeat all the loathsome details that have been brought to light. Enough has been stated to show that the black hole of St. Pancras is no inappropriate name for a ward in a London Workhouse Infirmary. Some people have been strongly objecting to inquests on the paupers who die in our workhouses. It is well known that the able Coroner for Middlesex thinks that an inquest should be held in every case. The revelations that have been made will go farther than anything else to convert to Dr. Lankester's opinion those who were hesitating about accepting it.

Certificates of Death.

In the late inquests objection was made to one being held, as the medical officer had given a certificate of death, and he, as we think unwisely, looked upon the proceeding as a personal offence. No medical man need fear that Dr. Lankester would put any slight upon him. On the other hand, the medical officer in question drew upon himself a retort as to his having given the certificate without sufficient care, and without seeing that the patient was actually dead. We have before referred to this point, and we do so again now because the practice is of every day occurrence. We cannot blame the medical man in question. No one makes a formal inspection of a body to see that death has actually taken place. The certificate of death requires revision, for it makes the attendant say that the patient died on a certain date, whereas he only knows so, as a rule, by the report of some one else. The Registrar-General would do well to alter the wording.

The Preference of Paupers for Vitiated Air.

The atmosphere of Ward No. 24 in the St. Pancras Workhouse must indeed be something quite overpowering; for we learn from the evidence that came before Dr. Lankester at the inquiry on November 10th, that "the ward was very close, and the patients complained very much." Now, there are few things to which paupers object more than to fresh air; and we well remember, many years ago, when shown over the, at that time, well-ordered wards of the St. Pancras Workhouse, having our attention drawn by the medical officer to the ingenious way in which the inmates of the wards stopped up every crevice, even to the keyholes of the doors, with paper, so as to preclude ventilation as much as possible. We have often reflected on what peculiarity there might be in the organisation of paupers to render them so averse to purity of atmosphere. It is not as if anything were taken away from them perceptibly for which they received no compensation, unless, perhaps, they feel instinctively that in a pure atmosphere their tissues are more rapidly oxydized, and their hunger augmented, and thus Nature is stealing an unfair march upon them.

However this may be, we may be sure that an atmosphere of which this large class of the community complain of as being too close and oppressive for them to exist in with comfort, must be something very much out of the common in the way of badness.

Treatment of Epilepsy by M. Bost, at Les Asiles de La Force, Dordogne, France.

Among the excellent asylums established by M. Bost, at La Force, Dordogne, in the south-west of France, is one that is devoted entirely to the use of epileptic girls; and although the indefatigable Superintendent, M. John Bost, in his modest little report does not give us exact columns of figures denoting cases admitted, with exact number relieved, cured, or dead, still his data are sufficient to illustrate one or two significant points.

Thus, he tells us (page 42 of the report), that with several of his epileptics the fits have disappeared for two, three, or four years; yet, when they came in, they had several fits on the same day. To what remedy are we to attribute these satisfactory results? Simply to no medicine at all. M. Bost gives them no physic; but diet is, as we learn, carefully regulated according to the necessities of each. One patient is fed up with meat and wine, another is treated by withholding both of these. In each case highly satisfactory results appear to follow.

Medical and Chirurgical Society.

On Tuesday, the 9th inst., the first meeting of the Session of this Society was opened by two communications on the subject of pneumonia, one from Dr. Heale, of Leeds, the other from Dr. Waters, of Liverpool. The first of the two papers, that by Dr. Heale, attempted to prove that the inflammation in pneumonia was caused by an exudation into the interstitial substance between the air cells, which air cells, the author contended, as far as we could make out, were supplied with their blood from the bronchial artery. The debate on this point was neither luminous nor very instructive. It seemed to us that no one in the room quite knew what the author of the paper meant. The paper by Dr. Waters was very practical. It consisted of the concise narration of a certain number of cases of pneumonia, uncomplicated, as far as possible, with diathesical conditions of the system, with the treatment which the author had pursued at the Northern Hospital. The success of the treatment appeared to have been great, although the author of the paper rejected from his treatment the calomel and opium, the tartar emetic and much of the purgation of the heroic school. The only agents which Dr. Waters appeared to set any store by were alcoholic stimulants and blisters. The rest of his therapeutics may be described as nursing and hygienics. The speakers following after the paper were Dr. Sanderson, who observed, what all persons of experience must have felt, that all statistics concerning such a disease were apt to be fallacious, because the cases of pneumonia met with in practice so seldom are one like the other, some commencing after bronchitis and being lobular, others coming on at once and becoming lobar. One or two gentlemen objected to the use of blisters in pneumonia, and a pupil of Dr. Todd, Dr. Sansom, spoke rapturously in praise of the present favourite of British physic, alcoholics. With these exceptions there seemed little difference of opinion, and with regard to the use of the heroic remedies of calomel and tartar emetic, they may be said not to be *out of fashion*. Nursing, nourishing and easily digestible food, and wine, *et voilà tout!*

Cholera has appeared at Kieff, in Russia.

Society for Relief of Widows and Orphans of Medical Men.

The half-yearly General Meeting was held, October 27, at the rooms of the Society, Berners street. The chair was taken by the President, Dr. Burrows.

A short statement was read by the Secretary, from which it appeared ten members had been elected since the last general meeting; 5 additional widows and 21 children had made applications for relief.

The actual receipts from 1st January to 30th June had been £1,608, the expenditure £1,379 10s. The grants made to the widows and children amounted to £1,250 10s. for the half year, the expenses £129.

There are at present 56 widows and 43 children receiving assistance in sums varying up to £50 per annum for each widow according to her need, and up to £25 per annum for each of the children.

The President, after acknowledging a vote of thanks to himself and the Court of Directors, expressed his regret at the small attendance of members at the general meeting. Although it was in itself a proof of the confidence placed in the officers, still he much wished the members would show more interest in the affairs of the Society, by appearing in greater numbers at the half-yearly meetings.

Sir James Alderson, M.D.

Some weeks ago we announced that the President of the Royal College of Physicians of London was to be knighted. We have now the satisfaction of stating that on Thursday last the honour was conferred by Her Majesty, at Windsor Castle. We hope the powers that be will distribute a few more distinctions in the Profession. In every other country these honours are more freely given to distinguished medical men.

Deaths from Chloroform.

A painful case occurred last week at Oxford. A Commoner of Lincoln College had an operation performed by his usual attendant. Just as it was over the patient's pulse failed, and he was dead in a few seconds. He seems to have had a fatty heart. It is important evidence that he had previously taken chloroform. The surgeon was assisted on this occasion by a pharmaceutical chemist! We are not about to say that he might not have given the chloroform without any assistance, but we do not advise any one taking unnecessary responsibility, and in a place like Oxford there must have been qualified professional brethren, who could have been present.—At Jersey, a man, aged 50, a patient in the general hospital, died from drinking about a spoonful of chloroform. The head nurse had allowed him to smell at the bottle, and he put it to his mouth and swallowed some before it could be snatched away. In an hour he became drowsy, and died in about three hours.

The Birmingham Training Institution for Nurses.

This Institution is gradually developing into a most useful charity. Several trained nurses are now employed in the General and Queen's Hospitals, and in the wards of both a goodly number of probationers are receiving instruction. The public, too, are learning the value of good nurses, and already the demand for nurses exceeds the supply at the Home. Money, too, is gradually coming in, and in all respects save its government the Institution seems most successful. Only a few days since the Committee met to consider the propriety of the Training Institution taking charge of the whole of the nursing at the Children's Hospital. Much is to be said in favour of such a scheme. In children's wards the probationers would earn many insights in the management of children not to be acquired elsewhere, and most important in private nursing. The character of the cases treated would also render such training ground a useful preliminary to the work of the larger hospitals, and gradually prepare the more refined and on this very account, the more valuable nurses for the more trying work of a general hospital ward. The scheme, however, was not adopted. An arrangement was made by which the Lady Superintendent of the Nurses' Home will probably superintend the nursing at the Children's Hospital, in addition to the other duties. This compromise may be wise, but it certainly does not appear so. It will apparently create a second body of trained nurses attached to the Children's Hospital, but independent of the Home—a result which can add no strength to the latter charity. The Training Institution is governed by a mixed committee of ladies and gentlemen, but the multitude and variety of councillors does not seem to have produced great wisdom. From what has reached us we gather that the great majority of the ladies were strongly in favour of taking charge of the nursing at the Children's Hospital, while the gentlemen were divided by conflicting opinions. When such conditions occur in a Committee of the male sex a compact body of half, or even less than half, can carry its own views. In this case the ladies, in spite of their majority, and most probably from a want of that discipline which a habit of transacting business engenders, were defeated utterly. The subjection of women is evidently not yet at an end.

Address to Dr. Mulligan, of Flurry Bridge.

It is too often our complaint that there is little recognition for long and earnestly honest services of medical men. Here and there, however, such services are appreciated, and, if it be only in words, such recognition is valuable, and we could wish it to be more general.

Dr. Mulligan, of Flurry Bridge, after fourteen years' official connection with the locality, has deserved and obtained such an expression of cordial good-will, and we have pleasure in giving publicity to its terms:—

Dear Sir,—We, the undersigned, have long desired to testify our gratitude to you by presenting you with an address and suitable accompaniment for the unceasing kindness and attention you have ever shown to us in the discharge of your duty as Medical Officer of our Dispensary District for the long period of fourteen years.

During that time we have ever found that no inconvenience was too great, no difficulty insurmountable. You were always found to be the friend in deed and the friend in need. We therefore earnestly beg you will accept this small Testimonial of the esteem you are held in by every member of this your large district. Our earnest prayer is that you may be long spared to your family, your friends, and to us, where there is such a wide field for your usefulness.

[Here follow the signatures of the subscribers.]

Reply.

My Kind Friends,—To receive this testimonial of your good-will towards me, and approbation of the manner in which I have, for fourteen years, discharged the duties of Medical Officer of your Dispensary District, constitute one of the happiest moments of my life, and fills me with feelings of pride and gratification. It should be always an object of pride to obtain the good-will and respect of those among whom you reside, and there is no way more effectual in doing so than making the golden rule—of doing to others as you would wish others to do to you—the guide of your actions and conduct. I have endeavoured to do so, both as your medical attendant and neighbour.

I also feel grateful to you for this tangible and valuable expression of your feelings towards me; it will animate my future exertions, and gratify me by the reflection of possessing your sympathy and respect.

Hoping that the great blessing, "health," may abound in all your homes, I again thank you most sincerely.

THOMAS MULLIGAN.

October 13, 1869.

A Miraculous Doctor.

ANOTHER prodigy of healing has become the rage in Paris, and the *bourgeoisie* are running after him with all the impulsive volatility of Parisians.

This new star is Dr. Girard von Schmitt. Already great people have availed themselves of his powers, said to be unequalled. Dr. Schmitt is supposed to have cured Alexandre Dumas of cancer of the tongue, and a not less serious throat disease. He has healed M. de Barrèse, Consul at Jerusalem, of a scorbutic affection, accompanied with gangrenous ulceration; relieved the Countess of Asck of a rheumatismal affection, from which she has suffered for fifteen years; saved Madame Brugean from cancer of the eye; protected thousands of other persons, if not from death, at least from fearful pangs. The Editor of *L'Union Médicale* says, that on a visit to his house he saw there, "invited by the new-born celebrity of the young and skilful practitioner, patients of all nationalities."

Have we not Schmitts of our own? Where is Du Barry and the wonderful cure of a fifteen years' cough, No. 69,342?

Cholera Sources in the East.

M. LARREY has presented to the Academy of Sciences, on the part of M. Thologan, principal Medical Officer and Physician to the Shah of Persia, a work ordered to be printed both in Persian and French.

The author first alludes to the establishment at Teheran of a Health Council.

The great question of the prophylaxis of epidemic disease, and especially of cholera, is dealt with in M. Thologan's work. He declares that "Persia is not, as it has been unjustly said, a centre for the emission of contagious disease." He discusses the measures adopted by the International Conference at Constantinople, "where," says he, "without precise data as to the sanitary state of Persia, without information as to the habitats of cholera there, measures have been arranged which are intended to secure Turkey and Russia by restrictions on Persia.

M. Thologan has no belief in the efficacy of sanitary cordons, or in quarantine on land; and he adds, "I am convinced of the impossibility of realizing in the East arrangements which have not more inconveniences than utility."

He advises the complete interruption of the communication, and especially of pilgrimages from Afghanistan in cases of epidemic cholera there. He does not think it urgent that the sanitary regulations of the Persian Gulf should be altered, and he proposes the complete interdiction in Persia of pilgrimages in case of epidemics there or in Mesopotamia.

DR. GREGSON has been elected Sheriff of Newcastle-on-Tyne.

DR. PATTERSON has received a licence to use his Turkish decoration.

DR. J. D. HOOKER, the botanist, and Director of Kew Gardens, has been gazetted C.B.

DR. PURNELL has been elected, for the third year, Mayor of Wells; and Dr. Rolston, for the second time, Mayor of Devonport. Dr. Ley has been elected Mayor of South Molton; and Dr. Moore, of Hartlepool.

A COMMISSION has been appointed to inquire into the outbreak of cholera at Umritsur, of which we have given a few particulars. We regret to hear that Dr. Bell, of the 36th Regiment, has perished in that epidemic.

THE Syme Testimonial, inaugurated in London, is already a success, more than £700 having been promised. The meeting accepted the plan to establish a "Syme Surgical Fellowship" in the University of Edinburgh, and to place a marble bust of the great surgeon in the Hall of the New Royal Infirmary.

TYPHOID fever has been very prevalent in Sutton-in-Ashfield for the past five weeks, confining its ravages to the most crowded parts of the town, where sanitary arrangements are most defective. The mortality, however, we learn, compared with the number of cases treated, is small and below the average.

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Transactions of Societies.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

NOVEMBER 3.

Deputy Inspector-General Dr. GORDON, C.B., in the Chair.

ASSISTANT-SURGEON DICK, in the absence of the Hon. Secretary, read a statement of the accounts of the Society, and a list of the medical officers who are at present members.

Dr. GORDON then read the following address:—"Since last we met several members and zealous supporters of our Society have left us, their places being taken by others who, joining now for the first time, have, in a measure, had to take for granted the objects for which our association was instituted. In meeting, as we now do, to begin the work of a new session, I would, therefore, briefly mention some of the considerations my brother medical officers had in view when, nearly two years ago, the Army Medico-Chirurgical Society of Portsmouth was brought into existence. They felt the want of ready means of meeting together for the interchange of views on matters of professional importance, which, in a garrison such as this, are of frequent occurrence; they, moreover, experienced difficulty in obtaining that ready access to current professional literature which is absolutely necessary in order to maintain knowledge on a level with the advances that are being made; and they further experienced the inconvenience of having no common room in which, during intervals of leisure from duty, they might assemble for the purposes of friendly intercourse. I believe that these several wants have been supplied, and that while our Society affords us the means, at a very small expense, of consulting the periodicals and works of the best authors of the day, it fulfils that other purpose of enabling us all to meet on equal terms, and cultivate that mutual good understanding and interest in the duties we have severally to perform, which conduce so much to our efficiency as medical officers, and thus to the direct advantage of the service. Hitherto we have all worked together harmoniously and well. My cordial desire is that we should continue to do so; and if, as I hope and trust, our Society shall be the means of attaining this important end, one, at least, of its purposes will have been attained. But I would express a hope that another object will be gained from our more formal gatherings. The public papers—medical, military, and general—have hitherto given ready access to abstracts of the more important papers which have been read at our monthly meetings; our professional brethren in the sister service and in civil life, some military officers, and several gentlemen unconnected with the public services or the profession have honoured us with their countenance. Thus the nature of the duties performed by army medical officers are made known beyond our own immediate sphere, and every credit given to those of our members who actively exert themselves in preparing and reading papers on such occasions. I believe that were societies such as ours multiplied throughout the army, the interests of the service would thereby gain considerably, and good understanding be enhanced between members of different branches of the service who would thus be brought together. They would realize the fact that the British army, like a huge machine as it is, consists of many separate portions, upon the harmonious and combined action of all of which its efficiency depends. Let me, then, glance briefly at some of the more important duties which we, as members of the army medical department, have to execute. We have to see that suitable *material* in the shape of recruits is supplied, for which purpose a knowledge of the duties required of soldiers in peace and in war is necessary, as well as the power of readily judging from physical aspect the probabilities the young man before us has of improving or degenerating by the new routine to which he is about to be subjected. In the next place we are charged with the duty of preserving the soldiers, when obtained, in the highest possible condition of health, whether they are quartered at home or in the tropics, in times of epidemics, in war, or in the no less trying conditions of temporarily holding in military occupation unhealthy stations. It has for some time back been the custom to employ the phrase "sanitary condition" to other states than are here indicated. Thus it has come to be synonymous with conservancy or scavenging. In either of these its true meaning is lost sight of, and, what is of more consequence, a very partial and incorrect significance is conferred upon it. In order that we may offer trustworthy views on hygiene properly so called, we must be acquainted with the science of geology, and the nature and property of soils; we must have a knowledge of meteorology in reference to its bearing upon the human system; thus means of preserving health in a damp climate with great extremes of temperature and negative indications by the electrometer, would be exceedingly unsuited to a dry climate with small variations and the prevalence of positive electricity. In order that we may offer trustworthy opinions in regard to sites for barracks, more especially abroad, it is essential that we should be acquainted with the conditions which affect the relative temperature as indicated by transmitted heat and by solar radiation. To enable us to offer a scientific opinion in regard to the food most likely to be obtained in a particular country, or the vegetables that may with greatest promise of success be cultivated there, we must know something of scientific and descriptive botany and of the natural distribution of plants; and so on with various other examples of our duties in which special scientific knowledge is an absolute necessity. As a matter of course we have to treat the troops when sick, and under all conditions of service. But we have to do more than this. While acting as physicians, surgeons, and apothecaries one day, we have the next to assume the character of accoucheur and sick nurse at the same time. It is difficult to indicate clearly to those of our countrymen who live at home at ease how it is that we have to thus act in so many different capacities; but to those who have seen our regiments abroad, in small and isolated stations, or on the line of march in India, there will be no difficulty in following me in my remarks. It next becomes our duty to weed the regiments under our respective charges of those men whose ailments or accidents are of such a nature as to be apparently not amenable to treatment; and here our duties are not only special in their nature, but altogether different from the medical man's in civil life. He treats his patients each with reference only to himself. We treat the soldier not so much in reference to himself as with regard to the efficiency of the general body of which he is an atom; and inasmuch as the choice of an attendant does not rest with him, so, instead of his discharging his medical man when no longer needed, the medical officer discharges him, perhaps very much against his will. Turn we now to active military service, and let us enumerate a few of the duties of our department. It is to the medical officers that the general in command must look for an approximate estimate of the ordinary casualties by sickness, death, and invaliding, which, with reference to climate and general conditions, he may lay to his account, and desire reinforcements from the mother country to fill the vacancies thus to be created; to them he has to refer for approximately near views of the quantity and nature of conveyance, accommodation, servants, medicines, and appliances for hospital purposes which should attend an army; and to them he must refer in regard to the mode of travelling best suited to non-effectives when being finally disposed of as invalids. To the exertions and the knowledge of army medical officers, the soldier is indebted for almost every improvement in his condition that has from time to time been made. I have elsewhere, in writing, and in remarks delivered before this Society, dwelt upon some of the more important of the advances in hygiene, for which the sole credit is due to the officers of our department. For example, it was at the urgent representation of an army medical officer that suitable barracks for our soldiers were erected; that a definite proportion of cubic and superficial space per man was allotted; that in malarious districts upper storied barracks were provided; that suitable rations in quality and variety were issued; that clothing has been issued with due regard to climate and nature of duties; that canteens were established with a view to check in some measure the terrible extent to which drunkenness prevailed; that suitable buildings as hospitals were founded; that hospital diets were instituted with due consideration for the requirements of the sick; that a restriction, as far as practicable, was placed upon the amount of night duty, drills and exercises to which the troops were subjected; as well as many other improvements which I could enumerate. Nor must I omit to mention that many of the moral improvements which have of late years taken place in the condition of the soldier were first advocated by the medical department, as, for example, recreation rooms, the gymnasium, temperance associations, savings banks, schools, and others, while among the first advocates of the abolition of corporeal punishments we find the name of an army surgeon. Considering the greater efficiency as soldiers of married as compared with unmarried men, it is not to be wondered at that army medical officers have ever advocated the extension of liberty to marry among them, or that they have been among the foremost advocates of increased consideration to their wives and children. The army medical officer must be acquainted not only with the phenomena of diseases which affect masses, but also with the laws which seem to influence epidemics. Thus he must be able to recognise and treat according to the principles of his art individual cases of these, to suggest suitable and *practicable* measures with a view to limit as far as may be possible the ravages they are capable of committing. In many instances, as you are aware, sporadic diseases of various forms of this class of maladies occur. It is for the medical officer to discourage alarm in such a case, but with his knowledge of the fact that diseases which thus occur are capable of propagation from each case as from so many centres of infection, it becomes his duty to suggest such precautions as are likely to afford the greatest protection to the body of troops under his care. In these and various other respects it must be apparent to all that the duties which we perform are important as well as special in their nature. They demand not only long training upon our parts, but a certain aptitude, just as much as other specialities require on the part of those who would prosecute them with success. Nor is it only to the so-called executive officers of the medical department that these remarks apply. If the duties of the administrative branches are still less of what belong to the practitioners of medicine in civil life, they are not the less important on that account; no less special. Let me briefly remind you of a few. The principal medical officer of a district in England—say that of which Portsmouth is the head quarters—visits the hospitals of all the corps in garrison once a month, and performs twice a year a regular formal inspection of all throughout the district, preparing a report of the manner in which they are severally conducted. He sees, in company with other regimental officers, important cases, and all in which a capital operation is considered to be required, his sanction being, by regulation, required before one of a serious nature can be performed, except, of course, in cases of emergency. He has to summarize as well as examine statistical reports on sickness and hygiene, prepared by regimental surgeons; has to make preliminary arrangements that regiments arriving in the district have suitable requirements for their sick; he has to see that superfluous establishments of corps about to move are properly disposed of; has to check the expenditure of what are called 'extras' issued; to see that sufficient reason is shown by medical officers for any attendants beyond the authorized number whom they may employ in their wards. Many other duties have to be performed by him, which I rather enumerate as they occur to me than attempt to classify. He has to offer his professional opinion with regard to proposed appropriation of buildings as barracks or hospitals for the troops, in regard to repairs in connection with them, and in regard to their hygienic arrangements, including heating, light, ventilation, water supply, and conservancy arrangements. In the event of infectious or epidemic disease threatening, it becomes his duty to suggest to the general officer commanding such measures as are best calculated to avert the spread of the malady, as well as to propose any special measures that may have particular reference to individual sufferers. He has to make arrangements for the proper examination of non-commissioned officers who desire to qualify as compounders of medicines, and of men who desire promotion as non-commissioned officers in the Army Hospital Corps. He has to sit as President of Boards or himself adjudicate in the cases of recruits objected to for medical reasons by surgeons of regiments; on the cases of officers arriving from abroad on sick leave, falling sick, or making application for compensation on account of wounds. He has to make suitable arrangements in regard to the distribution of medical officers in the district with reference to the requirements of the troops; has to keep the roster of those in garrison, so that each shall serve in rotation, and no more, in connection with boards of various kinds, and as visitors of the garrison cells. He has to check the returns of expenditure of medicines and of extras in regimental hospitals, and to satisfy himself that, with respect to the latter, existing regulations have been complied with. He has to verify and sign the bills submitted by medical officers for travelling allowances, and now, under the recently introduced system, to approve the pay bills of those who do not belong to regiments. He has to nominate medical officers to accompany detachments proceeding to small stations, and to arrange, where occasion arises, for opening a hospital for the treatment of their sick. He has on occasions of garrison field days and public reviews to make suitable arrangements for casualties that may occur. He has not only to check requisitions for medicines and instruments received from regiments, but also to superintend those sent in for the general supply of these for the district. He has to examine all instruments requiring to be repaired previous to submitting an estimate for the purpose. He has to inspect regiments about to proceed on foreign service from the district, selecting men who are likely to be efficient in the country for which they are destined. He has to see that troop-ships are properly provided with all medical requirements before leaving the port, and that the medical officers proceeding in charge are provided with all necessary requirements for performing their duties. There are various other offices which he has to perform, but the list I have given is, I think, sufficient to indicate the more important, of which it is only necessary to observe that, as must be obvious to any person, much of the well-being of the officer, the soldier, and his family depends upon the efficiency with which they are executed. It is with no desire to magnify the importance of the duties performed by us that I give this brief summary. As I have already observed, no one branch of the army is really more important than another, but there is this very material difference between the armies of civilized nations and those of uncivilized, that whereas the sacredness and the value of human life being recognized by the former, and every practicable means adopted to economise it, no such sentiment exists in the case of the latter, and consequently no organization maintained to save the fallen in battle or those who are stricken by pestilence. Time does not permit me to dwell further, or enlarge upon my theme. I trust, however, that the few brief remarks I have had the honour to offer may serve to recall to your recollection some of the many important and responsible duties we have to perform, and also the fact that, in proportion to the efficiency with which they are discharged, so will the interests of the military branches of the public service be advanced."

A paper was read in which Surgeon **Porter**, 97th Regiment, gave a description of a sling for bed-ridden patients, invented by him. Sketches of the contrivance were handed round, and these illustrated the manner in which it may be used in ordinary hospital practice, and in field and camp hospitals, for both of which it is especially well adapted. The sling may be made so as to be portable, and at a very trifling expense, and should, in the opinion of Dr. Porter, form a part of the equipment of all regiments on service. It consists of a piece of strong canvas, 24 inches by 18, having, if necessary, an opening in the middle; at either end it is stretched upon pieces of wood of the size and shape of ordinary rollers, and secured by means of "stays" spliced together to cords which pass through small blocks, thus by a fulcrum, whether post or hook, a patient can be raised from his couch, and such dressings applied as may be required. We shall publish this paper in full shortly.

The **Chairman** drew the attention of the members to a beautiful collection of shells presented to the Society by Captain N. B. Bedingfeld, R.N., commanding H.M.S. *Gladiator*, and arranged and named by Mr. Tyler, of Southsea. The collection, which was an extensive one, included specimens, many in duplicate, of the families known as *Cones*, *Cowries*, and *Olives*. He exhibited a number of geological specimens presented by Assistant-Surgeon T. Maunsell, of the Royal Artillery. They had all been collected from among the eocene and wealden strata in the Isle of Wight, more especially from the former at and in the vicinity of Alum Bay, and the latter at Brook Point. Among them were numerous shells, all in a good state of preservation; a fragment of the *Pycnodus*, the teeth of which were arranged in the palate in a manner somewhat similar to stones in a pavement, the fish so named being an antetype of the sea-bream of the present day; a scale of the *Lipidotus*, a so-called *ganoid* fish, whose modern representative is the "bony-pike" of some of the American lakes. There were also some vegetable impressions in the pipeclay of Alum Bay. Of remains of Saurians there were teeth of crocodiles of the Wealden period, showing the mode of dentition in those reptiles, which seem to have been allied to the alligators and caymans of our own day; various fragments of the *Iguandon* and *Hœliosaurus*, some bones of fossil turtles, and vegetable remains of the forest contemporaneous with the creatures to which they had belonged.

Surgeon-Major **Leitch**, 46th Regiment, proposed, and Assistant-Surgeon **Ball**, 33rd Regiment, seconded, a vote of thanks, which was unanimously carried, to Captain Bedingfield, R.N., commanding H.M.S. *Gladiator*, for the beautiful and extensive collection of shells he has presented to the Society; and to Mr. Tyler for having been so good as to arrange and name the individual specimens. A vote of thanks to Assistant-Surgeon Maunsell, R.A., proposed by Surgeon-Major Sinclair, 33rd Regiment, and seconded by Surgeon Shipton, 2nd Regiment, was unanimously passed for the collection of geological specimens presented by him to the Society. A vote of thanks to the Chairman for the address read by him, proposed by Surgeon-Major Leitch, and seconded by Dr. Elliott, R.N., was unanimously passed.

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Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is not easy to make out what "Prudentia" wants. Is it to be recognized as the first enunciator of the "connection between large families and the prevalence of vice, pauperism, disease, and premature death?" I am almost tempted to suspect that he is disappointed at not being acknowledged the discoverer of this connection. I cannot otherwise explain to myself why he should take exception to my statement that "the mere question of the advantages which arise from the number of children being somewhat in keeping with the financial means of the family and the physical ability of the wife satisfactorily to bear and rear offspring is not one that can occasion much discussion."

But "Prudentia" should not have allowed this little disappointment to betray him into garbling and misquoting the sayings of others. In his communication of the 10th inst. he writes :—"J. D. M. dismissed my propositions with the remark, "the mere question involved is not one that can occasion much discussion.'" The words (correctly given above) here referred to were used by me in *introducing* my observations, and had no direct reference to any specific propositions of "Prudentia." Consequently I did not *dismiss* "the propositions" with that remark.

He has, it seems, some practical plan of limiting the number of births in a family, which has been alluded to neither by me nor by your correspondent A. G. L., whose communication followed mine, but "does not think the time has arrived to explain" what it is. He desires to have previously discussed his views and propositions relative to the evils attendant on large families. In my humble opinion, however, if the time has not now come for "Prudentia" to explain his plan, it assuredly never will. To hold out for further preliminaries might have the effect of bringing to mind the circumstances under which the mountain was fabled to have brought forth a certain very small family.

Yours obediently,

J. D. M.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The appearance in one week of two articles upon the question of population in two such important journals as your own and the one above adverted to, bespeaks the deep and sincere interest which all highly cultivated medical men take in questions relating to human happiness and social tranquillity. I may take the liberty of saying, in passing, that ever since the *British Medical Journal* came under the direction of its present illustrious editor, it has cast aside all flippancy, and is becoming what it ought always to be—the journal of a serious and deeply responsible profession. Many of your readers, Sir, may have shared the joy which I felt on reading a leading article in that journal of Saturday last, November 6, entitled, "Early Marriages." The article was, with a few slight exceptions, one which I should have myself been but too proud to have written. Indeed, the sentiments are so like those I have had the honour of expressing on several occasions in your highly esteemed and most tolerant of all medical journals, that some of my friends who did not, I suppose, see how much better the style of the article was than anything I can aspire to, have been so good as to ask me whether I was the author of it. The writer of the article frankly confesses himself as entirely convinced that the discovery made by the illustrious Anglican divine, Malthus, at the beginning of this century, that our race has a tendency to increase, in old countries such as this, far more rapidly than food can be obtained for it, was one of the most important truths ever discovered by man. I entirely concur with this sentiment, for I believe that the discovery of Malthus was by *far the most important one* ever made in science, in its bearing on human health and social happiness. Before the day of that discovery, the race we belonged to had been living without a magnet to direct its course towards the great end of all our arts, namely, happiness. Wars, pestilences, famines, prostitution, all sorts of injustices, seemed destined to exist for ever; because no philosopher before that time had seen clearly the fact that all the virtues in the calendar ended in nothing but social shallows, poverty, and early death, unless there was a strict limitation of the number of births in a country. It was shown in the great "Essay on Population" which the article in the *British Medical Journal* so highly praises, that our race tends, when abundantly supplied with food and other necessaries of life, to double in from perhaps fifteen up to twenty or twenty-five years. In the United States of America, for instance, Mr. Malthus showed in his essay in the "Encyclopædia Britannica" on population, that from 1790 to 1810, the inhabitants of that country very nearly doubled in number in twenty years, by the mere powers of procreation, inherent in the race, and making full allowance for immigration into the States during that period. Mr. James Mill has well shown too, how easily this law is deducible from the facts known with regard to the menstrual life of woman.

The law of nature that mankind tends to double in, say, less than thirty years, is now so incontestably proved, that it is considered by readers of Malthus, Say, Ricardo, Senior, James and J. S. Mill, &c., &c., quite axiomatic. Once admitted, however, it becomes the chief law of hygienic science. It is the key, without which subjects such as poverty, overcrowding, infantile mortality, infanticide, or prostitution, cannot be opened up. A writer or speaker, then, who wishes to treat of such momentous questions ought to study these works carefully before presuming to speak upon them. And this is what the writer in the *British Medical Journal* has done.

The occurrence of poverty is accounted for on the Malthusian theory of population, by saying that the rapid increase of men in old countries tends always, unless restrained, to grind the poorer classes to dust. This law also explains the occurrence of so much early death among the children of the poor, as compared with those of the rich, It explains the miserable phenomena of infanticide and prostitution, both of which are, alas! so common, even in London. And here the theory of Malthus promises a very different future for the race in these respects, than it has hitherto had to undergo. Your correspondent "Prudentia" has well pointed out in the *Elgin Courier*, and in your columns, that if people in this country would only give up the habit of having large families, it would be possible to look forward to an immense diminution in the rate of infantile mortality, in the amount of prostitution, and I may add, Sir, in the amount of consumption, fevers, and other pestilences, with which we are so continually and periodically haunted. This, the production of large families, he well argues, is the cause of almost all the preventible diseases; because large families cause overcrowding in narrow rooms, bad food for children, and want of education, and poverty. I cannot sufficiently praise the benevolent attempts of those two gentlemen towards directing the attention of what is by far the most important of all the professions, the medical, to this subject. It is true that the article in the *British Medical Journal* recommends in company with Mr. Simon, in his recent pamphlet, early marriages, as a means of preventing venereal diseases, without quite showing his readers that he entertains the views of "Prudentia," and intends his young married couples not to breed too rapidly. But his other views would lead me to suppose that he means the same thing.* We may, therefore, conclude, that those gentlemen both agree with my formerly expressed opinion (see MEDICAL PRESS AND CIRCULAR), that early marriages, with very small families (and I may add on my own account, freedom of divorce), are the only solutions of the problem how to get rid of poverty, syphilis, and to lessen the frequency of phthisis. Now, with regard to the question whether it is possible to have small families, that point, of course, has been long set at rest by the knowledge of the fact that the French nation, as shown by statistics, and as mentioned in many French works on the subject, such as J. Garnier, Mayer, Maurice Block, &c., habitually, in a great many instances, voluntarily limit the number of their children to two. There is, then, no *impossibility* in following out the recommendations of J. S. Mill, Garnier, Sismondi, and others. Mr. Mill's expression that "little improvement can be expected in morality, until the production of a large family is looked upon in the same way as drunkenness or any other physical excess," shows how strongly HE feels as to the necessity of persons only having very few children.

With regard to the means taken by the French, perhaps "Prudentia" is not far wrong in his remark of last MEDICAL PRESS AND CIRCULAR, that there are so many intolerant people, even in the noble profession of medicine, yet in this country, that it is hardly time to discuss the details of the question yet. For example, when the President of the College of Surgeons, Mr. Solly, can utter such an opinion as he has once or twice been reported to have done, that venereal diseases are sent by Deity in order to keep mankind in order, it is clear that even the medical profession is not free from the follies of *à priori* or transcendental theological absurdities. But the views of "Prudentia" on this topic admit of question. Is it necessary, I ask my *confrères* seriously, much longer to put up with the pretensions of theologians, to instruct us medical men upon matters which, of course, we know very much better than they can? Is it necessary much longer to maintain a reticence upon the questions which are by far the most important in the science of hygiene, because some reverend fathers of the Roman Catholic Church, or other equally enlightened persons, choose to denominate conjugal prudence as the most damnable of mortal sins? I put, Sir, this question to "Prudentia," and to others who think like him. For my own part, I applaud plain speaking in medical journals; WE have no secrets. The human body is known to *us* in all its details, and I want to know for my part, the best means to avoid poverty and overpopulation, without, as Lord Amberley said, doing damage, if possible, to human happiness and health. As "Prudentia" objects to the French, perhaps he would kindly give us the benefit of knowing how he proposes married people to limit the number of their children without any sacrifice.

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* This is an error. In the *Journal* of Nov. 13 the writer advocates early marriage and emigration.—C. R. D.

I remain, Sir, yours faithfully,

CHARLES DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.

Southampton row, W.C., Nov. 11th, 1869.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The numerous physiologists who have lately written upon the imprudence of having large families have omitted to mention the fact stated by some French observers, and admitted by Marion Sims to be for the most part the rule, that conception cannot take place during the ten days preceding the menstrual period, intercourse then being unfruitful.

MEDICUS.

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IN MEMORIAM.

RICHARD GRIFFIN.

FULL of years and full of honour, the father of Poor-law Medical Reform sinks into the grave, followed by the affectionate remembrances and the tearful regrets of all his professional brethren, and of all who knew anything of his high worth and noble aims. The heart of many a medical reformer will sink within him as he hears that this master in Israel has fallen. Let his example stir them still to emulate his deeds, and their regrets shall be hallowed.

There is none to take his place. Only his work accomplished remains to us. He had fought a good fight, and now he rests, the benisons of all following him home.

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Medical News.

NAMES of gentlemen who have obtained the diploma of Licentiate of the Royal College of Surgeons of Edinburgh, between August 1st, and November 11th:—

SCOTLAND.

Roderick Fraser McKenzie, Inverness.
John Cameron, New Pitsligo.
Alexander Morrison Lang, Kirkintilloch.
John Thomas Finnie, Peterhead.
David Shine, Aberdeen.

ENGLAND.

James Hogg, Liverpool.
John Sawyer Bridgford, London.
John George Saville, Woolwich.
William Kelsey, Haxey.
Alexander William Flood, Dancsport.
Daniel Ernest Mills, Tenterden, Kent.

IRELAND.

Oselar Frederick Molloy, Belfast.
Alexander Stewart Minick, Cork.
Arthur Wellesley Tomkins, Cork.
Bernard Kelly, Banagher.
Martin Ambrose M'Donnell, Roscommon.
John Dundee, Co. Antrim.
John Smallman Leland, Co. Roscommon.

ABROAD.

Arthur Gamgee, Florence.
William Gregory Keith, Colombo, Ceylon.
George Frederick Alexander M'Manus, Virginia.
William Gregory, East Indies.

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Deaths.

ASHWIN.—On the 3rd inst., at Abergavenny, Charles Manley Ashwin, M.R.C.S., L.S.A., aged 81.

GRIFFIN.—On the 12th inst., at 12 Royal terrace, Weymouth, Richard Griffin, Esq., aged 63.

LESTER.—On the 1st inst., at Blackheath, C. S. Lester, M.D., Surgeon, R.N.

PICKWORTH.—On the 26th ult., James Pickworth, M.R.C.S.E., of Billingborough, Lincolnshire, aged 86.

Advertisements.

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ESTABLISHED A.D., [illegible]

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 24, 1869.

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EXPERIENCES OF A REGIMENTAL SURGEON IN INDIA.

By C. A. Gordon, M.D., C.B.,

Deputy Inspector-General of Hospitals.

(Continued from page 360.)

MENTAL AFFECTIONS.

During the first year the 10th Regiment was in India only one case of mental disorder occurred, and it of melancholia. In the second year there were four, namely, three of monomania, supposed to be due to intemperance, and one of melancholia, attributed to the patient having at one time received a blow on the head. In the third there were three cases, namely, one of monomania, the result of intemperance; one of melancholia, from injury to the head; and one in whom the affection was assumed, the malingerer being subsequently sent back to duty. Only one case occurred in the fourth and fifth year, the nature of which is not recorded; but the fact may be noted that, in the former of these, the regiment was engaged in an arduous campaign against the Sikhs, and went through several well-contested battles. In the sixth year one case occurred, namely, of amentia, the cause of which was not apparent; but the attack was temporary, the patient having recovered within the twelve months. The following year, however—that is, the seventh—five cases, all of amentia, occurred, the causes of attack being in all obscure. In the eighth, two cases, both of mania, occurred. The cause was in one obscure, and the patient had to be invalided; in the other, the attack was attributable to intemperance, and the patient recovered. Four cases, all of amentia, occurred in the ninth year. In one drink was the cause, and the patient had to be invalided; in the three remaining cases the cause of the affection was obscure. Two of the patients recovered, and one was sent to England as an invalid. In the tenth year two cases occurred, namely, one of amentia, arising from intemperance and repeated attacks of delirium tremens, the patient being subsequently sent home as incurable; the other, a case of mania, seems in reality to have occurred in a person labouring under ordinary phrenitis. In the eleventh year three cases came under notice. In one the symptoms were suspicious, so much so that the patient was only taken under observation; after a time, however, he manifested symptoms of mania, and died of phrenitis. The second case was feigned, its subject ultimately returning to his duty. The third case was, to say the least, suspicious, and happened in a soldier who, there was every reason to believe, had determined to incapacitate himself from military service, although with the alternative of being transported for life. With this view he struck a non-commissioned officer, and, while being medically examined as to his fitness to undergo punishment, then struck me. I myself raised the question of his sanity, more with a view to shield him against the probable consequences of his offence, seeing that assaults upon officers were at the time becoming so frequent that sentence of death had at last to be carried into execution to put a stop to them. This soldier was acquitted of his crime on the plea of insanity, and sent to the Government Lunatic Asylum. After remaining there a year he was discharged to join his regiment, but while *en route* died of cholera. In the twelfth year three men, labouring under anomalous symptoms, were taken under observation; two of them ultimately returned to their duty, but the third having been retained many months under observation, under the belief that he was simulating insanity, became affected with low fever, under which he rapidly succumbed. In the thirteenth and last year to which my records extend, five cases of mental affection came under observation. In two of them the form of disease was unquestionably amentia, but in three the symptoms were of such a nature as to cause some suspicion regarding their real nature.

If now we analyse the abstract just given, we find that in the period mentioned there occurred in the 10th Foot fifteen cases of amentia, of which five terminated in recovery; the subjects in n instances had to be invalided.

There was one case of mania, the patient dying of phrenitis. Five cases of monomania were recorded, the patients in all being invalided. There were two of melancholia, also invalided. There were eight in which the symptoms were more or less suspicious; of these, one patient died of phrenitis, one of fever, two returned to duty, one was sent to a lunatic asylum on conviction of a military crime, and three remained under observation.

It would appear by the regimental returns that the cases of melancholic form of mental disorder were of most frequent occurrence during the earlier period of the Indian service of their subjects. If such be actually the case, it is quite in accordance with what might be expected; but in all probability it needs further confirmation, as does also the equally popular impression that cases of suicide are in proportion more frequent among Scotch soldiers than in either the English or Irish. I do not now remember any instance in which a soldier of the 10th Regiment attempted suicide during the time to which my notes refer. It would seem that the causes which lead some to shorten their own lives had with them the effect of producing personal recklessness, ending in crimes of violence against others, and in outbreaks of dissipation; and this leads me to remark that there are at times episodes in the history of men who enlist as soldiers sufficient in themselves to account for many acts of desperation of which they are guilty before the final act is perpetrated which terminates the period of their personal liberty, or induces the illness which removes them by death or invaliding from the army. I had occasion to see a striking illustration of the truth of this remark while stationed at Wuzzeerabad, in the Punjaub, in 1851. Shortly after I had been struck by a soldier, as already mentioned, the Surgeon of the 3rd Light Dragoons, then occupying the same station, was, while visiting the sick, severely assaulted by a soldier of the corps, then a patient in the hospital. Dr. Henderson, desirous, if possible, to save the man from the legal consequences of his offence, suggested that a Board of Medical Officers should meet to inquire into the state of the man's mind. I was President of the Board so assembled, and perhaps on that account was selected by the unfortunate soldier to listen to the sad tale he had to relate. His name was Brown, at least that was the name by which he was known in the 3rd Dragoons. According to his own account, he and a bricklayer's apprentice of the name of (assumed or real) of Eaton, one Sunday night in 1845, while walking along Wandsworth Common, met a drunken sailor. Both of them were at the time "hard up." They had been drinking, and the sight of the sailor, who seemed as if he had come off a long voyage, tempted them to think of robbery and murder. The double crime was speedily carried into execution, and Brown related to me in all their minuteness the means by which they were perpetrated, adding that the proceeds amounted to £40 in money, together with a gold watch and chain. He further informed me that the money and watch were retained, but the chain disposed of in a shop in one of the streets near Drury lane Theatre. In order to dispose of the body a spade was robbed from a house at some distance, a grave dug, and during the darkness of night the evidence of the crime committed to the earth. But one of the murderers, haunted by his crimes, fled first from one place, then from another; and the war in the Punjaub then being in progress, enlisted, as he said, in the hope of being killed in battle. By the time he joined his regiment the first Sikh campaign had been brought to an end. For some time he was therefore obliged to undergo the monotonous routine of regimental duty in an Indian cantonment, brooding in secrecy over the one terrible crime he dared not confess. At last the second Sikh war broke out, and when the 3rd Dragoons came in contact with the enemy he rushed desperately on with no other object than meeting death. But he was foiled, and after a couple more years of dull monotony and brooding over his own secret, he determined to strike an officer, in order, as he hoped, to be tried and shot for the offence, as a soldier of the 14th Light Dragoons had shortly before been at Meerut, for a similar crime. All these particulars were carefully reported by me in the proceedings of the Board at the time. The 3rd, being ordered home, however, left the station, this man accompanying the corps, and I heard nothing more of the man till 1868, when, having to visit the regiment officially at Chichester, prior to its embarkation for another term of Indian service, I inquired after Brown of the one only officer who then remained of those who had left Wuzzeerabad with it. He informed me that the account given by Brown had been verified on their return to England, but that the man himself had become a confirmed lunatic, and had been sent to an asylum. I am induced to give the narrative as illustrating one phase of life in those who join the ranks of the army.

It would be foreign to the objects of these papers to discuss the probable occurrence of what is called *moral insanity* among the different members of a regiment in India. That such a form of mental affection does exist, however, is undeniable, although the line of demarkation between it and ill-regulated passion or vice is so imperfectly defined that it is difficult, nay, often impossible to say at what precise point the one ceases and the other begins. There is, however, much reason to believe that were the views held by authorities in the laws in regard to this important question more in accordance than they are with the truths exhibited by medical investigation, many of the breaches of military discipline committed by soldiers, instead of being, as they so frequently are, visited by heavy sentences, would be looked upon as manifestations of moral infirmity, as much as an ordinary injury or disease is of the physical system, and would be treated accordingly. There is much reason to believe that the mental faculties of both officers and men serving in India, are in a higher state of *exaltation* than of those who reside in more temperate climates. Hence, perhaps, the tendency so general in that country of magnifying the importance of derelictions of duty, and of the more venial offences so often observable there; and hence it may be assumed many of the scandals and acts of tyranny which far too often are recorded in the local papers, or form subjects for the different law-courts there and at home. This branch of my subject is a fertile one, but it may be advisable merely to observe that nowhere more than in India, if indeed anywhere so much as in that country, does the remark hold good, that the subjects of passion, rage, and various forms of mind, are quite as often suitable objects of medical treatment, rather than for the military ordeals, which literally serve to aggravate rather than relieve the *disease* under which they labour. The older I become, the more leniently I feel inclined to look upon many *crimes* committed by men of long Indian service, and of those who have suffered from bodily ill-health there.

The affection known as *nostalgia*, or *home sickness*, which in former years was of frequent occurrence in the army, seems in more recent times to have ceased among soldiers. Probably the altored conditions of service now as in former times have been the cause of this difference, and, if such be the case, the circumstance speaks more than almost any other in favour of the many improvements that have, during the last thirty years, taken place in the condition of the soldier. I may observe that these remarks are meant only to apply to what may be called idiopathic cases of nostalgia, or those in which, without the presence of any physical disease, the person becomes seized with a longing to return to his former home and friends, so intense as to amount to a form of monomania. Such a condition is by no means rare during the course of severe or tedious bodily illness, and has an important bearing upon the best manner of disposing of such men with a view to their convalescence and recovery. There are few, if, indeed, any, medical officers in India, who have not been appealed to by soldiers against the proposal to send them to a hill "sanatorium;" these were often declaring that if they could not be sent home to their own country they would prefer remaining among their own regimental acquaintances to being sent anywhere else, and the surgeon of experience never failed to have due regard to the wishes of the man, knowing as he did that his acquiescence or refusal would exercise the effect of, it may be, restoring in a great measure the hopes and strength of the patient, or of consigning him to a weary and desponding period of illness, too often to be ended only by death. This question has an important bearing upon that of having sanatoria for our Indian troops at the Cape, Australia, and elsewhere, in preference to sending them home. I would not now discuss it farther than to observe that I myself have heard sick soldiers declare that if they could not be sent home they would prefer being left to die as and where they were, that one foreign country was the same to them as another, and all they cared for was to get home, meaning thereby to the United Kingdom. While upon this subject I may also observe, that so far as my experience enables me to state, soldiers are, as a body, indifferent to the physical fact of dying. In my regimental career I have only in one instance been asked by a sick soldier as to my opinion of his illness, although I have necessarily come in contact with men of almost all positions of life, education, and characters.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

November 15.

Peter Marshall, Esq., President, in the chair.

Mr. **Teevan** exhibited to the Fellows

A CALCULUS, WEIGHING 2¼ OUNCES,

composed of lithic acid, and the phosphates covered with spiculæ, which he had extracted from the bladder of a patient who had walked from Birkenhead to London, 200 miles in 12 consecutive days, the last day having walked 38 miles in the greatest agony. Mr. Teevan having first examined with the lithotrite, and finding the stone large and the bladder irritable, performed lithotomy, cutting low, and having after the first incision to make four separate cuts to liberate the stone. In answer to Mr. Hanworth as to the limit in regard to size of stone in relation to the operation of lithotrity, Mr. Teevan stated he was guided more by the state of the bladder and constitution of the patient, performing lithotomy in preference to lithotrity, in irritable subjects. In one case of lithotrity under his care the *débris* amounted to 3 oz. in 16 sittings.

Dr. **Dick** exhibited a

KNIFE SUITABLE FOR ALL OPERATIONS WHERE TWO KNIVES ARE REQUIRED,

the cutting blade being covered at will by a sliding sheath secured by a spring in the handle.

Dr. **Hawksley** then read a paper

ON THE "STETHOSPHYGMOGRAPH" AS AN AID TO THE PHYSIOLOGICAL AND PATHOLOGICAL INVESTIGATION OF THE FUNCTIONS OF RESPIRATION AND CIRCULATION,

in which he purposely forbore to introduce any deductions or generalisations founded on the use of the instrument; he pointed out the use of taking a large and careful series of observations before the work of tabulation and comparison of facts could be usefully carried out. On this occasion he exhibited the practical application of the instrument on a case of phthisis pulmonalis, and one of well-marked mitral regurgitation. In every case three simultaneous and synchronous tracings of moving organs are taken, as, for example, the two lungs and the radial pulse, or the heart, the radial pulse, the carotid, and the femoral. It was clearly demonstrated that the tracings would show any disparity in the action of the two lungs, also the relation of inspirations and expirations; and associated with the pulse tracing it affords the opportunity of observing not only the peculiarity or modifications of the circulation, as in the case of Marcy's sphygmograph, but in addition their relation to the respiratory process. It is equally certain that by the aid of this instrument any question as to relative time in the transmission of the blood wave through the arteries may be solved, as, for example, the time occupied in transmission to the radial, the carotid, or the femoral artery; and this may be found to have important connection with the diagnosis of aneurism and tumours, as well as with diseased state of the arteries and with chronic disease of organs. After these demonstrations the author gave a *resumé* of the foundation facts on which the science of stethography is built, illustrated by drawings, diagrams, and an experiment which was very successful in demonstrating the aid that elasticity in tubes affords to the passage of fluids and the comparative impediment of rigidity.

At the conclusion of the paper the President thanked the author in the name of the Society for his elaborate and scientific paper.

Dr. **Temple** observed that as the paper was not of a controversial character it was not likely to produce discussion. It might be a matter of question whether the result obtained by the sphygmograph might not be attained by other and simpler modes of diagnosis, but in a philosophical point of view it was impossible to withhold admiration from the ingenuity which had devised the instrument and the great mechanical skill which had brought it to perfection. In a physiological, pathological, and therapeutical light, Marcy's invention, as modified by Dr. Hawksley, would no doubt, in time, produce most important benefits to medical science and practice.

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Literature.

ON THE USE AND VALUE OF OXYGEN, &c.*

The application of oxygen to the treatment of disease has long been a favourite idea. The source of this popularity is, no doubt, to be found in the obvious train of reasoning which suggests its use. Ever and anon the flickering spark of some imperfect therapeutical generalization comes in contact with the oxygen hypothesis, and straightway flares up again into a short-lived brilliancy. Happily, these Will-o'-the-wisps are daily becoming more rare and less misleading, for a wholesome spirit of scientific doubt is growing up in the medical mind, and rapidly extinguishing that credulity which has added to our materia medica so many useless remedies. We are almost inclined to think that more than half of the knowledge we possess of remedies is useless and false knowledge, and that we should be in a better position without it. As far as oxygen is concerned, we should certainly not be worse off if the book before us had never been written. We have carefully perused its pages, and have failed to discover any precise notions of the *modus operandi* of oxygen, or the diseases for which it is a valuable remedy. We are not surprised at this, for the therapeutical action of any drug is one of the most complex problems the human mind can undertake to solve. To say nothing of the infinite number of disturbing causes which may mar our observations, we must bear in mind that therapeutics can only be scientifically approached through physiology and pathology. We must successively fathom the laws of normal and abnormal function before we can analyse the phenomena following the administration of a drug in health and disease. When physiology and pathology are perfected, and not till then, can therapeutics assume a completely scientific form. But, meanwhile, we know enough of the laws of life and disease to render it possible that all inquiries into the action of drugs should be conducted according to scientific method. Pure empiricism should no longer be encouraged; it has borne good fruit in its day, but its day is passed. Empiricism belongs to the infancy of science, and, unfortunately, the infancy of medicine has been long.

The author states in his Preface that the results of his practical application of oxygen "afford quite sufficient evidence" that it "may be employed as a valuable medicinal agent." Further on he gives, under the head of "Clinical selections illustrating the singular power of oxygen as a curative agent *after the failure of other treatment*," a list of the diseases successfully treated. Here we find "Epilepsy of 30 years' standing," "Carbuncular boils," "Chronic affection of liver and brain, with partial paralysis," "Ulceration of leg," "Disease of cervical vertebræ," "Nervo-congestive headache," "Organs of sense paralysed, general paralysis threatening,"

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* On the Use and Value of Oxygen in the Treatment of various Diseases, otherwise incurable or very intractable. By S. B. Birch, M.D., &c., &c. 2nd Edition. Churchill & Sons. London, 1868.

"Amenorrhœa," "Diabetes," "Complete paralysis of lower extremities," "Chronic bronchitis, and pulmonary congestion," "Diseased lungs and liver, terminating in gangrenous sloughing," "Pulmonary consumption in two kinds of constitution," "Asthma," "Fatty degeneration of the heart," "Imminent apoplexy," "Intense neuralgia," "Valvular disease of heart," "Chronic congestion, relaxation, and irritability of the womb, with extreme spinal weakness," "Threatened senile gangrene," and several other cases all equally complex and alarming, but all yielding to the use of oxygen. We thought, as we read,—Verily, the days of miracles are not yet over! But, alas! the age is a sceptical one, or these 72 pages of wonders would win from a grateful people some national recognition for one who has introduced a curative agent so universally successful "*after the failure of other treatment.*"

Of these clinical selections, we must say that they are worthless as evidence. When a mode of treatment is based on clinical observations, we have a right to require that each case should be most minutely taken. Every fact must be a well-observed and well-recorded fact, or it is useless for the purpose in view. While we turn away from this evidence as unsatisfactory, to the author's explanation of the *modus operandi* of his remedy, we find everywhere such expressions as "intrinsic vital power," and "the imponderable forces in the animal economy," which are to be invigorated, so says our author, "by the quasi-catalytic power of oxygen in the lungs." Stones instead of bread, from which the hungry student turns in sorrowful anger! We are sorry to have to speak thus; but our condemnation must be understood to apply not to the subject but to the manner in which it is treated. Our own experience leads us to believe that oxygen may in some cases be used with much advantage, and our regret is, consequently, greater when we find a treatise on the use of oxygen in disease written in a style which is more likely to repel than attract the earnest seeker after truth.

WURTZ'S DICTIONNAIRE DE CHIMIE.*

PERHAPS one of the most important articles in the Parts before us is by M. G. Salet. It is exhaustive in its scope, and commences by a consideration of the mechanical theory of heat, "*La chaleur au point de vue mécanique;*" the second is taken up with the physics of heat. In the first the author gives an account of the researches of Mayer, Joule, and others; in the second he comes to the consideration of specific heat. We have then a third part, in which heat is considered from a chemical point of view, and concludes by reviewing the labours of Andrews, Favre, Silbermann, and others, in connection with the heat given off during chemical combustion. In an able and elaborate article on crystallography, the authors (MM. Friedel and Salet) insert, under the head of "*Correspondance des Notations Cristallographic,*" tables by which the notations of Naumann, Miller, Weiss, &c., are compared. We have already referred to the excellence of the illustrations of this Dictionary. It is particularly evidenced in this article.

In the article upon copper mention is made of a compound of hydrogen and copper discovered by M. Wurtz in 1845. It is formed by heating a concentrated solution of sulphate of copper with hypophorous acid. This compound, which attracted little attention at the time of its discovery, has been endowed with interest from the recent experiments of the late Prof. Graham on occluded hydrogen. The copper loses its hydrogen on heating to 55° or 60° C. The other articles of interest are—"Ceruse," "Charbon," "Chlore," "Chloroforme," "Chrome," "Colchicine," "Creatine," Cuminic Acid Alcohol, &c.; "*Cuminique,*" Hydrocyanic Acid, "Cyanhydrique Acid."

The following account of curare may interest some of our readers:—"Curare is an extract procured from strychnos toxifera, and is used by the Indians of America to poison their arrows. It comes as a black extract, solid, and of a resinous aspect. Its taste is bitter. Æther extracts a fatty matter; alcohol partially dissolves it. The aqueous solution is acid and very bitter. It contains the active principle, curarine."

The curare is a very energetic poison when introduced subcutaneously, but it may be taken into the digestive tube without producing accidents. It is necessary that it should come in contact with the blood. It acts, above all, in controlling the faculties of the nervous system. It is therefore remarkable that, although it is the product of a strychnos, it acts in opposition to strychnine, which is a tetanic poison.

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WORK WITHOUT PAY.

THE discussions which have lately arisen relative to the management, medical and financial, of St. Bartholomew's Hospital, have brought into prominence a question which deserves consideration, apart altogether from the circumstances of the particular case. What is the special claim to the respect and confidence of the public of those who fill what is called "honorary" offices? In the multifarious affairs of a complicated state of society like ours, many little services of a temporary character will require attention which may be most happily rendered gratuitously. A committee formed for presenting a testimonial to some private pet or public hero, or for collecting subscriptions with a view to the mitigation of some occasional calamity, may well be administered by unpaid officials. Temporary work of a benevolent character, should not, of course, be clogged by salaries to secretaries or commissions to collectors. But when even charity itself is on a large scale, when its resources are pledged to permanent service, and when the revenues by which its operations are fed are drawn from large estates which themselves demand incessant oversight and careful cultivation, to entrust its responsibilities to honorary agents may add a superficial grandeur, and a look of completeness and consistency to the institution; but does it in the long run afford any guarantee of economical and efficient administration? Have we—has society—any right to expect any man to devote his whole time to public duties of an arduous nature and encumbered with diverse delicate obligations without claim to remuneration or hope of reward? In any case in which service is accepted on these unnatural terms does society really get what it bargains for? And, finally, has the man who undertakes a heavy business without payment any right whatever to forbearance on the part of his constituents in their judgment of the work he performs, on the ground that his office is one which bears no remuneration?

Every rule may be liable to exceptions; but, as a rule, we hold that what is not worth paying for is not worth having; and that the very springs of industry and obligation are put in peril of corruption by that system of gratuitous service, which, under various pretences, so largely prevails in our time. Let it be allowed that a gentleman who is by accident or diligence in possession of a fortune adequate to all his ideas for this life, and who prefers occupation to repose, may legitimately feel that to undertake the administration of the estates of some well-endowed charity will be alike honourable as a proof of his public spirit and gratifying to his benevolent inclinations. It will happen in nine cases out of ten, however, that this dignified benefactor will become either perfunctory or neglectful; that years of routine labour will depress his enthusiasm and deaden his sense of responsibility. And then, when, because expenditure insidiously increases on the one hand, whilst revenues insidiously diminish on the other, some critic gently insinuates that these results are the effect of carelessness at the treasury, it is likely enough he will meet censure with the plea, "I am not paid for what I do, and you have no right to call me to account." The plea is not sound, either in the logic or the morality of social obligations; but it is, as human nature is constituted, practically forcible. Men feel that to condemn an unpaid servant on a slight pretext is something like ingratitude; and thus it comes to pass that honorary offices of permanent trust are but seldom discharged with real efficiency and strict fidelity.

Moreover, a good many offices that carry the attractive designation "honorary" will prove, on examination, to be nothing of the kind. Valuable privileges belong to them. There are advantages which mere salary cannot represent—distinctions which no emoluments could purchase or secure. We have no wish to wound the feelings of the medical gentlemen who stand at the head of the professional departments of our great hospital charities, or cast any shadow upon their reputation. But how can the word "honorary," without some considerable qualification, be applied to their hospital appointments? True, they do not stipulate for regular salary, or for the payment of fees according to a fixed scale. True, they abstract nothing from the income of the institution. But they enjoy a distinction which is the most valuable advertisement they could possibly have. That distinction is secured to them, moreover, as a veritable monopoly. We have heard a great deal lately about the gross inadequacy of the professional machinery of our splendid hospital establishments. The complaints on this subject which have reached us have, we admit, been slightly querulous in tone, and somewhat seriously compromised by the influence of manifest personal resentment; but are not the complaints true in substance? It will not be pretended that if these "honorary" offices were thrown open, where there are now two physicians and two surgeons, ten of each class of perfect competency would not be at once available. But the professional value of the appointments would be thereby correspondingly deteriorated, and therefore the holders of existing offices are no friends to the wider diffusion of their obligations and labours. Nor is this all. Our great public hospitals are our great schools of medicine, and the medical officers of some of them make large revenues by the fees of the students. In their case, therefore, the word "honorary" must be understood to bear an eccentric signification.

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* Dictionnaire de Chimie, Pure et Appliquée. Par Ad. Wurtz. "Cerusé" à "Cyanures." L. Hachette et Cie, Paris.

The nation is indebted to Mr. Gladstone for introducing unpaid Ministers into the service of the State, and we objected to the plan at the time. Either Lord Lansdowne has some work to do, and is able to do it, in which case he should have required a salary, and by doing so entered the lists with other aspirants for place of smaller fortune; or he is of no use to the country, and, therefore, not entitled to the official *status*—even though that *status* may have many of the characteristics assigned by Lord Salisbury to *prestige*.—*The Globe.*

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MEDICAL REFORM MEETING AT BIRMINGHAM.

A NEW ASSOCIATION STARTED.

A LARGE meeting of the Profession was held last Saturday evening, at the Midland Institute, in connection with the memorial which has already been so fully considered in our columns.

Dr. Bell Fletcher, who occupied the chair, having detailed the measures that had been taken in reference to the memorial, suggested that the time had arrived for a more thorough organization than has yet been effected.

Mr. Sampson Gamgee moved: "That the Provisional Committee of the Medical Reform Union be authorised to present the Birmingham memorial to Her Majesty's Government, in such manner as they may deem best calculated to secure the object of the memorialists." He said they had done one thing, and that completely—they had answered those who had been in the habit of saying that those who took an active part in the movement did not know what they wanted—(hear, hear). He thought those who had taken part in the movement might pride themselves upon its principles, which were not sectarian, but catholic and scientific. The object in view was simply to benefit society, and promote the welfare of the nation—(hear, hear). They had been advised by the leading men in London, and their course had been approved by the medical press. It would be a great pity indeed to let the matter drop after simply presenting the memorial to Government. The first thing to be considered was the name to be given to the organisation, and it was proposed to call it the Medical Reform Union the only object at present being to improve the Medical Act.

Mr. Manley would second the resolution if one name were left out. A warm altercation then ensued, objection being made to any intercourse with Mr. Demsey, whose name will be familiar to our readers in reference to the Club question. The chairman read the paragraph in the memorial condemning those who lent their names to unqualified persons. Mr. Demsey called it an absurd paragraph, though he stated he had signed the memorial. He admitted having an unqualified assistant.

Dr. Foster then moved the following resolution:—"That Dr. Bell Fletcher, Mr. A. Oakes, Mr. Gamgee, Mr. D. C. L. Owen, Dr. Heslop, Dr. Johnson, Dr. Hinds, Dr. Keyworth, Dr. Lory Marsh, Dr. Boddington, Mr. Furneaux Jordan, Dr. Foster, be appointed a Provisional Committee (with power to add to their number) for the purpose of forming a Medical Reform Union on the basis of the memorial, and that the Committee be empowered to enrol as members of the Union such members of the Profession who have signed the memorial as they think fit."

Mr. Manley seconded the resolution. He said any remarks he had made were for the benefit of the society. His aim had been to correct the lukewarmness on the part of the medical profession.

Dr. Lory Marsh suggested an adjournment, with a view to make this a preliminary meeting.

The resolution of Dr. Foster was carried, and Dr. Bell Fletcher appointed chairman, Mr. S. Gamgee vice-chairman, Mr. A. Oakes, treasurer, and Mr. C. L. Owen secretary of the Provisional Committee.

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SCOTLAND.

ADMISSION OF LADIES TO MEDICAL CLASSES.

WE now give—what has been unavoidably delayed—an abstract of the speeches delivered at the General Council of the University of Edinburgh, believing, that as they relate to a matter of much interest to the Profession, they are worthy of being preserved in our pages.

The Rev. Dr. PHIN, Assessor for General Council, moved that the General Council disapprove of the resolution of the University Court to admit ladies to medical study in the University of Edinburgh. After defending the course he had adopted in bringing his motion before the General Council, he proceeded to say that he was not afraid or ashamed to avow his opposition to ladies becoming members of the medical profession. He had no objection whatever to their education in the science of health. He regarded that as most desirable; he considered it as of the utmost importance that they should receive a general education, and that they should be instructed especially in the way of preserving health, and in the way of restoring health when sickness came on. But while he considered women admirably fitted for acting as nurses, and while he would train them as such to the highest extent, he would not have them licensed as surgeons or as physicians. That was what was now asked for, and that was what he opposed. And why did he oppose it? He answered—In the first place, because he believed there was no need for the admission of ladies into the medical profession. He did not believe in the stories which were so often told about women losing their health because they could not make up their minds to consult medical men. He believed that such women who lost their health in the way to which he had referred, lost it because they would not divulge their condition to their mothers, or their sisters, or elder relatives or friends. If they would divulge their condition their friends would have no difficulty in obtaining for them the opinion and advice of competent doctors. He was persuaded that those delicate women whom they often heard of falling into bad health because they did not choose to consult men, would not consult those medical practitioners who were now seeking to be authorised. He was convinced that the demand for ladies as medical practitioners did not exist; and if there was no demand, why should they furnish the supply? He went further. He objected to the granting of degrees in the medical profession to females, because he thought there was great risk of practitioners of the female sex appearing who would enter upon very improper practices. This was a very delicate subject, at which he could only hint in such a meeting, but the details which were given of it in the Court when the matter was pleaded there were of the most alarming, he would add even of the most horrible description. He objected to females becoming practitioners of surgery and medicine, because, speaking of them generally, he held them to be both physically and mentally disqualified from acting as surgeons or even as physicians in those nerve-trying cases which doctors must constantly anticipate. They made excellent nurses in ordinary ailments, but surgeons and physicians must go far further than that. There were comparatively few women who were desirous to be recognised as medical practitioners. Granted that some of the few would do well in the profession which they desired to enter, he held that it was inexpedient to depart from well-established good rules for their sake. He had been told that the Medical Faculty was against him. He was well aware of that, but notwithstanding the great respect which he felt for the members of the Medical Faculty in this University, and for the members of the other Faculties also who had agreed with the majority of the Medical Faculty in this matter, he was not very much moved by the fact of this opposition. The Medical Faculty was not unanimous. The Nestor of the University, the remnant of the Professors of a former age who were fast passing away—Professor Christison—was opposed to the course which the other members of the Medical Faculty were inclined to follow; and some eminent Professors in other departments agreed with Dr. Christison. Nor could he forget that an illustrious ornament of the University whose retirement from the Professorial body they that day deplored, was as decided in his opposition to the movement as any member of the Council could be. He felt, therefore, that he was in good company in following the course he had taken. Besides, what did the Medical Faculty and the Senatus recommend to them in this matter a few months ago? They proposed in the University that ladies and gentlemen should prosecute their studies together in certain medical classes. When that resolution was come to, there was a petition presented to the Court signed by no fewer than 180 students against this monstrous proposal; and the University Court, he was glad to say, rejected it. But it should be remembered that though it was rejected by the University Court, it was approved of by the Medical Faculty, and by a majority of the Senatus, so that the fact of the Senatus and the Faculty being against him did not disturb him very much.

Dr. Andrew Wood seconded the motion. He said that one of the great arguments brought forward in favour of ladies being doctors was that women were increasing at a tremendous rate in the world, and that as it was not in our power to diminish them as we would Norway rats, that therefore we should convert them into doctors of medicine. But had it been proved that there was not sufficient men in the world to perform the duties of doctors of medicine? Was there not a sufficient supply of medical men? Why, the competition in the medical profession had arrived at such a pitch that many medical men were actually starving for want of employment. And were they to improve this state of matters by bringing ladies out of their proper sphere into a sphere that had hitherto been occupied by men? Then it was said that they should not oppose this because the University was very poor, because the Professors were poor, and that it was of great consequence that the fees to be got from the ladies should go to eke out their pitiful subsistence. But that was a poor argument, and they should not be influenced by it. The question was, was this a proper profession for ladies? Any one who knew what the study of the medical profession was knew that there were a great many things to be encountered in the course of study that were not fitted for ladies. There was no use of being mealy-mouthed on the subject; and he must say that he could not look with any degree of comfort upon any lady whom he saw coming out of the dissecting-room. He did not think the ladies knew what they were going to encounter. Were they going to attend all the operations in the operating theatre? were they to sit for hours in the dissecting-room cutting up human bodies? These were not places for ladies. The law was a cleanly profession; let them go to the law; or if they did not like the law, let them go to divinity. He had no hesitation in saying that the teaching of women would be found to come little short of the teaching of men. Divinity was also a cleanly profession. If they sanctioned their admission to a profession which they ought not to adopt, they were unsexing the ladies. He maintained that he could not be considered as speaking against the fairer sex. He held that he was their champion. Every lady he had spoken to on the subject had most unequivocally declared that, instead of it being easier for them to consult female doctors, they were totally opposed to the admission of ladies into the profession.

Professor Masson, in moving the amendment, said—In the interest of what I consider the right conclusion on a most important public question, in the interests of five women who are not here to represent themselves—for the credit, also, of the great University to which we belong; for the credit in part even of this city—I rise to meet Dr. Phin's motion with as dead, as direct, and as complete an opposition as I can. After referring to the progress of the movement, the discussion anent it in the University Court, and the desirability of obtaining the opinion of the General Council on the resolution adopted by the Court, he proceeded to characterise the supposed arguments used by the two previous speakers as consisting of fallacies and phrases. There are some things in the medical profession that make it unfit for women! They imagine what all women have to go through in the study of medicine—and he supposed all medical men could do that better than others—but when he employed his fancy to the uttermost in realising the most disagreeable details that belong to that profession, he could not see that he could call upon women to do very much what women had not been doing from the beginning of the world. He supposed that from the beginning of the world women had attended sick beds and nursed. He supposed that from the beginning of the world women had laid out dead corpses. He not only supposed, but knew, that women, whose names are immortal—one woman in particular—who is thought of and spoken of as the ministering angel of our time, and other women who attended her, went to the East during the Crimean war. There was no talk then in this country about the disgusting nature of their occupations, and of what they did. On the contrary, there was not a man worth the name of a man who did not have in his fancy all that disgust, even of the utmost minutiæ, who did not melt that down in the purest gold of honour that he could put on the heads of those women. Again, there is a fallacy in all this argumentation which amounts to this—that they speak as if the whole feminine sex were to rush into this one profession of medicine. They speak of the profession as being overrun, and as if the whole sex were to be deteriorated and taken out of its natural bent. This is not the question. It is not whether you or I would like any woman we know or take an interest in to study medicine. The question is not about all women studying medicine. The question is, whether those particular women who want to study medicine, and who have made up their minds to study it, shall have the right to do so or not? This was no party question: it appealed to stronger principles. It was a question of right on the one hand; and they might drive back five women from a career which they had chosen, and which they had proved themselves, as far as preliminaries went, unusually fit for. He concluded by moving—"That the General Council approve of the University Court respecting the admission of women to the study of medicine in the University of Edinburgh."

Professor **Bennett** referred to the fact that the University of Paris, as well as other Continental Universities, were open to female students; and pointed out that one result of refusing admission to ladies to the University here would be to send them to the Continent for their education. The study of medicine, like the study of all other things, was not one of sex, but one of mind and one of ability; and they should be going contrary to the principles of their ancestors if they did not open their doors widely to all persons, whether male or female, in desiring to extend the blessings and benefits of education.

Principal Sir **Alexander Grant**, after defending the conduct of the University Court from certain insinuations which Dr. Phin had made against it, proceeded to say that the proposition which Dr. Phin advocated was one which had been well characterised by his friend Professor Masson. It was a sort of St. Simonism—that form of socialism which implied that there should be some governing body to legislate for the different professions, and who decided what person was fitted to enter a profession, and what person was not. That was the kind of system which Dr. Phin was advocating—namely, that the University was to legislate, and that a certain class of people were not to be allowed to enter the medical profession because that class of people were not fitted for it; and that it was not good for them that they should. Surely the Council might leave it to the persons themselves to find out whether they were fit to enter a particular profession. If they entered that profession and were not fit for it, they would not succeed; and, by the natural course of things, they would not continue in it. If it was not good for their characters or for the fineness of their feelings to enter into it, surely it might be left to their fathers or friends, or their own good feelings, to consider whether they should remain in it. It might be said in the same way, that women should not be allowed to act on the stage. Acting on the stage was considered in some families as not desirable for women, and therefore these women did not go upon the stage. But others did so, and succeeded in giving pleasure to their friends and doing no harm.

Dr. **Alexander Wood** said Dr. Phin seemed to have been oblivious of all that had been doing of late years, and appeared to be determined to maintain a position in regard to women which had been virtually abandoned by all the thinkers of the age years ago. He could understand his friend on the right (Dr. Andrew Wood)—he could understand him perfectly. He was a gentleman who seldom wrapped his meaning in mystery. He had come forward ostensibly as the advocate of the ladies, but really as the advocate of the starving members of the profession; and, seizing the door, he held it against the ladies, because there were some few medical gentlemen who could not make a living. On behalf of the medical profession, which was a noble profession, and not a dirty profession as clean as the profession of which his Lordship (the Chancellor) was so distinguished an ornament—on behalf of the medical profession he begged to vindicate them from that selfish, horrible verdict. If women were fit to enter the profession, he was sure they would bid them God-speed. Dr. Wood then went on to show that in former times there were eminent female professors of anatomy on the Continent, and that it was nothing new for women to enter upon medical studies. He was not there to say that many of the medical studies which women would have to engage in would not be disagreeable. They were disagreeable to the medical profession at present, and more particularly that branch of medical education to which Dr. Andrew Wood referred—the practice of dissection. It was disagreeable, repulsive, and loathsome in one sense, even to the male sex; but he would say this, that when a woman considered the high object she had in view in ministering to human suffering, she would pass through it, and pass through it the more willingly that it would enable her to discharge those duties. They had been told that the female student would not be able to qualify for the profession. With that the University had nothing to do. The University had prescribed a certain course, without passing through which no man had a right to enter the profession, and the same would apply to the women; and they left it to the professors and medical examiners to say whether a woman was fitted for the task which she wished to undertake.

DR. PETTIGREW.

We congratulate the managers of the Royal Infirmary in securing the services of Dr. Pettigrew to fill the office of Pathologist to that institution. To the medical and surgical staff the appointment will afford entire satisfaction, while all must acknowledge the propriety of so distinguished a graduate of the University of Edinburgh being connected with an institution the efficient maintenance of which is so intimately associated with its prosperity. Dr. Pettigrew is one of those whom the late Professor Goodsir inspired with a large amount of his own enthusiasm and love for philosophical investigation, and it was with a feeling of pride as just as it was honourable to him who called it forth, that he recommended his pupil's inaugural dissertation as worthy the highest honours the University could bestow. Since then Dr. Pettigrew has from time to time published in various scientific journals original investigations in human and comparative anatomy and physiology, the results of which have secured for him the admiration and respect of the scientific world, and have procured for him a place second to none as an accurate observer and original thinker. About a year ago he resigned his office as first assistant in the museum of the Royal College of Surgeons, England; the effects of incessant labour there having produced a temporary illness. The beauty and delicacy of his preparations are among the wonders of that wonderful museum. In a sphere so congenial Dr. Pettigrew will have abundant opportunities of prosecuting fresh investigations, while from the position he has acquired, and the kindly courtesy of his manner, he will attract a larger number of students regularly to attend the Pathological Theatre than at present frequent it.

Medical Missionary Society.—The annual meeting of the Medical Missionary Society was held on the 18th inst., in the Royal Hotel, Edinburgh—Dr. Brown, president of the Society, in the chair. There was a large attendance. The Secretary read the report of the year's proceedings, which showed the Society to be in a prosperous condition. The treasurer, Dr. Ormond, read an abstract of the income and expenditure for the past year, from which it appeared that the total income was £1,755, and the total expenditure £1,781—leaving a deficiency of £26 5s. The amount of the reserve fund at present was above £2,000.

The meeting of the subscribers to the new Royal Infirmary, Edinburgh, was held on Friday, the 19th, when it was unanimously resolved to support the managers of the Infirmary in their proposed application to Parliament for leave to build the new hospital on the grounds of George Watson's Hospital.

University of Edinburgh.—The University Court has recognised the lectures of Professor Huxley on natural history, delivered in London, as qualifying for graduation in medicine at the University.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 24, 1869.

ST. PANCRAS WORKHOUSE.

DR. BRYDGES and Mr. Corbitt have sent in their official report as to the condition of the Workhouse Infirmary. It appears that sometimes the atmosphere of the wards is extremely fetid, as on the 15th ultimo, when all the windows were closed. Notwithstanding that two of the windows of the wards were opened, the fetidity of the air still continued; and it appears that there were nine more patients in the ward on this occasion than on a former occasion when a visit was made to the No. 11 Ward. Part of the bad smells appear to come from a mass of sewage outside; and Dr. Brydges thinks that if care were taken as to the source whence the air is derived, and overcrowding were prevented, the Infirmary might be as healthy as any other in the Metropolis. It appears that Mr. Jabez Hogg has recently visited the wards, and found them to be in most respects as favourable to the treatment of the sick poor as most of the London hospitals. All of this we can well believe. The difficulty appears to be at the present time, that there is such an immense demand for admittance into the Workhouse Infirmaries situated in our poorer parishes in London, that they are liable at any moment to become overcrowded. Nor do we see any way in which this difficulty could be obviated unless we adopted, as has been proposed, the Parisian system of central offices, where the poor, when sick, could apply for admission into some of the Infirmaries or Hospitals, and when, as in Paris, the number of vacant beds could be ascertained every day and filled up by the most worthy cases. It is clear that a glut may take place at any moment of cases of consumption or bad ulcers of the leg in any particular Workhouse Infirmary, and that the Guardians may have to choose between the denial of any further admission into their hospital, or the overcrowding which has been so much complained about of late in the St. Pancras Workhouse.

There is one point in the whole question of workhouses that we would advert to with deep-felt sorrow; and that is, that it appears to be the present temper of many of the most leading periodicals of the day to desire to cast as much odium as possible on the whole working of the English Poor-law system. That the press should be ever vigilant to spy out abuses which exist in the system we do not deny, nay, we earnestly maintain that this is its highest duty. The provisions of the Act should be seen to be rigorously enforced, and all destitute persons applying for admission into our workhouses should be immediately admitted, whether into the casual ward or into the other department; but it is a totally different matter when we hear so much windy declamation against the whole system, and so many recommendations as have recently been made as to the necessity of affording to the poor an amount of out-door relief, which, if once conceded, would pauperise the whole community in a very short time. Do not such declaimers see that all our produce is dependent on somebody's work, and if we are to entertain the idea for a moment, that whenever a workman or workwoman begins to find toil disagreeable, some other person should continue to do this disagreeable thing in order that he or she should be unproductive, the very wealth which would support the idle for a time would soon melt away, and the whole country would become pauperised,—unless, indeed, the poor in workhouses insisted on being treated as slaves are still in some countries, *i.e.*, compelled to work hard and be fed just as the other members of society pleased in return for shelter and food.

At the time of the Socialist Revolution in France, in 1848, the cry of the leaders of the parties was the "Droit de travail." And what was this "Droit de travail?" It was nothing more than a demand for a certain provision against starvation similar to what our admirable legislation of 1832 assured to every one of us in this country. The French have no certainty, when in indigence, that they will have any succour; and are obliged to appeal to the charitable efforts of some devoted citizens of Paris and other large towns. And with all of this, there can be no doubt that poverty is far less common and appalling in France than it is among us. Dr. Alexander Wood, too, has shown last year that the poverty of Scotland has increased since the introduction of the English Poor Law system into that country. Do not the writers, then, in our journals, who so eloquently inveigh against the evils of want of out-door relief, see that in so doing they are perhaps doing as much harm as they can to the true cause of human independence and dignity; would any of them if young and in straits like to be granted facile charity by the State? Do they not see that facility of obtaining alms is the most certain method for destroying every noble and independent sentiment in the breasts of the poor?

Labour is the source of all wealth. It ought, therefore, above all things, to be held in esteem; but if we teach our poor people the lesson which has ruined the people of Spain and other aristocratic countries, that idleness and submission to the upper classes is the chief virtue of the poor, we may look forward to the downfall of the British Empire.

UNPAID MEDICAL SERVICES.

WE hear that the Committee of the Metropolitan Free Hospital has consented to call together a meeting of

Governors, to know whether it is their wish that the Medical Staff of that Hospital should perform their duties entirely gratuitously. We fear that the Governors of all of our London Medical Charities have so long been accustomed to ask, "Why pay the doctor?" that they will on this occasion, when appealed to, say they cannot see why medical men should receive any fee for public services. In fact, we are afraid that it will require the united action of the members of the Profession to carry into effect the feeling against gratuitous public medical relief, which was so plainly evinced at last year's meetings of the British Medical Associations Local Metropolitan Branch. Some of the dispensaries of the metropolis, when the committees are composed of able men, have long seen the necessity of giving a small fee at the end of the year to the physicians and surgeons. These posts have therefore been sought after and retained by many zealous and able medical men. The names of some of the paying dispensaries are the Finsbury Dispensary, the Surrey Dispensary, the Bloomsbury Dispensary, the St. Olave's Dispensary, and one or two more.

Is there any reason why such an example should not be followed universally? We cannot see why the physicians to the different Consumption Hospitals of Brompton, Victoria Park, and North London, why the medical men of the Royal Free Hospital, the Great Northern Hospital, and many other charities, are so completely unpaid as they at present are. It may be said that these gentlemen all eagerly compete for their respective situations, in order to acquire experience and enable them to succeed in private practice, and that if they did not take these appointments they would be ignorant, and incapable of competing with their hospital brethren. There is much truth in this account of the motives which leads medical men to take such appointments; but the whole truth is not contained in it. The fact is, there is a disgraceful amount of back-stairs influence at work in the appointments made at our leading medical institutions. Instead of allowing open competition to decide the contests for the posts of physician and surgeon to Guy's, Bartholomew's, the Middlesex, or other large hospitals, there is some ineffably distressing and repulsive system of canvassing of the "Governors" which has to be gone through. The treasurers or secretaries, too, of some of these terribly abused charities, have often the power of getting some of their friends into office, and hence one is never sure, save when merit is patent and transcendant, that any gentleman, holding lucrative hospital posts, is an able man, or merely a pretender. Hence the establishment of so many unpaid medical charities in London; whilst in Paris, with the exception of one or two cliniques for the eye and for skin diseases and syphilis, there may be said to be no such thing as unpaid medical services. In this respect we greatly prefer the Parisian system.

A certain number of our respected confrères, who like everything that occurs in this country (even the squalor and rags of the East end of London), because they have always been accustomed to see it in the Land of Liberty, and the Empress of the Seas, &c., say that it is a fine thing to have honorary medical officers of our charities, and that they would not like to be paid. To this argument we reply:—It is true that many persons of independent means are physicians and surgeons, and it is a pity that such gentlemen, when willing to assist in alleviating the amount of sickness among their fellow-citizens, should not be allowed to do so gratuitously.

But such persons might do this also in Paris easily, by setting up a clinique of their own, or by competing for public paid medical posts, and then giving the amount of the fee received to the hospital or dispensary they served as medical men. The competing for such public posts in company with their poorer brethren, would show that they were fully aware of the necessity not only of being benevolent, but of being able medical men. One of the greatest educational instruments in Paris is the Concours. It makes all medical men in that metropolis of civilization on the *qui vive*, and prevents them falling into the condition of contented mediocrity so much favoured by our system of non-competition. Besides this, and this is far more important, it secures highly instructed advisers to the poor, instead of amateurs, as we have so often in our hospitals.

A man who receives even £40 a year for attending twice a week for some hours at a dispensary or hospital, feels himself bound in honour to try to give some return for this fee. On the other hand, the medical man who receives no fee at all, insensibly, unless of the very highest order of mind, glides into indifferentism, and begins to regard all his poor patients with a *poco curante* air. What matter, in fact, is it to him whether they get well or not? he is never the better if they are cured, and none the worse if they die or get worse. Those Governors of our public charities who are so blind to the motives which actuate the vast mass of mankind as not to know that persons will not take interest in what they have no interest, will perhaps ere long refuse any longer to allow anyone to take the post of gratuitous medical adviser to the poor.

Would it not be a good thing to renew the meetings in the British Medical Metropolitan Branch this winter, and to endeavour to let them gain the ear of the outside public? The Dispensary in St. Bartholomew's close has recently, after advertising in vain for some time for medical men, been obliged to have recourse to payment of its physicians and surgeons. The Farringdon Dispensary is about to do the same. Why not let the other charities in London take up this cry,—"No unpaid public medical services?" If they will but do this we believe that this bad system would, ere long, be put a stop to. Justice is a much rarer and more noble virtue than generosity.

MORTALITY IN COTTAGE MATERNITIES.

The recent discussion upon large and small midwifery hospitals has rendered our readers familiar with Dr. Elliott's Waterford Cottage Hospital, it having been one of those selected by Dr. Kennedy to furnish a basis of calculation as to what constitutes the necessary death-rate in labour where crowding is avoided. Dr. Elliott has further dealt with this subject in a communication just furnished by him, in which he dwells especially upon the striking and conclusive results arrived at from the comparison of the earlier with the later period of his own hospital, and which has been now established for a period of 31 years and 6 months.

The contrast is very striking, and we would beg our readers to bear in mind that the early period, or that which was least satisfactory, corresponds with the more satisfactory portion of the great lying-in hospitals; whilst as the mortality in them has increased, that in the Waterford Hospital has diminished, leaving the inevitable conclusion that the changes in these respects are not due to a mere alteration in the character of metria, but to local causes in operation in the hospitals themselves; or, in other words, to the increase of metria in the greater and its diminution in the smaller hospitals. To what, then, is the improvement due in the smaller hospitals due? Let Dr. Elliott explain this in his own words :—

"The number of deliveries from the opening of the hospital in March, 1838, to the 20th October last—a period of 31 years and 6 months—has been 3,628, and the number of deaths from *all* causes has been 15, and *of these* 5 have been caused by metria ; so the *total* mortality has been in the ratio of 1 in 241 cases, and the mortality from metria has been 1 in 723 cases, the hospital having an accommodation for eight patients.

"The hospital has, however, had two sites or localities since its establishment. The first was occupied from March, 1838, till October, 1844, a period of 6 years and 6 months ; and here the eight beds were collected into *one* ward. During this, the first, period 753 deliveries took place, and the number of deaths from all causes was 6, 3 of these deaths being due to metria ; so the total mortality was 1 in 125½ cases, and the mortality 1 in 251 cases from metria.

"The second locality has been occupied from October, 1844, till this day. Here the eight beds are divided between *two* wards, four in each. The number of deliveries up to last October—a period of 25 years—has been 2,875 ; of these, 9 have died, 2 of the deaths being due to metria ; so the ratio of mortality in this, the second, locality has been 1 in 319 from all causes, and 1 in 1,437 from metria. I subjoin a tabular view to save trouble :—

	Deliveries.	Deaths.	
First locality : During 6½ years ; eight beds in *one* ward	753	Metria ... 3 Other causes... 3—	6
Second locality : During 25 years ; eight beds in *two* wards ; four beds in each	2,875	Metria ... 2 Other causes... 7—	9
Total deliveries... ...	3,628	Total deaths...	15

"The remarkable difference between the mortality in the two localities, especially as caused by metria, has been brought out already in a short article which I published on the subject in the *Quarterly Journal of Medical Science* for October, 1867, to which I refer you, and also, as you know, by Dr. E. Kennedy, in the discussion which he maintains in your own periodical. This contrast in the same hospital—admitting the same class of patients, under the same management, medical and other, and for so many years—constitutes the chief value of these statistics ; for as to the general small ratio of mortality, it has been realised in other small lying-in hospitals, and will be in more as their number increases, which is sure to take place.

"I may add that this result was not matter of prevision or precaution. Whatever precautions we thought possible we adopted in the first locality ; nor did we willingly adopt any others in the second ; the division of the beds between two wards, instead of collecting them in one, was *forced* on us by the requirements and arrangement of the house we rented. We chose it because it was more central and easier of access than the former, and the size and number of the rooms, which obliged us to divide the beds, we thought a disadvantage. It was only the slow experience of years that discovered to us the benefit which we had neither sought for nor expected."

Dr. Elliott is quite right in the value he thus attaches to the contrast afforded by a study of the habits of metria (for it comes to that) for a period of over 31 years in the same system of management in every respect save one ; and what is that one difference upon which so marked an improvement depended ? Simply, "the division of the beds between two wards, instead of collecting them in one"—a change that, he honestly tells us, "was not the result of prevision or precaution, or willingly adopted, but forced upon them by the requirements of the case—namely, the size and number of the rooms ; thus obliging him to divide the beds at what he thought a disadvantage."

We think, therefore, when the result of this simple alteration has been to reduce the death-rate in the last 25 years to 1 in 319 from all causes, and to 1 in 1,437 from metria, that it was the duty of Dr. Elliott to call the attention of the Profession to a fact bearing so strongly upon the discussion at this moment attracting so much attention, as well in the medical world as amongst all enlightened sanitarians.

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Notes on Current Topics.

Society of Apothecaries of Ireland.

We understand that at a Council Meeting of Apothecaries' Hall of Dublin, held on Friday week, a series of resolutions were brought forward at the instance of the Medical Council. The gist of these was—That a triune examining body be constituted in Dublin for Ireland, composed of members of the College of Physicians, College of Surgeons, and Apothecaries' Hall, to examine all candidates. That examination and certificate from such body be a *sine quâ non* to entitle to the insertion of name on Medical Register. That the higher special titles of Physician and Surgeon be obtained by another examination by those bodies separately, and that the Apothecaries' Hall license for pharmacy only and for the privilege of keeping shop. The passed candidate of conjoint Board to be styled "*General Medical Practitioner.*" The resolutions were carried after a good deal of opposition, many of the shareholders believing that it would be a desirable reform, as enabling all branches of the Profession to co-operate without jealousy in insisting on a good education up to a certain point, which, if of a high standard, would make the further special degrees easy to all. The passing of these resolutions will lead to the downfall of the anomalous constitution of the Hall, as it will promote reconstitution on a proper basis—that is, a representative body of all its members, not merely as it is of sixty shareholders.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending November 13th amounted to 171. The average number in the corresponding week of the years 1864 to '68 inclusive was 161. The deaths were 151. The average number in the corresponding week of the previous five years was 156.

The deaths from fever amounted to 12—viz., 1 from typhus, 6 from typhoid or enteric, and 5 from simple continued fever. Sixteen deaths resulted from scarlet fever ; the average number of deaths from this disease in the corresponding week of the previous five years was 6. Measles proved fatal in 3 instances. Two deaths were caused by croup, and 3 by whooping-cough. Five deaths were ascribed to diarrhœa, and 1 to dysentery. Convulsions was the assigned cause of death in 5 instances. Bronchitis caused 24 deaths, and pneumonia or inflammation of the lungs 4. Two deaths were referred to apoplexy, and a like number to paralysis. Seven deaths were ascribed to heart disease, and 2 to aneurism. Two deaths were caused by nephria or Bright's disease. Liver disease was he cause of 5 deaths. Eleven deaths were attributed to phthisis or pulmonary consumption, 6 to mesenteric disease, and 2 to scrofula. Four violent deaths were registered; 3 were accidental, and 1 suicidal. Of the persons whose deaths were registered during the week, 7 were 80 years and upwards, and one of these, a gentlewoman, is stated to have reached the advanced age of 92 years.

A Female Student at the Dublin Medical Schools.

At Steevens' Hospital, Dublin, a lady is attending lectures. We believe she was formerly for a short time a pupil at the Ladies' Medical College in Fitzroy square, London. It appears that she is now attending lectures on anatomy, physiology, and surgery in Dublin, and that she sits among the pupils of the hospital, who, of course, treat her with respect and courtesy. We believe that she has not as yet faced the unpleasantnesses of dissections and operations.

The Climate of Victoria.

The *Melbourne Argus* states that attention is being drawn in different parts of Australia to the alterations which the climate is undergoing in consequence of the systematic denudation of tree-covering to which the surface of the country is being subjected. In the case of the Ballarat district, the destruction of the timber is said to have been accompanied by a corresponding diminution in the rainfall, and since 1863 there has been a more or less regular reduction—from 37·27 in. in 1863 to 17·23 in. in 1868. During the first seven months of the present year, and including two of the ordinarily wettest, the rainfall has been only 11·20 in. The Government of Victoria have, we are glad to hear, appointed an Inspector of State Forests, whose duty it will be to prevent the waste of timber and the reckless destruction of live wood, and at the same time to establish nurseries of forest trees in various parts of the colony. Action of this kind is of the utmost importance, or the climate will assuredly suffer much.

A Novel Method of Treating Naso-Pharyngeal Polypi, by M. Bonnes.

A girl, twenty-five years of age, of lymphatic temperament, complained of difficulty of swallowing and of breathing through the nose, and the usual inconveniences of a polypoid growth, which could be felt growing above the soft palate. There being much difficulty in getting near its root so as to have it thoroughly removed, M. Bounes (de Nîmes) contrived a method for incision which would succeed, consisting of a thimble ring, furnished with a sharp-cutting steel nail-shaped plate. With this the pulp of the finger is free to feel the exact spot, when, by pressing the steel nail into the root of the polypoid growth, the mass is separated by a species of uprooting of it from its attachment.

Treatment of Cancroid Growths by Arsenic.

M. Kuhn gives several cases illustrating the advantages of applying arsenical pastes, not directly to the surface, but to the substance of the growth. He advises the previous application of caustic potash, so as to produce an abraded or raw surface, which can then be directly acted upon by the arsenical preparation. It is to the want of adopting this preliminary step that M. Kuhn attributes the malsuccess of many cases. Without an abrasion of the surface arsenic does not seem to exert any influence. Thus, the conjunctiva of pigeons, when brushed over with a concentrated arsenical solution, suffers no injury whatever. The following is an illustrative case:—

T. W., aged seventy, had a cancroid tumour of the lip. M. Kuhn touched the growth with caustic potash, and then coated the raw surface over with Frère Comé's paste. The patient suffered but little pain. The eschar fell off in three weeks, and the cicatrix was perfect in five weeks.

Several others are cited where the cancroid growth was destroyed by the use of the arsenical paste after the surface was opened up by the use of caustics.

Syphilitic Paralysis Treated by Mercurial Inunctions.

The following (from the *Bulletin Générale de Thérapeutique*) illustrates a form of paralysis of a syphilitic origin happily susceptible of cure by specific treatment. Dr. Thomas Reade, of Belfast, many years since drew attention to this form of syphilitic lesion, and from time to time, in the pages of this Journal, typical cases have been recorded; and some remarkable in their character have been reported by Mr. Morgan, of Dublin, in the number of the Journal for Sept. 8, 1869.

A "sergent de ville," aged thirty-nine, was admitted to La Charité, November 4, 1868. He always had enjoyed perfect health, but affirms that he only contracted syphilis in 1860. He had then a hard chancre, a pleiad of indurated glands, sore throat, "patches," &c.; for these he was successfully treated by iodide of potassium and Van Swieten's liquor.

On Nov. 2, 1868, having suffered for some days previously from diarrhœa, he was suddenly affected with watery evacuations, and an intense pain in the lumbar region; just then (as he was on guard), he saw a marauder making his escape, and made an effort to pursue him, but found his limbs were incapable of supporting his weight. He was received into hospital the next day, he could walk for the two first days, but soon lost the power of motion, and was confined to bed; gradually he got worse, and complete paraplegia came on, the lower limbs being moved about by his hands and quite powerless, and gradually the arms themselves became affected, and could hardly be raised to the mouth or over the head. From the syphilitic history and symptoms, the case was diagnosed as one of reflex and syphilitic paralysis, and treated on this principle by the use of mercurial inunctions; once the patient became under the specific influence, the symptoms began to amend, and he was finally discharged in a few weeks cured, and able to walk without difficulty.

Communicability of "Charbon" by the Common Fly.

We learn from the *Gazette Médicale de Paris* some remarkable facts as to the transmission of "charbon" by means of flies, and we cannot fail to be reminded of the danger attending the surgeons, nurses, and friends of a patient suffering from the disease. Hygienic precautions even in the trivial matter of permitting flies to swarm in our houses and about sick beds in hospitals are thus of importance.

M. Raimbert gives the result of some interesting experiments: he diluted some blood of "charbon" in water, placing it under a glass bell; in this bell he confined certain flies of the blood-sucking or piercing kind, as the horse-fly, but found that they refused the liquid, and on examining afterwards their digestive tract, no bacterides could be detected; on the other hand, the common horse-fly and meat-fly, when submitted to the same test, partook with avidity of the liquid, and when their digestive tract, excrement, proboscis, &c., were examined, large numbers of bacterides, of globules, granulations, &c., were found, and not only these, but on the wings and feet, so that not only internally, but externally, they were fully charged; when these materials were taken from the feet and wings and inoculated on animals, the disease was communicated to them, and after death numerous bacterides were discovered in the blood. The experiment is ingenious, and the question raised one of importance as showing that morbid products may in so unsuspected a manner be transplanted.

The Non-Degeneration of Vaccine Virus.

At a late meeting of the Académie de Médécine, M. Guichard brought forward the subject of the degeneration of vaccine virus. As he had most extensive opportunities during a very long practice in a populous district, he stated positively that he had vaccinated 15,000 cases, and his father, to whom he succeeded, had vaccinated largely, the sum total being 21,000 cases. He does not give any credence to the theory of degeneration of the virus, which has been lately so much discussed, but believes it as efficacious as ever; but, at the same time, he counsels that the option of human or animal vaccine should be given when practicable.

Dialectical Society of London.

At a recent meeting of this Society, the Chairman, in speaking of the examinations of the so-called phenomena of spiritualism, &c., remarked that although he individually did not take any interest in this question, and would not take any part in the investigation of so-called spiritualistic manifestations, still that the spirit of the Society was so completely that of the widest toleration for all opinions, and that it so much desired (in which it might show an example to other societies) the freest discussion of even the most unpopular topics, that it could not prevent any of its members taking up their time with its discussion. The question of the Irish land tenure and its effects in causing over-population and indigence was then discussed.

Dr. C. Drysdale thought that the Irish Land question was one of the most important ones which society in this country had ever been called upon to consider and to legislate for. There would never, he added, be any real public tranquillity in this kingdom until poverty and misery were less common in the agricultural districts of Ireland, England, and Scotland. Dr. Gairdner, of Glasgow, for instance, had recently stated at the meeting of the British Medical Association at Leeds, that the overcrowding and poverty of Glasgow were never so great as at present, on account, in great measure, of the crowding into that city from the country districts, a crowding which he (Dr. Drysdale) added was common to all our large cities, and which was chiefly attributable to our detestable land laws. The land laws of the whole kingdom were bad enough, but those of Ireland quite accounted for the unequalled misery which had so long existed in that most interesting country. In France, no less than 5,000,000 persons owned the land; in England, only 30,000; in Ireland, 8,000. It was distressing to witness the amount of misery in agricultural districts, and the thoughtless way in which the Irish cottiers and British farm labourers gave birth to swarms of poor ill-starved children, whilst in France the peasant proprietor was thoughtful, prudent, and careful, to a degree, as to the number of his family. It was affirmed, indeed, that in many parts of France, the peasants "limited their families to two children." He recommended the introduction of the Prussian Land Banks into Ireland.

Dr. Edmunds was in favour of the State receiving rents from the peasants directly, and thus ensuring that the rents were what the peasants could really pay and not only promise to pay.

Mr. Reid thought that the present proprietors of the Channel Islands and France showed how much better this holding of land was than the cottier tenancy of Ireland, or the farm-labourer system of Britain. There was not such rapid breeding down to starvation in France as in this country, which was at present greatly over-peopled.

Mr. Rigby Smith spoke in favour of some amount of communism in land, and against the primogeniture customs and entail customs of this country.

Mr. Geary recommended expropriation of the Irish landlords and raising up of peasant proprietors, as recommended by Mr. Mill; and Mr. Quelch thought that England also wanted a great change in land tenure.

Chairs of Hygiene.

We are glad to find that the teaching of Hygiene is now getting into vogue, and rejoice to find that King's College has followed the good example of University College, and appointed Dr. Guy to deliver a series of lectures on this important branch of medical science. Drug medication is not in its most flourishing epoch, and without some thorough knowledge of the natural history and hygienic treatment of disease, we become stranded in scepticism and altogether careless as to treatment, however much time we may expend on diagnosis. We hope ere long to hear from some of our learned professors of hygiene what we should drink, and whether we should smoke or not; whether marriage of near relations is dangerous; what diseases are hereditary, and whether celibacy is or not dangerous to health.

Professor Huxley.

The lectures to ladies, delivered in the South Kensington Museum, are, we believe, a great success. Mr. Mill's words of encouragement to ladies, to try all things and hold fast that which is good, have borne fruit.

Special Hospitals.

It appears that the Eye Hospital at Leeds is to be merged into the general hospital of that city. If this could take place at many of our Metropolitan hospitals we should not require to have quite so many institutions; but, on the other hand, is it not just possible that the plan of having small buildings set apart in various parts of the town for special purposes, may be at once more hygienic and not less economical than the fabrication of special departments in big and overgrown hospitals? Again, is it necessary that a patient coming to some charity for a slight disease of the eye should run the chance of taking some fever or contagious disorder whilst traversing the passages of our large hospitals, such as Guy's and St. Bartholomew's? The eye departments in many of our hospitals are rather scurvily treated. It was so at University College Hospital, and the same used to be the case with the obstetric department of that hospital. So that, after all, special buildings for special diseases are, perhaps, not a bad thing.

Admission of Licentiates to the Fellowship of the Royal College of Surgeons, Ireland.

THE Council of the Royal College of Surgeons of Ireland have had under consideration at their last meeting a proposition for the admission to the Fellowship of the College on a greatly modified examination of Licentiates of many years' standing.

As we have already announced, the Council after discussion decided almost unanimously that, at present, it would be unadvisable to seek a new Charter for the College. They are, therefore, forbidden, even if so minded, to abrogate the Fellowship examination in any case, for it is strictly enjoined in the Charter. They are, however, empowered to alter the examination as they may see fit. In the case of Licentiates of rank in the Profession it has for some time been the habit to make the examination a merely nominal test, but it was felt that objections must lie against any arrangement which make an examination stringent or otherwise at discretion. A resolution was submitted that—

> "Licentiates of the College may, at the expiration of ten years from the date of their Diploma, be admitted to examination for the Fellowship, provided they produce such evidence as shall be satisfactory to the Council that they have conducted themselves honourably in the practice of their profession; and that the Examiners certify that they have examined them upon the subjects of the Thesis, or six Reports of Medical or Surgical cases, submitted by them."

This resolution was not adopted, but the debate was adjourned, and we understand that it will be then submitted in another form.

A New Phase in Legal Psychology.

A TRIAL has recently taken place in America which has given rise to so much medico-legal question that the *Boston Medical Journal* has devoted to its consideration the greater part of its last issue. The prisoner, Samuel Andrews, a deacon of his Church, had by his own confession, killed one Holmes. Andrews belonged to a family in which hereditary insanity was rife, but he himself never showed the least evidence of aberration of mind. His relations with Holmes were most intimate, and he was aware that he had been named as a legatee under Holmes's will. He, the prisoner, deposes to several attempts made by Holmes to commit an unnatural offence, which, however, he had successfully resisted. On the evening of the homicide, Holmes asked him to take a walk in a lonely road, and, the prisoner alleges, having thrown him down, proceeded to repeat the attempt. Being held down by the throat but having free use of his arms and hands, he seized a stone and struck his assailant wherever he could reach him. From that moment he, Andrews, lost all consciousness. Of what he did then he has no knowledge, nor can he tell how long he remained in this unconscious state.

The next that he remembers is, that he found himself standing, swinging his arms, holding two stones in his hands, and throwing them at Holmes. He had a feeling of great exhaustion, as if he had passed through great labour. His hat was off. His hands and clothes were bloody. Holmes's dead body was before him. He adjusted his clothes, and returned to his house. From that day (Tuesday) until the following Monday he kept the matter secret, and then made the confession of which the foregoing facts are the substance, fearing, as he said, an accusation of murder. The examination of the body showed that the head was almost beaten to pieces, and as many as twenty-seven bloody stones were found near it. There was no obvious motive for the murder, and a large sum of money which Holmes had with him was untouched.

The question arising is, could the prisoner have committed the deed in a paroxysm of insanity lasting only a few minutes, he having shown no evidences of madness before or since? This enquiry involves the possibility of transitory lunacy, and consequently, of irresponsibility for any one act without regard to the general question of sanity. The jury found a verdict of manslaughter, a decision which would seem to be hardly worth anything. If the prisoner's story be true the case would be one of justifiable homicide,—if false, of murder.

St. Bartholomew's Hospital.—Special General Court.

THE governing body of the above institution held a "special general court," on Monday last. The chair was occupied by H.R.H. the Prince of Wales, who opened the proceedings by a speech bearing on the matter for which the Court had been called, and concluded it by calling on Mr. Foster White, the Treasurer, to read his answer to the allegations made against the management of the institution.

The Treasurer proceeded to make an elaborate statement, which occupied more than two hours in delivery, and read at its conclusion a voluminous letter addressed to him by the medical staff.

We were present during the entire sitting, and as statements were made of vast importance to the Profession and to the governing bodies of kindred institutions, we defer a full report of the proceedings until our next issue.

Is Anything being Done?

IN the truly characteristic method with which such matters are commonly dealt with in Great Britain, the St. Pancras Guardians are now in course of being treated. If an accident takes place, or a passenger is robbed and murdered in a railway carriage, or an insurance swindle explodes and ruins hundreds of families, or a more than usually flagrant instance of trade roguery comes to light, —the newspapers become turgid with letters and leaders, the public works itself into a froth of indignation, the authorities look on with dignified *nonchalance*, the evolution of gaseous rhetoric abates by degrees, the public becomes again *blasé* on the subject, and the frauds or abuses again gather force and proceed as before.

The St. Pancras Workhouse is just now the ferment which affects the public nostrils. Every one is horror-struck, and the newspapers perspire again with laborious declamation and abuse. In a few weeks, doubtless, the public will be, as the Philosophic Liberals would say, "educated up to the St. Pancras Workhouse system," and will care nothing about the matter. The papers will cease to sell, and the condition of things which has been pushed under the public eye for many months never observed by anyone will pass on into futurity unaffected by the temporary notice it attracted.

Last week, six more inquests were held, for which the jury considered that the St. Pancras Infirmary was responsible.

We forgive our contemporaries for their fervid, if empty, ebullition, but we suggest the inquiry, *Is anything being done?* If the Guardians be virtuous and Dr. Ellis a maligner of innocence, should they not be duly and officially whitewashed without further delay? If Dr. Ellis be a knight errant in defence of the miseries of the poor, and if the Guardians are really their slayers, why are they not extirpated by one stroke of the official pen? Surely they deserve no tenderness or consideration, and surely the public and the dying pauper wants something more than sickening details of death, quires of official phrases, and an endless vista of lawyers' bills.

Mr. Griffin.

IT seems that this gentleman, whose name, we trust, will long be remembered with affection by all reformers of the Poor Law Medical Service, was a man of substance and of wide culture and sympathies. This, we may remark in passing, is usually found to be the case with persons who endeavour to ameliorate the condition of their struggling brethren. In order to sympathise well with the sufferings of others a mind enlarged by general culture is almost requisite; and in order to do much work towards the amelioration of the social condition of our fellow men, a certain amount of means is almost indispensable in order to enable the reformer to secure a little of that most precious perhaps of all the constituent parts of wealth, leisure. Now-a-days the poor man is worn out by an incessant struggle from morning to night to gain a living, and wants time to think clearly for others.

Apoplexy and Drunkenness.

THERE is another case registered of mistake by the police of the former of these affections for the latter. There is nothing very extraordinary in this, since, of course, the occurrence of drunken lethargy is so infinitely more common than that of apoplexy. But all doubtful cases of drunkenness should at once be taken to some hospital or police medical man.

Hospital for Women in Soho-square.

ANOTHER case of questionable charity in our strange metropolis. There is, it seems, to be a large number of beds opened by money subscribed by some charitable person, for the reception of patients suffering under uterine disease, able to pay some small sum for their bed and board while in hospital. *A la bonheur:* but why not call this a private hospital for the reception of paying patients? Why mix up charity and business in this way? Why not be paid for what service we can perform to our patients?

Miss Nightingale.

WE hear that Miss Nightingale has offered to superintend the nursing department of the new Pauper Hospital at Highgate. Truly, without noble-minded and intellectual women like her, we men folks get on very badly, and bungle our charities most woefully.

Relapsing Fever.

THE frequency of the famine fever in the metropolis is now becoming quite alarming, and several hospitals are about to be re-opened to receive the sufferers from this most contagious complaint. We apprehend that it is clearly traceable to the miserable condition in which the metropolitan poor have lately been plunged by the collapse of trade, and by the overcrowding and low wages consequent on over-population. We well remember the same fever when attending hospital in Dublin shortly after the great famine of 1847. A large emigration would probably check it for a time; but, of course, the radical measure would be to reform our land laws, and thus have the comfort of the Jersey peasant instead of the squalor of our agricultural labourers.

St. Pancras again.

MR. ROGER EYKYN writes to the *Times* to say that he has visited the Infirmary of this Workhouse at or about four o'clock in the morning very recently, and has found that there is certainly a very great amount of fetor in the wards, which do not give more than 600 cubic feet to each patient. After this he walked to the new St. Pancras Infirmary at Highgate, and found that space has been allotted so as to give a minimum of 900 cubic feet to each patient. Both of these measurements are under the mark, probably, which ought to be aimed at by all hospitals for surgical and bad medical cases. One bad leg in a ward may vitiate the atmosphere, or some unfortunate sufferer from cancerous ulceration may cause fetidity of the air in the largest wards. The system of large wards in large hospitals has been so much written about recently, that it seems like "beating out the chaff" to refer to it again; but it is evident to us that the great mistake has been in building such a costly place at Highgate.

The Mansfield Guardians.

WE have a letter from Mr. Diver impugning the accuracy of our information, and consequently the justice of our remarks in a recent article founded on his letter in the *Midland Gazette*. The letter reached us too late to insert in full this week, but we refer to it here lest he should think us reluctant to hear both sides. He says the Guardians intend making a new district. Mr. Diver admits he applied for the appointment, though not in the terms named. The only question of interest to the Profession is whether Mr. Turner desired still to serve under the Guardians, or whether the appointment would not be taken by him.

THE Court of Examiners of the Society of Apothecaries after next June will require every candidate for the licence to have been a clinical clerk for six weeks and to have attended the class examinations of the Professors in their Schools.

Epidemic Fever in East London.

At the meeting of the Poplar Board of Guardians, on Friday evening, a communication was read from Dr. Gray, the medical officer of the Union stating that there was every appearance that the eastern districts of the metropolis were likely to be visited by an epidemic fever during the coming winter, and that he much feared the accommodation of the London Fever Hospital would be taxed beyond its capabilities. He suggested that permission should be sought from the Poor Law Board to reopen the North Street Infirmary for the admission of fever patients. The Chairman remarked that the Poor Law Board would doubtless give their consent, as they had approved arrangements made by the Metropolitan Asylum Board with the Fever Hospital for the provision of extra accommodation, as well as for temporary accommodation being provided on the site at Hampstead already acquired by that Board for hospital purposes. It was resolved that a copy of Dr. Gray's letter should be sent to the Poor Law Board.

The Cholera at Peshawur.

We regret to learn that cholera is still at Peshawur. Up to the 3rd instant there had been cases daily in most of the native regiments. Nor were the European corps quite clear of the pestilence.

Fifteen deaths in the city were reported on the 1st, and twenty-five on the 2nd instant.

H. M.'s 104th are now in camp upon the Cherat Hill.

We hear further of the deaths of two officers in the persons of Dr. Bell of H. M.'s 36th Regiment, and Captain Chalmers of the 19th B. C., who succumbed there recently to the prevailing epidemic. The former, well known for his kindly manners and courteous bearing, died at his post in the discharge of his onerous duties, in the very prime of life, and amid the tears and regrets of all who knew him, and it is painful to hear that his wife and family are said to be on their way out from England to rejoin him in this country. The disease was said to be in abeyance or declining, and not a day too soon if all we hear of its ravages be true. It is said that the 36th alone has lost upwards of 120 men, and that the 104th lost 75, besides a number of women and children, amounting in all, we hear, to some 95 or 100 souls. Our correspondent did not know the numbers who had succumbed in the Artillery, but if they are in any proportion with the losses just referred to, they must be considerable, and we do not think we are at all over-stating the figures when we say that some 250 Europeans have died under the influence of the terrible scourge with which that station has been recently visited. If things go on as at present, it will soon become a question whether it will be worth while keeping the country at all under such circumstances and at such a sacrifice.—*The Delhi Gazette.*

Chloral.

The new researches on chloral undertaken by MM. Bouchut and Personne confirm the conclusions of M. Liebrich on the subject. In a late *séance* of the Academy of Sciences, M. Bouchut had communicated a work which goes to prove that the contradictory results obtained by different experimenters were due to the state of purity or impurity of the substance employed.

Chloral requires to be preserved in the state of a solid hydrate; with the agent in that condition the results are rapid, evident, and energetic. They are those of the most tranquil hypnotism, and almost absolute insensibility.

The action of chloral is that of chloroform; longer, however, in being produced, and enduring for a longer period. There follows in some patients muscular and mental agitation resembling drunkenness, but in no respect disgusting or disagreeable. In most cases it is sleep, rarely accompanied by hyperæsthesia, but most usually by strongly manifested anæsthesia.

The anæsthesia is in proportion to the quality; and at a dose of 2 to 5 grammes it is complete, and permits of the application without pain of cautery, of Vienna paste, or even the extraction of teeth.

As a therapeutic agent chloral is a perfect sedative in the dreadful sufferings of nephritic colic or toothache. In a word, it is the best of the anæsthetics given by the stomach. Finally, it is the most prompt and effectual remedy in chorea.

M. Bussy, in commenting on M. Bouchut's researches, said that he had observed that chloral, when administered to dogs, is partially transfused into chloroform under the influence of the alkalinity of the blood.

Pharmacy in Ireland.

The Pharmaceutical Society of London were recently moved that steps should be taken to assimilate the laws which regulate the practice of pharmacy in Ireland and Great Britain respectively, and has decided at its last general meeting to submit the subject to a sub-committee for consideration and immediate report. This course is, we presume, the result of the movement which acquired so much strength last winter amongst the Pharmaceutical Chemists of Ireland. The Irish contingents have shown themselves to be a very influential and energetic body, and their representatives have had great weight in the Pharmaceutical Society. We shall look with much interest for the report of the committee, for on it will depend, in the greatest degree, the future of Pharmacy in Ireland.

Chinese Therapeutics.

The Chinese divide medicinal substances into heating, cooling, refreshing, and temperate. Their Materia Medica is contained in the work called the *Pen-taoscang-mou*, in 52 large volumes, with an atlas of plates. Most of our medicines are known to them and prescribed, also mineral waters, with which the country abounds. They also have animal magnetizers, called *Cong-fou.*

They divide their prescriptions into seven categories, viz.:—1st, the Great Prescription; 2nd, the Little Prescription; 3rd, the Slow Prescription; 4th, Prompt, or Through-by-daylight Prescription; 5th, the Odd Prescription, for fools, madmen, hypochondriacs, and the hysterical; 6th, the Even Prescription, for the wise and good; and 7th, the Double Prescription, for those in the family way.

Each of these recipes is applied to particular cases, and the ingredients that compose them are weighed out with the most scrupulous accuracy.

The physician never pays a second visit unless sent for

WE learn that changes are contemplated in the arrangements of the *Pharmaceutical Journal.* This periodical has grown to such a condition of plethora that no alternative presents itself, but either to "bantingise" it or divide it into halves. This latter course will be probably adopted. Already a Committee of the Society is at work on the arrangements, and we may shortly expect to hail the issue of our contemporary as a weekly.

WE hear from Edinburgh that the five ladies attending Dr. Hughes Bennett's class are most diligent students. They are reported to sit in the class-room without their bonnets; we suppose in this proclaiming their intention to be on an equality with the other sex, who in this country take off their hats. In Paris, as far as we can remember, the students frequently keep on their hats; so there this formality would have been spared the lady students.

THE death is announced of Sir James Prior, who was for many years in the medical service of the navy. He served off Greenland and in the North Sea, in Africa, in the East Indies, Brazil, and on the eastern coast of Africa. He was staff-surgeon of the Chatham division of Royal Marines, and was appointed in 1843 Deputy Inspector General of Hospitals and Fleets. He was the author of a life of Burke, a life of Goldsmith, and some medical works. Sir James Prior was born in 1790, and was knighted in 1858.

THE University Court of Edinburgh have adopted the following regulations for the education of women in medicine in the University:—1. Women shall be admitted to the study of medicine in the University. 2. The instruction of women for the profession of medicine shall be conducted in separate classes, confined entirely to women. 3. The Professors of the Faculty of Medicine shall for this purpose be permitted to have separate classes for woman. 4. Women not intending to study medicine professionally, may be admitted to such of these classes, or to any such part of the courses of instruction given in such classes as the University Court may from time to time think fit and approve. 5. The fee for the full course of instruction in such classes shall be four guineas; but in the event of the number of students proposing to attend any such class being too small to provide a reasonable remuneration at that rate, it shall be in the power of the professor to make arrangements for a higher fee, subject to the usual sanction of the University Court. 6. All women attending such classes shall be subject to all the regulations now, or at any future time, in force in the University as to the matriculation of students, their attendance on classes, examination, or otherwise. 7. The above regulations shall take effect as from the commencement of Session 1869-70. The Chancellor has sanctioned the regulations in terms of the Universities (Scotland) Act, 1858.

[The University Court, it will be observed, have in these regulations recognized and intended to provide for the disability which all decent women must have in attending classes with men. They are to have separate classes, and the professors are to charge £4 4s., or a higher fee, subject to the approval of the Court. Supposing there be only one, two, or half-a-dozen female students, what professor will give his full course for four, eight, or even twenty-four guineas?—ED. MEDICAL PRESS AND CIRCULAR.]

Correspondence.

THE MULTIPLICATION OF MANKIND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—One cannot help admiring the supercilious air with which your correspondent F.A.S.L. condescends to "sincere devout people, who never have been far from their native place." But I am at a loss to discover how the fact of a man's having *travelled* could be of advantage to him in discussing the question to which I called attention in a late number. I can understand how a northern tour might have benefited the King of Siam, who believed it impossible that water could freeze, or that a whole sea could harden to such a degree as to admit of an army marching across it. But when a person argues for the *possibility* of a thing, to say to him, You have not travelled, seems absurd.

Again, F.A.S.L. complains that "sincere devout people" rely upon what is *written.* Surely he does not pretend that he and his anthropological friends have a perfect and direct knowledge of things, past and present, which makes them independent of the *testimony of others.* It strikes me that we both place confidence in *records,* he preferring those of recent discovery, which a few years may prove to be of equal value with that memorable record regarding Mr. William Stumps; and I choosing still to regard with reverence those whose authenticity is attested, and placed beyond all reasonable doubt, by the history of more than thirty centuries. But I may be allowed to observe in all courtesy, that if F.A.S.L. interprets the records with which he deals in the erroneous manner in which he has interpreted my letter, the sooner he gives up his archæological studies, and ceases to shake the faith of those who are unable to discern how weak his arguments are, the better both for himself and for the world at large.

That 450 years, according to the Septuagint and Mr. Stuart Poole, elapsed between the Flood and the accession of the Pharaohs, was allowed by the Duke of Argyll, not started by me; and I merely controverted the Duke's assertion, that it was *impossible* such space of time could suffice for the propagation of the human species, from the small number who left the ark, to the immense multitudes necessarily supposed in the formation of great monarchies. For this purpose I brought two arguments, the one of fact (the multiplication of the Israelites in Egypt), the other of computation upon a fixed rate of increase, which, allowing only *six* children to each pair, dispensing with plurality of wives, and reducing the average age of death to *thirty,* yet showed that in 450 years, no less than *eighty-five millions* might have sprung from Shem, Ham, and Japheth, and their wives. As to the former argument, F.A.S.L. first sneers at the record from which my information is derived, though St. Paul (to mention no higher name) bears me out in my belief and interpretation of it (Gal. iii. 17); he next shows his ignorance of that record by placing *Abraham* instead of *Jacob* at the point at which the family began to enlarge, that is, at the beginning of the 270 years during which (as I had said) the progeny of one man increased so as to be capable of furnishing an army of 600,000 men; and he then assumes, without any positive warrant, but simply to cast discredit upon Holy Writ, that for 600,000 fighting men there must have been in all at least 3,000,000 persons. Strange to say, however, he seems afterwards to grant the fact, but, as if taking a weapon from his antagonist's armoury, ascribes the wonderful speed at which the Israelites at this time multiplied to *miraculous* interference, another assumption for which he has no warrant whatever. I grant that a special providence guarded the interests of this chosen people; but that is vastly different from the miraculous. A miracle is an act, to account for which the laws of nature are totally insufficient; strictly speaking, it is a thing that demands our belief in a Higher Power, being a *sign* of His presence. But I nowhere read that the laws of nature were subverted to admit of the extraordinary increase of the children of Israel, or that the people multiplied faster than nature would allow them. Therefore, in seeking to explain the supposed difficulty regarding the more immediate descendants of Noah, I have not availed myself of the "easy solution" now kindly proffered me, namely, that they multiplied miraculously.

With regard to my second argument, I am glad to find that F.A.S.L. is not so unreasonable as to consider the number reached by the calculation *impossible.* And when he styles the rate of increase which I took as the basis "preternatural," he can only mean, I imagine, above the average of the present day; for the experience of everyone in the profession will confirm my statement, that it is not more than Nature can attain, but is fully within the bounds of possibility naturally regarded.

I can, Sir, without much demur grant that the kingdoms mentioned by your correspondent actually did exist, and not only exist, but flourish; nay, I can add as many more of equal size on to the list, and yet reasonably question, whether the whole round comprised more than *eighty-five millions* of persons. But when F.A.S.L. would have me believe that the several quarters of the globe were at that early period, "for ought that is known to the contrary," almost equally populated, I think he is asking too much, and I am cautious enough to hesitate; because, to the best of my knowledge, the world is not thoroughly overspread with human beings even in this advanced age. I can grant that the African negro has undergone no very marked change during the last four thousand years, and yet doubt whether he may not have undergone such change during the few hundred years immediately preceding (the Septuagint would allow 1000, which F.A.S.L. has carefully concealed); for I see no reason why the effects produced by acclimatization should be perpetually augmenting, or why racial divergencies of all kinds might not have increased more rapidly in the early days than now. Of course that which in the book of Genesis is briefly described as the *confusion of tongues*, but which must have referred to some great and miraculous influence upon the cerebrum and cerebellum of each individual whose language was altered, variously affecting their development, will be scouted as a myth; therefore I will not pursue the subject. But by way of conclusion regarding the question of population, allow me to ask F.A.S.L., whether, in face of the rapid strides which nationalities make in the present day, if *I* have such difficulty in accounting for the slow progress of the number of the world's inhabitants from the accession of the Pharaohs till now, when *my* computation (supposing the number to be at present 1,300,000,000) would make it to be only about fifteen times as great,—it is possible for *him*, with any degree of reason, to make this progress to have been still slower, by assuming that the number in the first instance exceeded that which I allow?

The Biblical chronologies may be "utterly incompatible" with the so-called "*facts* of ethnology," though he who affirms it makes a very sweeping assertion. But the records contained in the Pentateuch are *in themselves* acknowledged facts of very old standing, to explain the existence of which, and yet evade their force, will require much harder logic than that of any archæologist the world has yet seen; and as some require the years of the Patriarchal age to be lengthened, whilst others with voice as loud demand that they be shortened, I shall leave these persons to settle their differences amongst themselves, and in the meantime adopt the motto very wisely enunciated, *In medio tutissimus ibis.*

Trusting that you will pardon the length of my letter, and again favour me with insertion,

I have the honour, Sir, to remain,
Your obedient humble servant,
Daniel Biddle, Surgeon.

Kingston-on-Thames: Nov., 1869.

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CARBOLIC ACID OIL IN SCARLATINA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The favourable notice you have bestowed on my little pamphlet on "Scarlet Fever and its Prevention" induces me to hope that you will allow me to submit to the Profession the following thought, which shall be stated in the fewest possible words:—

Dr. Budd, some months ago, in a letter in which he published his mode of treating scarlatina by inunction with "olive oil slightly impregnated with camphor," introduces this parenthesis—"Current views would perhaps indicate *carbolic acid* as a fitter adjunct."

Reflecting on this intimation, and calling to mind the properties of carbolic acid, and, more particularly, Dr. Lemaire's assertion that it "acts anæsthetically," and "as a healing agent in burns," I was led to compare in my own mind the symptoms of a severe burn with those of scarlatina.

I was, of course, aware that the *causes* were different; but my thought was, *not* to strike at the root of the evil, but to relieve such symptoms as might admit of relief by an external application, and, while relieving these, to destroy the vitality of the scarlatina germ at the very moment of its making its appearance on the surface of the skin.

Turning, then, to the reported cases of scalds cured by Professor Pirrie and Dr. Alan Wilson with carbolic acid oil, I found *more* symptoms in common than I had at first thought of, which strengthened my hope that the carbolic acid oil might be found serviceable in scarlatina.

As many non-professional men are readers of your Journal, permit me to enumerate the "symptoms in common" with which I was struck:—Hot skin; burning pain; eruption, red or otherwise; constitutional disturbance, producing shivering, nausea, vomiting, thirst; pulse frequent, feeble, irregular; nervous system, depression, prostration, exhaustion.

Now, all these symptoms, when arising from burns, are, according to Lemaire, Pirrie, and Wilson, controlled in a remarkable manner by the application of carbolic acid oil. And my suggestion is, that they *may* be thus controlled when occasioned by scarlatina poison. "Could the carbolic acid oil act as a repellant?" then occurred to me. My answer was, "No; carbolic acid is an alcohol: indeed, by some Continental chemists it is designated phenic alcohol; and the effect of alcohol applied to the skin is to stimulate the vessels and to cause a flow of blood to the surface."

The proportion, then, alone remained to be considered. This appeared to me to be a question for the medical practitioner to determine. In wounds it is generally used in the proportion of 1 CA* to 4 olive oil; Professor Pirrie, in burns, 1 CA to 6 olive oil; Dr. Wilson, in burns, 1 CA to 30 olive oil and lime-water.

I am, Sir, yours faithfully,
Leeston, Great Malvern. **Frederick Smith.**

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POOR-LAW MEDICAL OFFICERS' WIDOWS AND ORPHANS SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In 1864 I suggested, through your Journal, the necessity of establishing a Poor-law Medical Officers' Widows and Orphans Society, on the ground that no existing means are sufficient to adequately assist the widows and orphans of such members of Poor-law Medical Officers as have not been provided for according to their position in society. Since that period some improvements in the condition of Poor-law Medical Officers have taken place, and they are thereby now better enabled to meet the annual expense of any fund that may, on full consideration, be deemed necessary to effect this purpose. Besides, public confidence has been lately shaken in public insurance offices, as has been well shown by Dr. Smith, of Donaghmore. Under these circumstances, I take the liberty to suggest that a communication be opened, on the part of the Poor-law Medical Officers at large, with the Chief Secretary, requesting his consideration of the whole subject after being fully explained to him: and when considered and communicated with by those who act for these medical officers (and, it is to be hoped, by the Poor-law Commissioners, whose opinion should be had early on the question), that he will bring in a *Government* Bill with the necessary provisions. If this Bill be approved by the thousand (nearly) of Poor-law Medical Officers—a great and a good act will be done, and each of these officers will have made some provision for his family, even though he may not be able to leave them in affluent circumstances.

I am, Sir, your obedient servant,
Denis Phelan.

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DOES THE EXISTENCE OF ANY FORM OF MATTER AS A SOLID, A LIQUID, OR A GAS, DEPEND UPON THE VARYING ELECTRICAL CONDITIONS OF ITS COMPONENT PARTICLES OR MOLECULES?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Although I am aware that, in a strict sense, the above problem scarcely comes under the range of those branches of Science with which we, as medical men, have more immediately to do; yet, as the collateral sciences are so nearly allied to our special pursuits, and we owe so much to them, you may, perhaps, kindly find space in your valuable journal for its insertion. Restating the proposition, "*Does the existence of any form of matter as a solid, a liquid, or a gas, depend upon the varying electrical conditions of its component particles or molecules?*" for my own part, I must confess, I believe the reply to be in the affirmative, taking as the grounds for my assumption the apparent analogy that exists between the electrical phenomena of attraction and repulsion in bodies charged with unlike and like kinds of electricity, and the supposed similar properties, said to be inherent to the atoms or molecules, in the three different conditions in which matter presents itself to us; namely, the solid, the liquid, and the gaseous. It is a *dictum* in natural philosophy, that matter is composed of indivisible particles, which are termed atoms, or molecules, and that these atoms are endowed with two properties, viz., *attraction* and *repulsion*; further, it is laid down as a law, that according as these powers are in a state of equilibrium, or preponderate the one over the other, we obtain matter in one or other of its conditions.

It is evident, then, that any change from the one condition to the other, *i. e.*, of the solid to the fluid, or, more properly, liquid, and the liquid to the gaseous, necessarily depends on a disturbance in the existing relations of these properties.

The immediate, or rather the appreciable agent in producing this disturbance is *heat*; but the question presents itself at once to our notice, does *heat* possess an inherent power of causing bodies to repel one another? If it can be answered in the affirmative, then must the subject matter of this paper fall to the ground. If not, where must we seek for an explanation of the phenomena? The correlation of forces, or, putting it in other words, the action of one force, exhibiting itself in new groups of phenomena, according to the medium through which it acts, seems now to be so clearly established that it is unnecessary for me to dilate upon it. The experiments of Grove and others are sufficient to prove that *heat*, under certain conditions, becomes converted into *motion*, chemical action, and electricity; *light* is converted into *heat, chemical action, electricity, magnetism, and motion;* and *electricity* is converted into *motion, light, and chemical action*, in short, from any one form of force any of the others can be obtained by supplying the conditions necessary for the exhibition of their phenomena. It is in this correlation of forces, then, that I think we find the explanation of those transformations from one condition of matter to another.

I do not think it altogether a visionary supposition to assume, that heat acting through the medium of that form of matter about to undergo change in its condition, becomes changed into electricity; and that this electricity being of a like kind, if carried sufficiently far, forces the molecules to fly apart in obedience to well-established laws.

Trusting that the above ideas, crude as they are, may be thought worthy of a place in the columns of the "MEDICAL PRESS AND CIRCULAR,"

Believe me, dear Sir, truly yours,
JOHN W. MARTIN, M.D., M.Ch.Q.U.I.

Medical News.

The Middlesex Hospital Medical Society.—The first ordinary meeting of this venerable Medical Society took place on Thursday, November 11th, Dr. John Murray, President, in the chair, when Dr. Robert King read an excellent paper on "Cells and Cell Development."

Scientific Catalogue.—*Nature* states that the great "Catalogue of Scientific Papers compiled and published by the Royal Society," has now reached its third volume; a fact which we have much pleasure in announcing. In this the names of authors are carried on from GRE to LEZ inclusive, so that the compilers are nearly half-way through the alphabet. We congratulate them on their good progress, and can promise them the cordial appreciation of scientific men all over the world, to whom the work will prove of inestimable value.

Among the recently published State papers of the American Government, is the annual report of the President of the National Academy of Sciences.

Here are two extracts from *Nature* which show how zealously science is being cultivated in New Zealand. From accounts of the last meetings of the Wellington Philosophical Society and New Zealand Institute which have reached us, it is clear that good scientific work is being done at our antipodes, much of it in Dr. Hector's laboratory. The most interesting result recently obtained is the isolation of the poisonous substance in the Tutu plant. Many experiments made for this purpose during the last six years, both in the laboratory of the Geological Survey and by chemists in Great Britain, failed to discover the poisonous ingredient of the plant. A short time ago, Mr. Henry Travers collected for the Museum a large quantity of ripe seeds of the Tutu (*Coriaria ruscifolia*), and on these Mr. Skey has recently experimented. He has discovered the poison to be a greenish oil, unaffected by, and insoluble in, water and mineral acids, but soluble in acetic acid, ether, alcohol, and chloroform. This oil is combined with a red-coloured resin, which is insoluble in ether, by removing which the poisonous oil was obtained in a pure state. The quantity of the poison contained in the seed is 12 per cent. of the weight. A similar oil has been detected by Mr. Skey to be the active poisonous element in the Karaka seed (*Corynocarpus lœirgata*), which will account for its having hitherto escaped detection; and he suggests that the discovery might lead to the detection of the active principle of many poisonous European plants that have hitherto eluded research.

Another item of New Zealand news is that the result of all Dr. Hector's investigations into the geology of the islands is, that New Zealand must be considered as, on the whole, well supplied with mineral fuel. The most valuable description of coal is certainly confined to limited and not very accessible areas; but still there is nothing to prevent their being profitably worked for the supply of the steam service. The great point for congratulation, however, is, that throughout almost every part of the islands, coal of a practically useful description is to be found within a short distance.

Professor Grant, the director of the Observatory in the University of Glasgow, has printed two letters, which he has addressed to M. Leverrier, on the authenticity of the documents respecting Newton, communicated to the Academy of Sciences by M. Chasles.

Glasgow and Aberdeen Universities' Election—Close of the Poll.—The voting in this election terminated on Friday at four o'clock, having lasted five days. At the close the numbers were :—

	Glasgow.	Aberdeen.	Total.
Mr. E. S. Gordon	1045	1075	2120
Mr. Archibald Smith	981	635	1616

Majority for Mr. Gordon, 504.

Out of an available constituency of about 4000 there have voted 3736. Mr. Gordon's majority in Aberdeen at last election, when he unsuccessfully opposed Mr. Moncreiff, was 196, and he was in a minority of 243 at Glasgow. This time his majority in Aberdeen is 440, and the Glasgow minority has given place to a majority of 64.

The late Dr. Aitken.—On Friday a feeling of general regret was experienced in Glasgow when it became known that Dr. W. Scott Aitken, M.B.C.M., had died in the Infirmary on the previous night. The deceased had just completed a six months' attendance as visiting surgeon at the Infirmary when he was seized with typhus fever, to which he fell a victim after a fortnight's illness.

Aberdeen Dispensary and Lying-in Institutions.—The Directors of the Aberdeen Dispensary have purchased from the Directors of the Female Industrial School, the property in the Guestrow, presently occupied by them, for £720. There would be room, it is believed, in the new premises for carrying on the Lying-in department of the institution in a much more efficient way than the Directors have hitherto had the means of attempting; and as the working out of that department has lately been under consideration of the Directors, in connection with the recent appointment of Dr. Inglis, Professor of Midwifery in the University of Aberdeen, to be physician-accoucheur to the Dispensary, the acquisition of the premises in question will be most opportune.

Sudden Death.—On Friday morning Dr. George Stokoe was found dead in the bed-room of his house, Chapter-row, South Shields. He was found kneeling by the bedside, his hands clasped, and his face lying on the clothes. He was 44 years age. He had been suffering from bronchitis and the cause of death is supposed to be congestion of the brain brought on by convulsions. He leaves a widow and a child about twelve years of age.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 1, 1869.

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Original Communications.

SOME CASES IN WHICH THE HYPODERMIC INJECTION OF MORPHIA WAS EMPLOYED WITH GOOD RESULTS.

By John Barclay, M.D., C.M., Banff.

1.—Angina Pectoris.

Jemima L., aged thirty-four, married, was very delicate in childhood, and when about eight years of age had a fall from a table, which, she says, injured her back, and produced a tendency to spinal curvature; and the dorsal region now shows a gradual and not acute curve directly backwards. After arriving at the age of ten, however, she enjoyed good health, and this continued up to about the month of May, 1867, when, being some fourteen weeks advanced in pregnancy, she was very suddenly seized one night, about half-past eleven, with great pain, and a sense of constriction at the præcordial region, radiating across the chest, accompanied with intense difficulty of breathing, and a feeling of impending dissolution. This attack lasted a whole night, and, though the medical man in attendance tried various things to relieve her, none of them did the slightest good. She has herself no recollection of what was done, for about half an hour after the seizure she became unconscious, and remained so until eight o'clock in the morning when she regained her senses, and by degrees recovered, the fit wearing gradually off. She remained pretty well for about eight days after this, at the end of which time a dirty reddish brown discharge began to flow from the uterus. This continued first for five days without being accompanied with any pain, and then other three days with slight labour pains, the whole ending, some eight or nine days from the first appearance of the discharge, and sixteen or seventeen days after the attack of the angina, in a miscarriage. A midwife attended during the abortion, and a medical man examined the fœtus afterwards, but he gave no opinion as to its age, the probable period when it had died, or what had been the cause of its death. Some three weeks after this, being still rather weak from the previous illness, she had another, but much lighter attack. Mixtures of various kinds were prescribed and taken, but none of them was followed by the slightest benefit. The attack gradually wore off after ten or twelve hours' duration. Then in about other three weeks she had a most severe attack, and I then saw her for the first time when at the height of it. It was the most awful paroxysm I have ever seen; she had been ill for several hours, and sat in bed supported by some of her friends, her face livid and swollen, lips of a dark blue colour, eyes deeply suffused, she could not articulate a word, not the slightest pulsation was to be felt at the wrist, nor could any vesicular murmur be heard in any part of the chest, only large moist râles everywhere. The heart's action was tumultuous, but the pulmonary râles prevented the cardiac sounds from being heard. Indeed, she seemed to be dying. I, however, ordered a large and powerful turpentine stupe to be applied all around the chest, a mustard emetic and stimulants. These, the people thought, gave her a little, but only a very little, relief. It was about eleven o'clock in the forenoon when I first saw her. I called for her again about half-past two on the following morning, and she was then beginning to recover. She was conscious and could speak, but denied having any recollection of what had passed after the first hour of the attack. Her recovery was a very tedious one.

In the month of September following, having a sister one of the nurses in Chalmers's Hospital, Banff, she obtained admission into that institution, and while there had an attack almost every eight or ten days till the end of October. The first two attacks Dr. Manson treated by venesection, with perfect and almost immediate relief, but the third and subsequent attacks were not relieved in the slightest degree by it. The amount of blood taken on these occasions was eight, or at most ten ounces. In the beginning of November she had a very severe attack, for which she was bled, but with extremely little benefit, and great congestion of the lungs remained after the attack had passed away, causing a very slow recovery. After this and one or two other severe attacks, she brought up some blood. Immediately after this seizure Dr. M. inserted a seton under the left breast, which was kept in for four months, and from the period of its insertion up to the 12th of July, 1868, namely, between eight and nine months, she never had an attack at all. During this period she was in the best of health, she was what she called "perfectly right in every way." Somewhere about the middle of March she became pregnant, however, and about three and a half months after she was suddenly seized with what promised to be a very severe attack. I was called on the evening of the 12th of July to see her, and her sister, who came for me, told me she thought it would be a most severe attack, as bad as any she had ever had. Remembering how very little good had been derived from the exhibition of remedies of various kinds, and the failure of the venesection in the more recent attacks, it then occurred to me to try the effect of the hypodermic injection of morphia. I accordingly sent for the instrument, and injected under the skin of the thigh fifteen minims of a twelve grains to the ounce solution of morphia, that is, three-eighths of a grain. I remained, resolved to watch the effect. In ten minutes she was able to lean back a little, in fifteen she was able to lie down flat and to speak freely, and in thirty minutes she was *perfectly relieved*. At midnight she continued quite well.

July 13th.—Says she feels perfectly well, but somewhat tired and sleepy. No abnormality of the pulmonary or cardiac sounds.

July 14th.—She this morning brought up a mouthful of blood by coughing, but feels quite well. Pulse 80, regular as regards frequency, but as to force a little hard and sharp in the beat. Bowels open, urine clear, eating well and sleeping well, no cough, no abnormality of the cardiac or respiratory sounds, unless, perhaps, that the first sound of the heart is louder and sharper, and heard over a larger space than usual. No bruit or friction sound of any kind. Ordered nothing but the repetition of the injection of the morphia, if required.

Now I think there can be no reasonable doubt but that the attack which preceded the abortion in May, 1867, with the disturbance of the circulation accompanying it and no doubt, depending upon it, had caused the death of the fœtus, and its consequent expulsion from the uterus seventeen days after. The occurrence of the bloody discharge and the other symptoms of abortion only eight days after render it all but certain that the angina was the cause of the death of the fœtus, and so I was exceedingly anxious to see whether the prompt cutting short of the attack at this time would prevent a like result. She had now, according to her own calculation, reached the sixteenth week of her pregnancy, which closely corresponds with the time at which the attack of angina came on in her first pregnancy. Matters went on quite well until the 11th of August, when I was called at midnight to see her. Before I reached the house, she had been ill for about an hour. She was quite blue in the face, and nearly unconscious; she was sitting bolt upright in bed, resting on her hands on the bed, her shoulders touching her ears, when spoken to could speak only one syllable at a time, and that with extreme difficulty; her look was agonized, the paroxysm awful to behold; no pulse could be felt at the wrist or temple, but the heart was beating tumultuously, 150 per minute; no respiratory sound could be heard, in fact, nothing could be heard in the chest whatever, except the heart-sounds; and there was no bruit. I injected the same quantity of the morphia solution as on the previous occasion, and watched its effects. In five minutes she could speak with ease, in ten she could lie down, in fifteen she said she was nearly relieved, and in half an hour perfectly well.

August 12.—Feels quite well.

August 21.—She had no symptom of pulmonary congestion after this attack, no symptom of fœtal death or of abortion, in fact, no bad symptom of any kind. After this I enjoined her upon no account to allow the attack to go on so long before sending to have the morphia injected, but to send the moment she felt the attack beginning.

November 5.—Had a very severe attack to-day, was ill nearly two hours before she could send, no one having been present with her until some person called for her by chance. Dr. Marson went at once and injected seventeen minims of the morphia solution, namely, approaching to half a grain of morphia, and with the usual amount of relief, and as rapidly as before. She felt quite well after this attack.

November 24.—About twelve o'clock noon to-day an attack came on. Before it she felt the fœtal movements distinctly. Dr. Manson happened to call about one o'clock and told her to keep quiet, and if she became at all worse, to have the morphia injected by Dr. Brown, House-Surgeon to Chalmers's Hospital, who could be on the spot, if necessary, in a few minutes. She continued to get worse and worse till about six o'clock in the evening, when some neighbour happened to look in upon her and found her in this state. Dr. Brown was immediately sent for, and when he came, which was within five minutes, he injected seventeen minims of the morphia solution, with the same rapid and perfect relief as usual. But after this she felt no fœtal movements. Besides, she felt ill, was constantly sick and vomiting, was annoyed by a frequent hard cough, with shortness of breathing, and considerable œdema of the legs. I did not see her at all during or after this attack, but she continued in a rather unsatisfactory condition till November 28th, namely, four days after the above attack, when about six o'clock in the morning she felt labour pains commencing. These continued to increase in frequency and severity up to half-past twelve o'clock noon, when she gave birth to a still-born female child. Dr. Manson, who was present at the birth, considered that the infant had not been far from maturity, and according to the woman's own calculation, in three weeks more she would have arrived at the full period of her pregnancy. Her recovery promises to be somewhat tedious, as considerable pulmonary congestion resulted from the last attack, and this is being slowly got rid of.

Now, the history of this patient, whom all medical men who had seen her admitted to be the most severe and most alarming case of angina pectoris they had ever witnessed, and who had been treated in a variety of ways as regards the paroxysms with so little success (for all treatment, unless by bleeding, and that beneficial only during two attacks, seemed useless), seems to suggest the following remarks: First, that a most severe attack of this disease can be rapidly cut short in the easiest and most simple manner by the hypodermic injection of a sufficient amount of morphia. Trousseau speaks of atropia used in the same way retarding seizures of angina and diminishing their violence, but nothing could have been more perfect than the relief afforded in the above case. Besides, morphia is a much safer and more pleasant substance to use hypodermically than atropia. Second, that the derangement of the circulation accompanying and resulting from these attacks was sufficient to produce the death of the fœtus in each of the two pregnancies. It would appear, however, that the duration of the attack for an hour, or even two, was not enough to bring about this, for one or two attacks lasted as long as this without any bad result, whereas, in the first pregnancy, the duration of the attack which preceded the miscarriage was a whole night, and that preceding the last miscarriage not less than six hours. Indeed, I think it probable that had this patient sent earlier and got the morphia injected within even two hours of the commencement of the attack, the death of the fœtus would have been averted, and she might have gone on to the end of her pregnancy safely, and have given birth to a living child. It is not at all likely that the morphia had anything to do with the child's death, for such a result would have been more reasonably expected in the earlier months of pregnancy.

(To be continu .

ON A NEW LIQUOR ERGOTÆ.

By Edward Long, M.R.C.S. and L.A.H.

In some correspondence with Dr. Waring Curran, on therapeutics principally in connection with pharmacy, he mentioned to me that he had been for a long time studying the actions and uses of ergot of rye, and had in practice experienced much inconvenience from being compelled to rely solely on the fresh powder made into infusion extemporaneously in the ordinary way, for want of any other reliable preparation of it. The same idea must have frequently occurred to every man in midwifery practice, as it must be most unpleasant and undesirable for a physician to have to turn pharmacien at the patient's house, perhaps in the sick room, not to mention the delay, the more so as the female portion of the community have become quite familiar with the whole process, with the result that instead of ergot becoming thereby a popular remedy, it is quite the reverse. They don't like it in any sense; it is disagreeable and nauseous to the taste, and they have a prejudice against it, from hearing that it is a very active, and it may be dangerous drug in unskilful hands, no doubt exaggerating, after the manner of the sex, all they have heard.

It would, therefore, obviously be a great desideratum if a medical man could carry with him a condensed preparation of it, which would be neither objectionable in taste or appearance and at the same time be perfectly reliable and keep well.

Being anxious to advance the cause of therapeutics ever so little, and at the same time gratify my friend, Dr. Waring Curran, I turned my attention to the subject, and trust the result will be satisfactory to the profession.

I believe the general feeling and experience is, that the only known reliable preparation of this substance, when its most characteristic effect on the uterus is required quickly and surely, is the extemporaneous infusion alluded to, which proves one thing, that water or an aqueous fluid is the best menstruum to extract its active principles. A spirituous tincture, also, is believed to have some virtue, and of the extract got by evaporating it, the same may be said. The officinal "Extract. Ergotæ Liquidum," of which much was expected, has disappointed many. The ethereal tincture and oil may be dismissed entirely—at least, I infer so—as they have fallen out of use in this city.

This is about all that is known of it in point of fact; the published analyses do not throw any light on its active principle, and merely show that its efficacy depends on the mode of arrangement and combination of its elements, without defining what the resultant is, as we so frequently see in the analysis of organic substances. As these analyses have been made by very able chemists, it is not likely that any further efforts in that direction will add to our stock of knowledge.

I accordingly decided to act on the information supplied by medical observation and experience, taking the infusion as the best of all. Glycerine, I thought, would extract all that is soluble in water, and from its well-known preservative properties, retain it in an active state. I therefore digested ergot freshly powdered, in glycerine for ten days, frequently shaking it. On straining this off, it was found to be of deep purplish colour, as thick as treacle nearly, and the marc quite soft and pulpy. This marc was then digested in spirit for ten days more, pressed off and filtered, the resulting tincture distilled off till it became the consistence of syrup, and then added to the previous solution.

I intended weighing the residuum after each process of digestion, but through an oversight the spirit was added before I could test the solvent properties of each menstruum. I shall, however, do so carefully in future experiments.

The "fluid extract" formed of these combined solutions I find to be exactly equal to the volume of glycerine employed, and each drachm represents half a drachm of powdered ergot, and may be considered a dose.

By this process I believe all the active properties of ergot should be obtained in a very desirable form; it is sweet, concentrated, and should be permanent. I would suggest that it be kept in graduated or drachm (ʒj) bottles, to avoid measuring under unfavourable circumstances.

My object in writing this paper is, to place a preparation of an indispensable medicine in the hands of medical practitioners, with some confidence that it will not disappoint their reasonable expectations. Should it realise these expectations, there will be little difficulty in making it quite palatable, if there be not some objection to doing so, lest, from its resemblance to treacle, accidents might happen.

Several medical friends to whom I communicated my idea, have tried and are trying it, but it is obvious that a more extended trial than any obtainable by such means, is necessary to establish its therapeutic value.

As I don't practise I have nothing to add that would be of value. I have omitted to enter into any chemical details, as they would be wearisome and little edifying to the majority of your readers, who have little time for them; but I have thought it right to let them know what they were invited to adopt, instead of appealing to them by advertisement, as is the fashion now-a-days.

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ON THE OVER-POPULATION QUESTION.

By F.R.C.S.

Truly we are launched upon a very wide and curious question in our medical journals now-a-days. The Profession is asked by the editors of its journals to sit as a jury upon the question as to whether we may be said to be overpeopled in this kingdom; whether the law of Malthus, that mankind tends to increase so rapidly as to cause poverty and early death among the poor, is true or not. In fact, it seems to us that, *nolentes volentes*, the Dialectical Society's debate has drawn us poor doctors into the fierce battle which has so long been carried on outside of our ranks. What, it may be asked, have medical men to do with the theory of Malthus? Is not their business to cure disease as it arises, and to be able to perform surgical and other operations so as to restore our patients to as much health as is compatible with the lesion they may be suffering under? What have we to do, it may be said, with the causes of prostitution? Our business is to *cure* venereal diseases, not to prevent them. And what have we to do with the causes of poverty? That is a question for statesmen, not for us.

There is some truth in all of these remarks. The family physician's, or general practitioner's, or the operating surgeon's time is entirely occupied when they are in full practice, in attempting to remove any diseases that come under their notice, not in reasoning upon disease in general and whence it arises. But it must be remembered that there is now a rather large portion of our own body whose position, as medical officers of health, &c., renders the discussion of such topics quite imperative. Such gentlemen, unless they well understand the causes of the overcrowding and poverty which it is their business to witness in the daily carrying out of their duty, are apt to be bewildered by the apparent impossibility of doing much so long as the population under their charge is so poor and so unable to comply with the judicious advice which they try to inculcate upon them as to the necessity of plenty of fresh air, cleanliness, and good food. The writer in the *British Medical Journal* of Nov. 13th knows well, from his study of the works of Malthus and Mill, that the cause of much of our social miseries is the unequal race which is constantly being maintained in such countries as ours between population and the means of subsistence. He is fully aware of the enormous importance of the "Law of Population" called the "Malthusian Law," that in favourable circumstances our race is able to double its numbers in from twenty-five to thirty years. But, whilst he knows all this, it appears to us that our author is not sufficiently versed in the details of this important question, to avoid falling occasionally into some fallacies. In the first place, then, he says that "It is perhaps almost a necessity that there should be in all communities rich and poor, and that the latter should suffer their own peculiar evils. . . . The social problem (he adds) is not so much to do away with poverty as to find out the best way in which the rich and poor may live together to mutual advantage." Well, if the great problem of our day be not to remove the terrible poverty which surrounds us, for example, in Ireland, in our large towns, &c., we ask, what *is* the problem of our time? If poverty, as it is well known to all whose opinion is worth a moment's consideration, is the most common cause of infantile mortality, of consumption, of fever, of contagious diseases, and of that nest of venereal diseases, prostitution—if bad food and overcrowded dwellings are the cause of so much of the ills of even our most civilized countries,—why are we to be told that the removal of poverty is not the great problem of our day? Show us another problem as great.

But the writer of the article in question has a remedy for the evils of over-population, so he does not care much about it. The earth, it seems, is so vast, that *we* have nothing to do with the question *just now*, and especially in our tight little island. Have we not, he says, Australia, (12,000 miles away) and the United States and Canada to run off to? Give up your groaning about over-population at once: be off and take all the miserable with you to these promised lands! In short, our author looks to emigration as the panacea for over-poulation. Oh, Mr. Doctor! is this all you can do for your poor patient? Can you only recommend for his disease a foreign climate? Is there no hope for our old countries but by rushing forth over wide oceans to far off shores? Read the works of Chalmers, and see how well he shows up the fallacies of that chimera, emigration. Why, if our race can double itself in twenty years, if Europe were to take the advice of our *British Medical Journal* author it would require to send off some 250 millions to America and Australia every twenty years, and this only to keep our numbers stationary. If Great Britain and Ireland *went in* for this "prescription," we should have to send abroad annually one and a half million of our people. At whose expense, pray, Mr. Doctor? at yours and mine? Are we not already almost eaten up by poors-rates and taxes? Or why should a person with a small French family of two or three children be compelled to send out to America or Australia the large family of his less provident fellow-citizen? Are you prepared, in short, to say that early marriages are to be the sole prescription for sexual errors, and for the prevention of venereal diseases, without accompanying your prescription by an injunction to young couples to breed slowly? Are they to breed as fast as they please, and are we and others to send out all their children at the public expense? Answer us all of this. Do you not see that such a flotilla as would be required to send forth one and a half million of persons annually would reduce us all to the most abject misery at home, and, alas! would be the source of immense suffering to the unfortunate hosts who were thus shipped off or transported from their native shores, willy-nilly? And all of this, be it remarked, because our writer detests and abhors evidently the prudent conduct of the French, who are prudent enough to "habitually limit their families to two children." Well, if people are never to live happily at home in old countries, we say, the problem of the removal of poverty is insoluble: but the French *are* content with two children to a family, and do not emigrate!

Hospital Reports.

UNIVERSITY COLLEGE HOSPITAL.

The patient operated on for popliteal aneurism by Mr. Erichsen the other week by tying the external iliac is progressing favourably. The tumour in the popliteal space has disappeared. The patient, also, whose external iliac artery was tied for aneurism in the bend of the groin, is doing well, and may be said now to be out of danger, we suppose. On Wednesday, the 17th November, the only operation performed by Mr. Erichsen was the division by means of a bistouri caché of the strictured orifice of the urethra in a man of about the age of fifty-five. The operation was performed by passing the instrument into the urethra beyond the stricture, and then cutting outwards, the patient being under chloroform. Mr. Erichsen mentioned that he believed the cause of the stricture was the existence at some previous date of an urethral chancre. These chancres, he observed, usually leave most serious strictures after them.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

Mr. Couper has now under his care a very well-marked case of astigmatism in a young man of about the age of twenty, who came complaining of considerable difficulty in performing his work on account of imperfect vision. The patient, an engineer's apprentice, had very defective sight for distance, and although able to read small print, could not do so for more than a few minutes without pain in the eyes; the print then became dim, the letters appearing to run together. The existence of astigmatism was suspected from the form of the globes, which was most peculiar. Instead of the ordinary spherical condition, with the horizontal and vertical diameters equal, each globe appeared flattened vertically, so that the horizontal diameter exceeded the vertical. This was apparent when the upper and the outer equatorial regions were exposed in succession by causing the eye to look first downward and then toward the nose. The comparative flatness of the upper region was obvious.

Mr. Couper, under whose care the patient came, showed us his ready method of demonstrating the presence of mixed astigmatism by means of a concave mirror of thirty inches focus. He takes advantage of the well-known facts—1st, that the fundus of an eye that is hypermetropic (*i.e.*, that has the principal focus of its media placed behind the retina) can be seen as an erect virtual image; and, 2nd, that the fundus of a short-sighted eye can be seen as an inverted aerial image. In mixed astigmatism the media are myopic in one plane (generally vertical), and hypermetropic in the opposite plane; and Mr. C. demonstrates the presence of both an erect and an inverted image in the same eye by selecting two objects in the fundus (usually vessels), seen by means of rays diverging in the horizontal and in the vertical planes of the media respectively. The presence of both images is conclusive of the existence of mixed astigmatism, and the next step is to measure it and determine the required optical correction. The use of cylindrical glasses to correct this want of similarity in the horizontal and vertical meridian was thus clearly indicated; and after some trials it was found that a convex cylindrical lense of 16 inches focus for the horizontal meridian, conjoined with a concave cylindrical lense of 1-30th focus for the vertical meridian, corrected to a great extent the vertical error of astigmatism. This is the normal kind of astigmatism.

A patient at Mr. Couper's desk presented in the left eye an almost perfect paralysis of all the muscles of the orbit; when the other eye was moving the paralysed organ remained as still as if it were a dead eye. Another case where the paralysis of the motores oculi was not quite, but nearly as complete, was seen by Mr. Lawson. Any person attending the practice of the Moorfields Ophthalmic Hospital for any time must be struck to see the amount of cases of inherited syphilitic disease of the eye: that is, the number of cases of total or partial loss of vision in patients with the pegged teeth, and other marks of that disease so well and conclusively pointed out by Mr. Jonathan Hutchinson. Thus we have recently seen two cases of cataract in young persons operated upon, when the peculiar teeth pointed to the cause above mentioned, and, in addition to these we have seen several cases of iridectomy, of lachrymal abscess and other diseases of various kinds in patients labouring under hereditary taint. We do not know that we have at all remarked the same thing in the practice of specialists in Paris, or in any other continental city.

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Literature.

BILLING'S PRINCIPLES OF MEDICINE.*

To take up a book by Dr. Billing is to be forcibly reminded of the genuine work that has been done in the promotion of medical science in the last generation. It is next to impossible for us to realise in imagination what was the state of our art when the now venerable teacher began his career. We are carried back at once to thoughts of Cullen, Broussais, Brown, Rasori, when these and a few others stood out as the only lights in the darkness, and even they rather dazzled than guided. Dr. Billing became Physician to the London Hospital in 1822. Clinical lectures were then unknown in London, and he began them at once, as well as *post-mortem* demonstrations in the dead-house. The London Hospital has ever since maintained its position in the front of clinical work, and is not likely to let it fall.

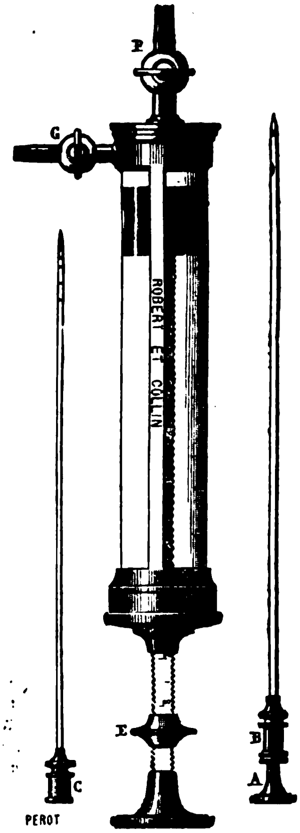
Dr. Billing's work originally consisted of only about 130 pages, and great credit was accorded him on every hand for the skill with which he had condensed what he had to say into so small a compass. We first made its acquaintance at a later date, but even in our youth it was not half the size to which it has become expanded in the new (sixth) edition. If we say that every successive edition has received the general approval of the press, we barely express the debt due by the Profession to Dr. Billing for the work he has so well done. He has furnished a generation with a set of well-reasoned "principles" in medicine, which in days of superficiality and the worship of disjointed facts goes far to prove that we have yet minds among us who can grapple with the phenomena of disease in the true spirit of philosophy. Yet let it not be thought our author despises facts. Few works abound more in them; but then he uses his facts, instead of abusing them—reasons upon them, instead of merely repeating them—and, so doing, teaches his readers the one necessary lesson, to think. His is, therefore, a book to read through and through, to study, to master, and to think over. Yet there is not a more interesting work to merely dip into, for on every page some thought, some fact, some suggestion may be found which strikes the attention and leads the reader to pursue the subject. It is a great point with the author that he is, so to say, always speaking clinically. The consequence of this is, that therapeutics is with him no dry detail of remedies and their uses; nor does the art of medicine consist in certain kinds of routine practice. He is not given to hypothesize much, though he may reason from the known to the unknown with the confidence of one who has found his judgments right. Still, the work abounds with practical therapeutical suggestions, and these have the immense value of not being mere guesses, but deductions from premises already established. How infinitely preferable such "Principles" to the blind following of routine, or to the fancies so often hazarded!

Inventions.

A NEW SUBCUTANEOUS ASPIRATOR.

An instrument, to which the foregoing name has been given, has been presented to the Imperial Academy of Medicine, Paris, at its meeting of the 2nd inst. Its inventor, Dr. Dieulafoy, communicated at the same time the following note as to the objects which the instrument is intended to serve:—

"The Subcutaneous Aspirator appears to me to fulfil two principal conditions: firstly, as a means of diagnosis; secondly, for treatment. We know how difficult it is to recognise sometimes the presence of a purulent depot concealed under muscles or aponeuroses in the centre of such regions as the neck or iliac fossæ, or situated deep in such organs as the liver or kidney. The observer is necessarily undecided as to the presence and nature of the fluid, which does not for some time declare itself either by swelling or fluctuation. It was for the purpose of elucidating these doubts that the exploring trocar has been devised. But that instrument carries with it its own condemnation, being, at the same time, too large and too small. Its size is considerable compared with that of the fine needle, used for subcutaneous injection; yet, in spite of its considerable diameter, it hinders frequently the escape of liquids if they be at all dense.



"To remedy these difficulties I have constructed long canulæ so fine that the most delicate organs may be traversed by them without being injured more than by acupuncture needles. This trocar is introduced in search of the supposed liquid, a vacuum is easily produced with the piston, and the operator is at once informed of the presence, seat, and nature of the collection. This means of exploration is specially applicable to cysts, and all serous, hæmorrhagic, purulent, or urinary collections.

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* First Principles of Medicine. By Archibald Billing, A.M., M.D., F.R.S. Sixth Edition. 1868. London; Bell and Daldy.

"As a means of treatment the aspirator serves many purposes. It will evacuate an articular abscess without the introduction of a single bubble of air, and with an opening so small as to be incapable of producing any ill result. Would not analogous treatment be applicable to pericardial effusions? Would it not be available for removal of urine in case of retention of liquid in encysted pleuritis and in congestive abscesses?

"The evacuation of the fluid may be rendered continuous by means of the double stopcock, and if an injection—tincture of iodine or alcohol—is necessary, it may be made at the same sitting, and without displacing the instrument.

"The use of the instrument has been also suggested for the removal of the gases which accumulate in intestinal obstructions, and which greatly impede the return of a hernia."

One detail of construction is strongly insisted on by the inventor. When the stopcocks have been closed, and a vacuum has been created by the withdrawing of the piston, it may be locked at the top of its course by a slight turn to the right. Thus, the needle having been first introduced, it will be sufficient to attach the aspirator and open the cock, when the liquid will at once rush into the barrel of the syringe without the least movement on the part of the operator.

The instrument is manufactured by Messrs. Robert et Collin, of Paris.

SCOTLAND.

DEATH OF PROFESSOR PENNY OF GLASGOW.

We are sorry to have to record the death of Frederick Penny, F.R.S., Professor of Chemistry Anderson University, Glasgow. For a short time his health had been rather feeble, although he had continued to lecture up to the 11th of November. No immediate danger was anticipated, but about nine o'clock on the evening of Monday, 22nd November, while conversing cheerfully with his medical adviser, he was seized with a severe spasm of the heart, during the continuance of which he died. Professor Penny was born in 1817, so that he was in the 52nd year of his age. He studied chemistry in the London Apothecaries' Hall, under Dr. Henley; and such proficiency did he acquire that in 1839, at the early age of 22, he was chosen to fill the chair of Chemistry in Anderson University, rendered vacant by the removal of Dr. Gregory to Aberdeen. He arrived in Glasgow a perfect stranger, but, backed by introductions from the late Professor Graham, he soon made his way. He found the Anderson University at a very low ebb, especially in his own department; and it will be sufficient to mention, in order to show how successfully he devoted himself to the duties of his chair, and how highly his lectures were appreciated, that while in his first year he enrolled 87 pupils, during last session, the number of his laboratory pupils was the greatest, save in one instance, attending in any laboratory in the kingdom, and the attendance on his popular class during the same session, rose to 541. As a medical jurist Professor Penny had acquired a deservedly high reputation, and his name will ever remain associated with the singularly philosophical and beautiful physiological experiments for the detection of certain alkaloids when used as poisons, where purely chemical tests fail. All will remember how wonderfully his powers were displayed in this respect in the Pritchard case. As a consulting and analytical chemist, Professor Penny enjoyed, probably, the largest practice in Scotland; and it is worthy of remark, that however complicated the case might be, his evidence was always appreciated, and he generally succeeded in carrying along with him those even to whom his opinion was adverse. By his untimely death the University with which he was connected has lost one of the most distinguished and popular of her Professors.

MEETING OF MEMBERS OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

On Thursday, 25th November, a meeting of the members of the Medico-Psychological Association was held in the Hall of the Royal College of Physicians, Edinburgh. The chair was taken by Professor Laycock; and there were present Professor Balfour, Dr. Skae, Royal Edinburgh Asylum; Dr. F. Skae, Stirling District Asylum; Dr. Howden, Royal Asylum, Montrose; Dr. Howden, Haddington District Asylum; Dr. Addison, Idiot Asylum, Larbert; Dr. Grierson, Roxburgh District Asylum; Dr. Clouston, Cumberland County Asylum, Carlisle; Dr. Wood, Dr. Fairless, Bothwell; Dr. Tuke, Fife District Asylum (Hon. Secretary for Scotland); Dr. Sanderson, Musselburgh; Dr. Jamieson, Royal Asylum, Aberdeen; Dr. Sibbald, Argyle District Asylum; Dr. Lowe, Bulgreen; Dr. Bruce Thomson; and Dr. Smith, V.-P.R.C.P.

The Chairman stated that the meeting was called in accordance with the fundamental rules of the Association, for the promotion of social intercourse among members. It had been proposed by several of the members that quarterly meetings should be held in the North, for scientific discussion and social intercourse, similar to those held in London. Dr. Bruce Thomson moved, and Dr. Sanderson seconded:—

"That the members present resolve to hold special meetings for the more efficient advancement of the objects of the Association of those resident in Scotland and the north of England, and all others who choose to attend."

Dr. Clouston moved as an amendment, seconded by Dr. Sibbald:—

"That the present rule of the Medico-Psychological Association providing for the holding of quarterly meetings in London is thought by the present meeting to be unsuitable, and that it should be altered so as to provide for two of the above meetings being held in Scotland or the north of England."

Both motions were adopted, Dr. Clouston's being submitted as a substantive motion.

The Chairman then brought the subject of clinical instruction in nervous and mental diseases before the meeting. After some discussion the following motion was agreed to:—

"That this meeting desires to express its strong opinion of the necessity of making the clinical teaching of insanity imperative in every medical curriculum, and requests the secretary to send a copy of this resolution to the General Medical Council, the Medical Faculties, the Examining Boards of the Scotch Universities, and the University Court."

It was also resolved that in the opinion of the meeting clinical instruction in mental diseases should be made a department of examination.

After the reading of some interesting papers by Drs. Tuke, Clouston, Bruce, Thomson, and Howden, the meeting separated.

UNIVERSITY OF ST. ANDREWS.

MEETING OF GENERAL COUNCIL.

At the half-yearly meeting of the General Council of the University of St. Andrews, Principal Tulloch reported that he had received a certificate of the state of the poll in the election of the assessor to represent the General Council at the University Court, and that the certificate stated that Dr. B. Ward Richardson had been elected by a majority of 68, the votes recorded for him being 514, and for Dr. Cleghorn 446.

At a meeting of the Royal Medical Society, Edinburgh, held on Friday last, the following gentlemen were elected Presidents for this year:—Alexander Bennett, M.B. and C.M. Edin.; David Page, Esq.; Charles E. Underhill, B.A. Catab.; John W. Fleming, Esq.

University of Edinburgh.—We understand that the attendance this session at the University in the Faculties of Arts, Medicine, and Law is larger than it has been at this period of the session for about forty years. Up to Saturday week last, 675 students have matriculated in the Faculty of Arts, 470 in the Faculty of Medicine, 319 in the Faculty of Law, and 56 in the Faculty of Divinity—in all, 1,520. Besides these, 76 students matriculated last summer session. The matriculation is still going on.

The University of Edinburgh, on the 19th ult., conferred the degree of Bachelor of Medicine and Master in Surgery on Mr. Arthur Perigal, jun., Edinburgh.

The Royal Infirmary—Ballantine and others v. the Managers of the Merchant Company.—We are glad to have reason to believe that this action is on the eve of being withdrawn by the complainers, who have thus wisely followed the advice given at the recent meeting, and departed from their opposition to what is now so evidently the wish of the great majority of the subscribers.

Lord Rectorship of Aberdeen University.—Of the various noblemen and gentlemen whose names have been mentioned for the office of Lord Rector of the above University, vacant this month, Mr. Grant Duff, M.P., presently Lord Rector, and Sir William Stirling-Maxwell, Bart., of Keir, are the most popular among the students and others interested in the welfare of the Northern University. In all probability Sir W. Stirling-Maxwell will be unopposed, as Mr. Grant Duff has intimated his intention of not again becoming a candidate for the office, and, as is seen from the following passage from his letter, supports Sir William's claims:—"Sir William Stirling-Maxwell, whose name I see in the *Scotsman* as that of a probable candidate, although a Conservative in politics, is, to the best of my knowledge and belief, in all matters that most earnestly concern the interests of learning, a Liberal of the Liberals. If political issues were involved it might be my duty not to shrink from the contest; but I should be injuring the University of Aberdeen, as well as doing violence to my own feelings, if I attempted to stand in the way of its obtaining the services in a *non-political* capacity of a man with whom, except as a politician, I should be sorry to provoke a comparison, and who has already as Lord Rector of St. Andrew's, nor in that position only, shown that he can speak boldly, as well as think wisely."

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ORIGIN OF SYPHILIS.

According to the latest researches of M. Auzias Turenne, the birth-place of syphilis would seem to be America. He brings forward the following proofs:—

No doubt the disease became first recognized in Europe at the siege of Naples, 1495, the Italians and Spaniards being the defenders. Marcel de Cumes, the first syphilographer, says nothing of the contagious properties of the disease, but traces it from the sexual organs to the formation of pustules over the body.

Fracaster follows in this idea.

Four principal questions arise for consideration:—

1. Was the syphilis of Naples an epidemic of glanders?
2. Was it a rekindling or mixture of ancient and known diseases?
3. Did it arise spontaneously in Italy?
4. Was it imported from America?

The objection to the first is, that the glanders was described in the fourth and seventh centuries, and that it does not attack mankind so much as syphilis; that it attacks also more surely, more severely, and promptly.

The second idea, which Cullerier and Lagneau, senior, chiefly support, is, that the symptoms are to be found described amongst ancient authors, but without any connexion with the original sore. The objection to this is, that notably the symptoms referred to by them were those of tubercular lepra, while the relation of symptoms to the first sore, supposed to have been so difficult of recognition, did not escape the observation of the ignorant American savages.

Did it arise spontaneously? This view is taken up by Fracaster, Marcel, Sanchez, and by many Germans.

In support of the proposition, it may be said that wherever syphilis is newly imported it soon acquires the intensity and violence of the epidemic of the fifteenth century.

That nothing of the same kind took place in America, but that it existed there before the Conquest.

The march of the disease can be chronologically traced from the West Indies across Spain, and finally to Italy, thence to France, and so through the world at large. All the names of the disease and of the after symptoms are to be found in the Carribean and Indian vocabulary. The Spaniards called it the "Indian disease."

The general conclusion points to the importation of syphilis from America.

SUBCOTYLOID LUXATION OF THE RIGHT THIGH IN A CHILD EIGHT YEARS OLD; FORCIBLE REDUCTION AND CURE.

A case of this kind is recorded in the *Gazette Médicale de Paris*, where the child was able, a few minutes after the occurring of the accident, to make its way home walking. The dislocation was treated as old rheumatism during a month; but, finally, not improving, the child was brought to M. Sistach, who found all the signs of a subcotyloid luxation: the inguinal fold being lost; the head of the femur could be felt on the upper and anterior part of the thigh; the femoral artery pulsating on its inner side; and there was some lengthening of the limb. Though the luxation had existed seventy-seven days, powerful and gradual extension and counter-extension was made, the child being chloroformed, and the leg bent on the thigh, and the thigh on the pelvis; gradually a feel of rupture ("craquement") of some of the adhesions was felt, and the head of the bone receded into its place, all the previous signs of lengthening and difficulty of motion disappearing, the fold of the groin becoming again marked, and the head of the femur was no longer distinguishable.

DISLOCATION OF THE FEMUR ON THE DORSUM OF THE ILIUM OF A FEW HOURS' DURATION, REDUCED BY FLEXION AND ROTATION OUTWARDS.

A case is recorded in the *Gazette Médicale de Paris* of a patient who was crushed by the falling in of a bank of earth. All the signs of dislocation were evident: shortening of the limb; approximation of the trochanter to the iliac spine; the foot turned inwards, resting on the inner ankle of the opposite foot, &c.

Chloroform was fully administered, and the leg being bent well on the thigh, the thigh on the pelvis, and the limb well rotated outwards, reduction was easily accomplished. In three months after he was able to work without the least inconvenience.

OVARIOTOMY PERFORMED TWICE ON THE SAME PATIENT; BOTH OVARIES REMOVED.

M. Boinet presented, at the Parisian Academy meeting, a woman, aged forty-eight, on whom he had performed ovariotomy twice, with success after ten months' interval. First he had removed the left ovary, which weighed 17 to 18 kilos; and then, after ten months, the right ovary also, weighing 9 kilos. She very nearly succumbed to the second operation, owing to a diphtheritic angina.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 1, 1869.

ST. BARTHOLOMEW'S HOSPITAL EXPLANATION.

THE Prince of Wales in the chair, Mr. Cooper White, Treasurer to this important charity, has, in a two hours' speech, attempted to refute all the charges made by some of the outside public against the management of the Hospital. Mr. White, it seems, has been Treasurer to the Hospital for the last fifteen years, and he proceeds to give an account of his stewardship during this period of office. Firstly, with regard to the treatment of the in-patients, Mr. White observes that the expenditure per head on this class of patients exceeds that in any other hospital in London. Everybody who comes for medical advice to St. Bartholomew's Hospital, he says, is properly attended to, and none are sent empty away. In 1861 a new Surgery was erected, at the expense of £7,000. The reception room for the patients was 36 feet high and 94 feet by 32 feet wide. Other institutions do not open their doors so wide as St. Bartholomew's, but require Governors' letters, or limit the number of patients seen. In 1868 the staff of medical men was increased from one to four. There was nothing that had not been done to make the nurses comfortable. Every one of them had her own bed; on an average, each nurse had 700 cubic feet of space in her room. It had been asserted that the London Hospital had cost in 1868 £29,000, and that £33,000 should have sufficed for St. Bartholomew's, instead of £60,000: but there were £10,000 spent yearly at St. Bartholomew's for diet alone. There were 431 beds in the London, and 553 at St. Bartholomew's; so that if the cost of the former was £29,000, the cost of the latter should be £37,000. The death rate of the nurses was not excessive. The obstetric department was admirably attended to. He himself was an unpaid servant. Finally he put in a document signed by the medical staff of the Hospital—Drs. Farre, Black, Harris, Andrew, Greenhalgh, Southey, Church, Gee and Duckworth, and Messrs. Paget, Coote, Holden, Savory, Callender, Smith, Willett, Langton, and Coleman, testifying to the great improvements which have recently been made in the Hospital. The enlargement of the Surgery, the arrangement of departments for dental surgery and vaccination, of an ophthalmic department, of departments for the treatment of deformities and of diseases of the skin and ear, the enlargement of the wards for female diseases, and the conversion of the Hospital square into a place for open air exercise for the patients; the improvement of the museum, library, and chemical laboratory, making this Hospital one of the finest medical schools in this country. The medical men recommend the erection of special buildings for ophthalmic purposes, but are not in favour of any further specialities than those of the eye and of diseases of women. They look forward to the establishment of a Convalescent Hospital. They believe, that, by classifying the patients, the present staff of the Hospital will be found quite sufficient for all the work required to be performed. It appears that the applicants for out-patients far exceed in number those of any similar institution in London.

Such is the explanation offered by the Treasurer of this important medical charity, in refutation of the charges which have been brought against the management of the Hospital. And yet we hear from old Bartholomew's men that a great many changes are required to make their Hospital what it ought to be. In the first place, they complain that in many other hospitals, such as at King's College, University College, and also, we believe, at Guy's Hospital, the dresserships are competed for and given to the most distinguished and hard-working students, whilst at Bartholomew's a dressership costs £18 and a position as house-surgeon costs £50, half of which sum, however, is returned. We have no hesitation in saying that this is a most exceedingly bad plan, and doubtless it will soon be done away with. The gentleman who mentioned it to us observed that it had a tendency to get gentlemen as dressers; but we believe the day is now supposed to be gone by when stupidity combined with ready cash was considered as the only requisite for the title of gentleman. Then, too, this being the case, it is clear that the higher posts of physician, surgeon, &c., are more likely to be filled up from the richer men attending the Hospital, because these men have, of course, served in positions which render them more likely to be elected. This narrowing of competition is, of course, likely to be very prejudical to the interests of science and to the end of the charity—the securing of the most able medical advisers to the sick poor of London. But, in addition to this, the Treasurer has been guilty of *ignoratio eleuchi* in his replies in many cases. He is told that many of the nurses are miserably lodged and overworked, and he replies merely that, *on an average*, each nurse has 700 cubic feet. Now, if this is the case, many of them have probably far less than this cubic space. But the most serious charge against the Bartholomew's medical staff has been, of course, that they see far too many out-patients; and that it is a perfect farce to suppose that they can give any adequate attention to the host of cases which pass so rapidly before their eyes. In the first place, the error seems to be that there are too few officers for the out-patients. Probably, no one medical man should see more than 100 patients per diem. If he does, his attention will, in all probability, flag. The best remedy for this state of things would be either to have a larger staff, or to do, as is done now at the Metropolitan Free Hospital and other institutions, limit the number of new patients seen daily. At the last mentioned Hospital about 100 new cases are seen daily by three medical men; two physicians, and a surgeon. If only 150 or 200 new cases were daily admitted as out-patients to St. Bartholomew's, it would cause the scandal to cease to a great extent. But, the fact is, wider changes than any of these we have adverted to are required. In all probability, ere many years have passed over our heads, the Hospitals of the Metropolis will be brought under some central Board of management, and then we may hope to see a better system of appointments to the public function of medical adviser to the poor, instead of the present crude method, which excites so much distrust, and performs its duties in such a bungling manner.

DRAINAGE AND SEWERAGE.

The letter of Mr. Bailey Denton, in the *Times* of Nov. 18th, on Sanitary Works, deals with facts that are becoming daily of increasing consequence, and that are well worthy the attention of all those who may think the prevention of disease to be better than cure.

Mr. Denton insists on the importance of keeping the sewage in sewers quite separate from the subsoil water if we wish to prevent the earth from becoming sewage-sodden and water supply thereby poisoned. This question, it must be remembered, is a distinct one from that bearing on the disposal of the surface and storm waters in channels separate from those which convey the sewage of dwellings, after the plan recommended by Colonel Ewart and Mr. Menzies; what Mr. Denton deals with is the water of the subsoil, which, he maintains, should be carried off in deep under-drains, while the sewage is kept strictly within the sewer.

In many towns of which the drainage, or rather sewerage, has lately been improved with great apparent good to the health of the community, the subsoil water is carried off by the sewers. Thus, for example, at Salisbury, the floors of the discharging brick mains are laid without cement, for the purpose of admitting subsoil water. Now, if subsoil water can get into the sewer, it seems pretty certain that sewage can get out into the subsoil, and thus the earth becomes "excrement sodden," and it will be a matter of future sanitary interest to observe and see if evil effects actually arise attributable to this arrangement.

At Bedford, as at Salisbury, the sewers take off the subsoil drainage, and the ordinary discharge from the sewers is about three times as much as the water consumed in the town.

It is satisfactory to observe, from the statistics collected by Dr. Buchanan, how the death rate of towns especially the death rate from phthisis, has been lowered by this thorough drainage of the subsoil; but the very same report that contains the results of Dr. Buchanan's researches in this matter contains also reports of serious outbreaks of fever in certain towns and villages unmistakeably due to poisoning of the water supply by sewage.

The danger would be effectually guarded against if Mr. Denton's plan could be carried out of having deep drains for the subsoil water and tight sewers for the town sewage. Arrangements might be made for admitting the subsoil water into the sewers at certain points for the purpose of flushing, and such a plan of drainage and sewerage seems to us as perfect and as safe as it is possible to be.

The remarks of Mr. Denton on the sewer arrangements of seaboard towns are instructive and serve to explain the startling outbreaks of epidemic disease, which at times are met with in these places. Imagine large iron pipes, running straight out into the sea, and carrying away the refuse of the town; at low water, probably, the mouth of the tube is exposed so that the wind can drive strongly up it, while at high water the sea rises up to the tube, and both states of course force the sewer gases back up the drains into the houses with a power that few stink-traps and syphons are likely to withstand. Further, too, it appears that the various properties of sewer gases are increased by the admixture of sea-water, but on these matters we are promised more definite information presently through the agency of the Sewage Committee of the British Association and Dr. Paul. It is to be hoped that some of the English watering places, of which unsavoury rumours are now and then current, will by degrees learn to follow the example of the people of Hastings, and instead of running their sewers straight out into the sea immediately under people's noses, will carry them to large remote tanks or receptacles which can be opened and discharged on the ebb or flood tide according to whichever will convey the discharged matter the greatest distance out into the sea.

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Notes on Current Topics.

Purchase of Hospital Appointments.

It appears that in July last there was some uproar in St. Bartholomew's Hospital because of an order issued by Mr. White, to the effect that, neither house-surgeons nor dressers were to be allowed the right of prescribing quinine or several other expensive drugs for the patients. The house-surgeons and dressers pleaded that they had *purchased* their offices, it seems, under the understanding that they were to enjoy the customary privilege of prescribing. We cannot help thinking that it is a very great blot on the fair fame of St. Bartholomew's Hospital, that it still keeps up the system of selling the offices of house-surgeon and dressers, &c., instead of allowing these offices to be the rewards of merit, and granting them to those students who pass the best examinations. Surely the best man is required for all posts when the poor are to be served.

Sir Patrick Dun's Hospital and the Monopoly of Hospital Education in Dublin.

The observations which we have made from time to time on this matter will, doubtless, have made our readers familiar with the circumstances. The last stage at which the movement for the removal of the restriction on candidates for medical degrees in the University of Dublin had arrived was the reply of the Board of Trinity College to the effect that they would be ready to remove the protective regulations as soon as Sir Patrick Dun's shall be in the position of receiving the undivided services of its medical staff. As we explained at the time, this phrase means as soon as plurality in hospital appointments shall have ceased. It will, no doubt, have occurred to our readers that a fault in the arrangements of the hospital is a strange reason for refusing an act of justice both to students and to the teachers of Dublin. It might naturally be supposed that if an anomaly injurious to the hospital exists, the Board of Trinity College can and ought to deal with it, and that to maintain an unfair and objectionable monopoly, on the plea that certain alleged abuses exist, is a very great aggravation of the offence.

Since the resolution was arrived at, a change has taken place in the staff of the hospital, and one of the difficulties which impeded the action of the Board has disappeared. We learn that the Committee of the Physicians and Surgeons of Clinical Hospitals in Dublin have seized the occasion again to press their views upon the Board. They have accordingly addressed to them, through their Hon. Sec., the following letter :—

"November 13, 1869.

"Dear Sir,—I am requested by the Committee of Physicians and Surgeons of Clinical Hospitals in Dublin to request that you will have the goodness to bring under the notice of the Board of Trinity College the memorial submitted to them in March last, and their resolution referring thereto passed on the 24th of April.

"The Committee have learned that, since its adoption, a vacancy in the medical staff of Sir Patrick Dun's Hospital has been filled by the appointment of a gentleman whose undivided services are at the disposal of the institution.

"The Committee feel that it is very undesirable that the injustice complained of by the memorialists should be indefinitely perpetuated, and they trust that the Board will see fit to make an immediate order for the abrogation of the regulation which renders obligatory the attendance at Sir P. Dun's of candidates for the medical degrees of the University.

"Awaiting the favour of your reply,
"I am, Sir, yours faithfully,
"A. H. Jacob, Hon. Sec."

Lunatics, Idiots, and Cretins in France.

A splendid volume, issued from the Statistical Department of France, gives for 1866 the results of investigation into the psychological condition of the country. The lunatics number 50,726, or 133 for each 100,000 inhabitants. Of this number 63 per cent. are treated in asylums. The proportion of the sexes is 91 men to 100 women. In the department of the Seine, however, the ratio rises from 133 to 239 in Seine and Oise to 299.

Idiots and cretins count 39,953, or 105 per 100,000 inhabitants. The proportion of the sexes is inverse to that of lunatics, 132 men suffering from these forms of lunacy to 100 women. Almost the whole of this class remain with their families, not more than 1,500 being confined in asylums.

The proportion of 105 per 100,000 increases in Savoy to 383, and in the Alps to 262. Taken together, the lunatics, idiots, and cretins number 92,000, or 1 in 420 of the population. No less than 50,000 persons suffer from goître, of which 7,500 are cretins, and the proportion amounts to 27 per 1,000 in Savoy.

Doctoresses in America.

The "go-ahead" tastes of Brother Jonathan do not appear to secure for female doctoresses a more gracious reception in America than amongst ourselves. At the other side of the Atlantic the movement would appear to be much more universal than with us. The *Philadelphia Public Ledger* says :—

"On Saturday last, for the first time in the history of the Pennsylvania Hospital, a large class of female students attended the valuable clinical lectures at that institution. There were twenty-seven of them present at the Hospital Clinic on Saturday morning attending the lectures of Drs. Da Costa and Hunt. This fact is noteworthy as an interesting event in the history of our Philadelphia medical schools ; but, in addition to that, there is a necessity for comment on the occurrences after the lectures were over, and the classes were dismissed. Between two and three hundred male students, by a concerted plan, and in spite of the efforts of the managers of the hospital to preserve order, ranged themselves so as to occupy both sides of the whole of the foot-walks inside of the hospital enclosure, which compelled the twenty-seven lady students to take the cart-way, and thus pass between the double lines of the male students, whilst the latter saluted them with taunts and jeers, mock applause, and real hisses. Comment upon such unmanly proceedings can only take one course, and that is unqualified censure."

Meat Preserving.

A Melbourne paper says that the satisfactory intelligence received by the last few mails, respecting the disappearance of the prejudice once existing against Australian preserved meat as an article of food, has not only led to the formation of several new companies, but has encouraged manufacturers at present in the field to extend their operations. A company recommenced operations in June last, since when they have shipped 300 tons of meat in tins, and the whole has met with a ready sale.

The Dublin Pathological Society.

The opening meeting of this Society took place last Saturday, and the Council for the ensuing year was then elected.

We notice the fact with the view of calling attention to the constitution of that Council, and to the perpetuation of a principle of exclusiveness which we regret to see manifested in a professional association for the advancement of our art.

Analysis of the list of gentlemen elected yields the following conclusions :—Out of nineteen members of Council, no less than nine are chosen from the medical staff of one individual hospital, three from another, and only seven from all the other medical institutions of Dublin. Three principal hospitals have but one representative each, and three have none at all. The obvious effect of so peculiar an apportionment of the honours of the Society must be to convert it into an arena for the exhibition of morbid specimens almost from one out of all the hospitals of Dublin, and, therefore, to narrow the interest which should attach to its proceedings.

This anomaly is paralleled by the financial arrangements of the Society, which would seem, from their yearly uniformity, to have become part of the institution. The communications to the Society being made *vivâ voce*, it has been essential to employ a short-hand writer for the purpose of recording its proceedings. It would reasonably be presumed that, so serious an expense being incurred, the contributors to the proceedings of the Society should have the benefit, and that a proof of th report would be furnished to any Journal disposed to give it publicity. No such course is pursued. The communications to the Society are decently interred in a pamphlet of Transactions each year, and furnished to the members of the Society about a year after even the name of the contributor or the nature of his contribution has been forgotten.

The proof-sheets of this pamphlet are supplied to the *Quarterly Journal of Medical Science*, and published in its pages long after interest in their contents has passed away, yet long in anticipation of the Transactions. Thus the greatest proportion of the funds of the Society is expended in reproducing *verbatim et literatim* the matter which has been for months on the shelves of every one who takes a quarterly journal, and, we will add, in carefully concealing the proceedings of the Society from the Profession at large.

If the contributors who undertake the labour of working out elaborate pathological investigations are satisfied to restrict the result of their labours to an audience of say one hundred, we can only say that their feelings differ from those of the members of every professional society in existence.

University of Edinburgh.

THE University Court met on Thursday. Parties were heard on the matter of a memorial of the Royal College of Surgeons as to the system of teaching clinical surgery in the University. The Court approved of the admission of women, not studying medicine professionally, to the whole of the course of lectures on chemistry to be delivered by Prof. Brown to women studying medicine. The Court sanctioned a special arrangement regarding fees for women attending the class of physiology as medical students, and approved of the admission of women, not studying medicine professionally, to certain parts of the course of lectures on physiology to be delivered by Professor Bennet to women studying medicine, the fee for such part of the course to be £2 2s.

The Elysium of Quackery.

THE *Californian Gazette* publishes the following analysis of the Profession in Boston :—

> "The Boston Directory for 1869, which has just been issued, contains the names of 303 physicians, members of the Massachusetts Medical Society; 40 members of the Massachusetts Homœopathic Medical Society; 11 members of the Massachusetts Eclectic Medical Society; 70 who attire themselves in female garments; and 200 'other physicians.' One of this latter class delights himself in the title of 'analytic physician;' another practises 'naturepathy;' another goes it upon the 'equalizing' principle—this may be supposed to refer to pockets—another strengthens weak finances by the 'Swedish movement-cure,'—the word movement probably indicating frequent change of residence—another is a 'magnogethist;' and still another is satisfied to proclaim his merits in good old English as a 'bone-setter.'"

The Prevention of Syphilis.

THE advocates for the extension of the Contagious Diseases Act to the civil population, as well as the sanitary reformers of the public services, have experienced great discouragement from the results of the working of the Act, as reported in the last Army Medical Report. The diminution in the number of cases of syphilis appears to be almost insensible, despite all the precautions provided by the Act. The admissions into hospital from venereal disease at all the various home stations during the year 1867 were no less than 21,399 out of a force of 73,420, forming just about a third of the admissions for all complaints in the same time, which amounted to 63,904, the average constantly sick from venereal complaints being no less than 1,258. This average has been greater in 1867 than in the preceding year at all the large stations except Warley, where the proportion in the two years was identical, Canterbury, Winchester, Devonport and Plymouth, and Shorncliffe, where there was a very slight reduction, and Chatham and Sheerness, where the ratio of admissions in 1867 was 49 per 1,000 of the strength lower than in the preceding year. The increase was most marked at Manchester, Preston, Dover, the Isle of Wight, Edinburgh, and Limerick. The Contagious Diseases Act of 1866 was in operation during the whole year at Devonport and Plymouth, Portsmouth and Gosport, Chatham and Sheerness, and Woolwich, and for eight months and a half at Aldershot; but the results do not seem as yet to have realized the expectations which were entertained of its effects in reducing the amount of these diseases among the troops, except at Chatham and Sheerness.

RATIO PER 1,000 OF MEAN STRENGTH.

		1867	1866
Manchester	...	510	312
Colchester	...	500	451
Portsmouth and Gosport	...	378	359
Canterbury	...	375	379
Preston	...	361	272
Dover	...	354	248
Dublin	...	333	323
Warley	...	328	328
Isle of Wight	...	327	254
Devonport and Plymouth	...	312	317
Winchester	...	288	287
Curragh	...	280	217
Chatham and Sheerness	...	277	326
Limerick	...	272	150
Aldershot	...	261	233
Woolwich	...	255	219
Edinburgh	...	244	171
Belfast	...	230	215
Shorncliffe	...	215	219
Fermoy	...	202	149
Cork	...	196	160
Pembroke Dock	...	153	100
London and Windsor	Household Cavalry	129	143
	Foot Guards ...	326	311

"Quietness" again.

A CASE of poisoning by "Mrs. Winslow's Soothing Syrup" is reported in the last issue of the *Californian Medical Gazette.* The victim, an infant six months old, had taken no medicine except this Soothing Syrup, of which it had taken, within ten hours, two doses of about one teaspoonful each. The writer had the syrup from which these doses were given analysed. There were 10 drachms of Soothing Syrup in the vial, and it yielded of morphine and other opium alkaloids 1 14-100 grains, very nearly one grain to the ounce of syrup. The printed directions for administering the medicine are as follows: "For a child under one month, 6 to 10 drops; three months old, half a teaspoonful; six months old and upwards, one teaspoonful three to four times a day until free from pain. In dysentery, repeat the above dose every two hours, until the character of the discharge is changed for the better." Here we have a dose of morphine equal to 10 drops of laudanum given to a child of three months old every two hours, and double the quantity to a child of six months old!

A Cholera Charnel House.

THE City of Umritsur has, as our readers are aware, been almost decimated with cholera this year; and with the view of providing against its recurrence, an investigation into its sanitary condition has been made by Assistant-Surgeon Taylor, the results of which appear in the *Indian Medical Gazette.* Dr. Taylor says :—

During the prevalence of cholera I have gone into all the narrow, out-of-the-way streets and lanes, and have thus had an opportunity of ascertaining their sanitary condition, which I have no hesitation in stating is so defective, that the present outbreak of disease may be fairly ascribed to it, and which, unless rectified, may be dreaded as a constant source of epidemic sickness in future, or which may even convert disease now epidemic and occasional into disease endemic and persistent.

The chief points to which I want to bring attention are:—

1st.—The two old underground sewers. Cholera has been more severe in the vicinity of these sewers than in any other part of the city.

2nd.—The habit of placing at the sides of drains, in the streets, the filth scraped from the surface drains, instead of removing it at once, is highly dangerous.

3rd.—The ordure from the houses is all day long lying unremoved in the narrow gullies.

4th.—The kutcha drains in the lanes and koonchas seem never to be clean. Black, putrid, fermenting semi-fluid matter, consisting of human ordure mixed with all manner of filth and refuse, constitute the contents of these gutters, and their condition, stagnant from the nature of the ground, seems never to be changed by any attempt at cleaning them.

5th.—A condition hardly remediable, I fear, is the state of the hovels dwelt in by the poor, the floor often four to six feet below the ground round them—that ground being below the surface of the streets and levels of the drains; without attempt at ventilation, filthy beyond belief from the accumulation of fluid refuse, and miserably inadequate in cubic space to the accommodation of the numbers living in them: they are perfect as hot-beds of disease, especially of cholera or more fatal fevers.

6th.—The people are in the habit of washing round the wells, and of throwing water about when drawing it; cattle brought to drink void urine and dung on the spot.

Umritsur is a city of over 150,000 inhabitants, and in the month of August, 2,364 died from cholera.

Transfusion of Blood in Traumatic Fever.

PROF. HUETER has lately used transfusion, though without success in some cases, certainly with a temporary benefit in others.

In the first case, a brazier got a burn on the body; intense fever came on, and in eight days the patient was in extreme danger. Transfusion was now practised. Suppuration commenced the next day, and the dead parts separated. A second time transfusion was performed. Several papillæ now formed at the wound. On the twenty-first day hæmorrhage ensued from these. The next day, when the patient was *in extremis,* transfusion was again used, but death took place during the operation.

The second was a case of suppuration at the hip-joint, with a huge suppurating sac at the knee-joint. Resection was performed, and the patient, worn out with consecutive hæmorrhage, fell into deep collapse. Transfusion was now performed, twelve hours after the operation. The condition of the patient and aspect of the wound improved. In three weeks afterwards the patient died of pneumonia, and *post-mortem* examination showed extensive grey hepatization at the bases of both lungs.

The quantity of blood injected varied from 8 oz. to 1 lb. Before the operation was completed the patient, though delirious up to this, recovered consciousness, answering questions, &c., and the pinching of the features disappeared. In about half an hour afterwards a severe rigor came on, and fever became established.

Prof. Hueter has performed the operation five times on three occasion from the radial, and twice from the posterior tibial artery.

Lady Students at Edinburgh.

IT appears from one of our correspondents, that the lecturers who now are engaged in their tuition as medical students, are Dr. Crum Brown, who teaches Chemistry from 11.30 to 12.30; Professor Hughes Bennett, who lectures on Physiology, from 12.30 to 1.30; and Dr. Millar, who lectures on Anatomy, from four to five daily, except Saturdays. Practical Dissection is to be undertaken by the fair students on the 1st December, and is to be carried on in a room in Minto House, where Dr. Millar gives his lectures. Dr. Millar lectures to his small class of five students in a small lecture theatre, which is said to be far too large as yet for the small class. Probably next year the class will be very much larger than it is at present. It appears, however, that there is some difficulty still in making the course of Anatomy qualify, since Dr. Millar has not as yet been able to obtain the consent of the College of Surgeons of Edinburgh; and we believe that this is necessary. Our surgical friends are in general rather more against the lady movement, than our medical friends! No clinical instruction has yet been provided for the lady students; but they assure us that they are in hopes of *creeping* into some Dispensary or Hospital ere long.

St. Pancras Infirmary Inquests.

VERDICTS, it appears, of death accelerated by overcrowding and want of ventilation have been returned by recent juries sitting on cases of death in this Infirmary. Dr. Ellis deposed concerning a female patient of the name of Jane Hayes, aged seventeen, that when she died there were 29 patients in the ward, and that the quantity of air per patient was 600 cubic feet, which was 250 less than the minimum requirement of the Poor Law Board. He thought that the air of the ward had accelerated the death of this patient. He thought there should only be 144 patients in the ward, but of late there has been as many as 203. Mr. Corbett, one of the Poor Law Inspectors, said that since 1866 the wards of St. Pancras Infirmary had always been more or less overcrowded; and he stated that the reason why the rule as to each patient having 850 cubic feet of space was not enforced was, because it was thought that many patients whose cases were urgent might be thus excluded. Dr. Brydges also thought there were too many patients in the wards; but seemed to say that it was not in the power of the Poor Law Board to do more than remonstrate, although he afterwards admitted that the Board *had* power to limit the number of patients taken into the Infirmary. Mr. B. Carter, of the *Lancet*, said he did not know of any Hospital in London where there was so much overcrowding or so great a want of ventilation as in St. Pancras Infirmary. He considered the wards as quite unfit for human habitation. The Coroner truly remarked that it seemed to him no one was criminally responsible for the state of the wards. The verdict come to by the Jury was, we think quite correct: "They regret that the Poor Law Board have not enforced the sanitary measures which they have from time to time recommended to be carried out." St. Pancras Workhouse, it seems, is nearly the largest in the Metropolis, containing 1,600 inhabitants.

The Late Dr. Locking.

We regret to state that on the 20th ult. this gentleman died very suddenly, at 9 a.m. in bed. He had only been left by his wife a few moments in his usual health. He had suffered for some time from heart disease, but did not pay much attention to it. On the previous evening (Friday) he was with a patient, and seemed tolerably well, except that he said he felt rather weak. He held the appointment of Physician to the British Lying-in Hospital.

The Prescription Copyist.

Messrs. Letts, the publishers of the diaries and pocket books, and of whose Medical Diaries and Medical Account Books we have often spoken well, have brought out a novelty for which we predict success, as it supplies a want often felt by busy consulting men. By an adaptation of the manifold writer to the purpose, they enable any physician or surgeon to keep a copy or duplicate of the prescription he gives a patient without the trouble of copying it. He retains it in a neat book, which may be carried in the pocket or lie on the desk—furnished with pencil and everything complete. The prescription is easily separated for the patient, as the sheets of paper are perforated. We mean to use the new copyist regularly. One of a larger size would be as well for the consulting-room table, and the small 8vo. for the pocket.

Royal College of Physicians of London.

The Lumbian Lectures will be delivered by Dr. Risdon Bennett. Dr. Sibson will deliver the Croonian Lectures, and has selected the subject of Aneurisms. The Gulstonian Lectures, which according to the foundation must be given by one of the four junior Fellows of the College, have been confided to Dr. Maudsley, who will, no doubt, take up some subject in connection with Insanity. The Harveian oration is to be by Dr. Gull.

We have several times lately commended the liberality of this College, and rejoiced at its courage in establishing a single qualification. We hope that nothing will induce the College to swerve from the path on which it has entered. It may thus secure the one faculty-system and hold its own rank as the first medical corporation.

A fresh concession was proposed at the late meeting of Fellows, and agreed to—viz., to allow the *Licentiates* to use the *Members'* reading-room, and to permit *Members* the privilege of access to the *Fellows'* reading-room, with the right of taking books out.

We don't think *Licentiates* will care much about it, but we know some *Members* who have often said that the Fellows might let them use the library. The Members feel that at present they have no status in the College. They are pure physicians, while the Licentiates may be general practitioners, and yet the latter are disposed to call themselves physicians. The middle grade of Member is neither "fish, flesh, nor fowl," and the encroachments of the lower grade threaten to destroy it. The remedy seems to be to enlarge the body of Fellows, so as to make promotion to that grade more rapid.

The Profession as a Trade.

With reference to our remarks in the *Medical Press and Circular* of the 10th ult. we have received the following letter:—

"Sir,—As to Mr. J. Senior Turner having received a month's notice from the Board before his district is taken from him and conveyed over to me is simply untrue. The Guardians intend to make a new district, and the No. 5 district is to be divided. Mr. Turner's term of office having expired, he was asked to hold the same for two months longer, to allow the Clerk time to correspond with the Poor Law Board to obtain their sanction to the proposed alteration. It is also untrue that the Clerk read a letter from me stating that I had taken a house at South Normanton, and seeing such reported in the *Midland Gazette* I was naturally annoyed, and finding that my patients were under the impression that I was leaving (*sic*) and as this was doing me an injury, I maintain that it was my duty to contradict it in the way that I did. As regards 'the spicy production' which you say 'reflects no credit on my schoolmaster and the Profession,' I beg to state that neither are at fault, the editor of the above named paper having not only altered the wording of my letter, but even the initials of my name.

"I do not deny that I have applied for the appointment, and why should I not? The Clerk having told me that it was vacant, and also that it will be advertised immediately matters are settled with the Poor Law Board.

"I cannot see that 'the Profession' will blame me in any single respect when they hear the facts of the case.

"In conclusion, Sir, I hope that 'the competent local authority' will in future confine himself to the truth, which in this case he has not done.

"I am, Sir,
"Your obedient servant,
"H. W. Diver, M.R.C.S. Eng.,
L.R.C.P. Edin. &c.

"Nov. 24th, 1869."

Opinions of the Journals on Mr. Foster White's Speech.

The *Lancet* says the Governors will be grievously deceived if they think the public and the Profession will accept their verdict. The *Daily News* says the jury was composed of the very persons whose usefulness was called in question, and therefore its decision is valueless. The *Times* demands a public inquiry into the question. The *Echo* says the majority of the charges are not answered at all. The *British Medical Journal* says, of Mr. White's statements, that, on the whole, it is satisfactory, but with some considerable drawbacks.

Hospital for Women in Soho-square.

One of our contemporaries, in an article concerning the above charity, mentions that the bulk of general practitioners regard hospitals as little better than implements of robbery, since their respectable patients are often taken in and treated by the best physicians and surgeons entirely gratis. It appears that the "Hospital for Ladies" in Harley-street receives ladies into it who pay a small fee; but the medical men in this case, as in that of the Soho-square Hospital, remain without any payment. Is not this all very foolish? Why *not* pay the doctor?

A Hundred Patients per Hour.

Mr. White denies that patients at St. Bartholomew's are ever seen at the rate of one hundred per hour, but it seems, nevertheless, to be a fact. We hear thus of cases of primary sore being treated for three weeks with haustus ammoniæ acetatis, and this being after this time found quite useless by the dresser of the day.* Pleurisy with effusion, too, it is reported, in some cases is treated by a slight cough mixture, although the case is sent in by a former pupil of the hospital as a *serious case.* We are accustomed ourselves to see patients rather too quickly; but we have never been able to see more than 50 in an hour, even with the most rapid diagnosis. One hundred per hour requires an inspired observer, and we are not inspired.

Royal Sea-bathing Infirmary.

The half-yearly General Court of the Governors of this institution, established at Margate in 1796, for the scrofulous poor of all England, was held on Friday last, at No. 1 Queen-street, Cheapside. The report shows that on January 1st, 1869, there were 135 patients in the hospital, since which time 563 have been admitted, making a total of 698. The number of out-patients was 115. Of this number 138 were discharged cured, 169 greatly benefited, 43 unrelieved, and nine died. 201 patients remain in the hospital.

Royal Hospital for Incurables.

The late Marquis of Westminster has recently given a donation of £1,000 to this charity. The building itself is finished. The number of beneficiaires last year was 365—inmates, 119; pensioners, 246.

The Poor-Law Board Inspectors.

The recent verdict at St. Pancras has done some service in saying that "the Poor-law Board have not enforced the sanitary measures which they have from time to time recommended to be carried out." It is really too bad that such a powerful body as the Board should be so neglectful of its duty as to allow the guardians of any parish to curtail the amount of cubic space allowed to each patient in its infirmary wards by no less than 250 cubic feet. Guardians of the Poor are, of course, only plain men, and if they are not forced to keep to some rule laid down by more skilled persons than themselves, they will be apt always to follow the dictates of their own uneducated judgment. It is most unfortunate, too, that our Poor-law Inspectors are men frequently entirely unsuited for the post.

Dr. Karr on Health and Disease, viewed in relation to the Opinions of Darwin (Malthus), with Illustrative Cases.

Dr. Karr, the well-known contributor to the *Lancet*, and, we believe, physician to Mr. J. S. Mill, is to read a paper with the above heading at the West Kent Medico-Chirurgical Society, on December 10th, at 8 p.m., to which gentlemen interested are invited to come to Blackheath.

The Medical Teachers' Association.

This Association held its annual meeting on the 19th ult., Mr. De Morgan in the chair. Dr. Miller was elected president, Dr. Sibson, treasurer, and Messrs. Rivington and Henry Power, honorary secretaries. The subscription has not been found to cover expenses; it has, therefore, been raised from five to ten shillings. The Council appointed for the purpose of examining the question of clinical instruction of students, before being finally examined, reports :—

1. That each student should be required to act as dresser and clinical clerk, the time devoted to each being equal.
2. That each student shall attend 20 cases of midwifery.
3. That clinical examinations of the students be instituted from time to time, and that all examining bodies be urged to examine in this way all students coming up for examination.

Unqualified Medical Practitioners.

A working man in St. Luke's loses a child, his wife having consulted a man of the name of Smith, who writes *surgeon* on his door. This "doctor" gave the child some powders, and then the mother called on the parish doctor, after which the child died. Dr. Pottle proved that the child died on Tuesday, of convulsions, and thought (how does he know this?) that if the child had been properly treated by a medical man, it might have recovered. The jury gave a verdict of "Death from convulsions."

Another case is mentioned where a mother took her child, aged 11 days, to a Mr. Wilson, Old street, St. Luke's, and he prescribed for it. The child died, and Mr. Wilson demanded two shillings for a certificate. Mr. Hayes, medical assistant to Mr. Wilson, said he had no right to give a certificate of death, but often did so. The Coroner made some very strong remarks on the conduct of the chemist's assistant, and the jury returned a verdict of "Death from natural causes."

Women Doctors.

A correspondent in the *Lancet* objects greatly to women following the profession of medicine, and allowing that we want suitable employment for women, especially for the restless, strong-willed women amongst us, advises them to be off out of the country to foreign shores where their countrymen are pining and calling out for them. This reminds us of the advice we sometimes give to a troublesome patient—to try a "change of climate," i.e., not to weary *us* any more.

Another correspondent writing from Paris tells us that a young woman, about some 25 years of age, is to be seen dissecting in one of the pavilions of the Ecole Pratique. Several young men, it appears, were engaged in dissecting the same subject. The correspondent is very much "shocked," and repudiates the idea of this "young woman" being English, adding—she is said to be an *étrangère*—American, Prussian, or Scottish. Bravo! Mr. Correspondent.

Mr. A. Cooper, F.R.C.S., has been elected Surgeon to the out-patients of the Lock Hospital.

The mortality of London was no less than 31 in 1,000 last week.

We are happy to state that the Princess of Wales and the little Princess are both doing well.

The Archbishop of Canterbury, at the time of going to press, was in a slightly better state.

The King of Italy has completely recovered from his dangerous attack.

The rate of postage to France is to be reduced from 4d. to 3d. for one-third of an ounce.

It appears, from a late decision of the Poor-Law Board, that Officers of Health have no jurisdiction within workhouses.

Professor Boeck, of Christiania, the well-known syphilographer, is at present visiting New York, and will probably remain some months.

Dr. Walshe, of Clare-street, Dublin, has been elected Surgeon to Jervis-street Hospital by a large majority of the Governors.

Are we never to have a change? We ask this on reading that Dr. John Storrar has been re-elected member for the University of London at the General Medical Council. Dr. A. Thompson also has been re-elected to represent Glasgow and St. Andrews.

Ricord has received from the Emperor a snuffbox worth 20,000 francs, and it is said that he also will be made Senator. His advancement to that dignity has been spoken of before, and was more than once reported—perhaps erroneously—to have been retarded by his intimacy with Prince Napoleon.

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Roman Freedom.—The Roman Government, through the "Congregation of Health," has ordered all physicians under its jurisdiction instantly to cease their attendance upon patients dangerously ill, who decline to confess to a priest and receive the sacrament. Doctors refusing obedience to this order are threatened with excommunication and imprisonment. Does such a method of making "Catholics" commend itself to our Roman Catholic readers? It would appear that there is tyranny in other places than in Ireland, and other tyrants besides the British Government.—*Plain Words.*

Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is highly necessary that there should be a full discussion of this question about "Over Population and Large Families," provided always that we clearly understand under what category it is to be classed. The religious aspect of it is not appropriate for the pages of a medical journal: therefore, any allusion to religion, whether *pro* or *con*, is impertinent. We must look at it here as a social question, comprising considerations partly of political economy, partly of mutual rights, partly of public health, and partly of physiology. Such being the case, and the whole subject being so important and so deep, and including so much relating to the mundane welfare of us all, it is no matter to be flippantly dealt with, or for every sciolist to utter words about; still less does it open either a fair field for sneers at religious faiths or for declamations in favour of them, nor yet an opportunity to cry up or to cry down particular writers, authorities, or persons. In the discussion there has been something too much of this. A better tone is wanting. The subject should be dealt with in thorough earnestness and straightforwardness. You, Sir, as editor, are the chairman of the discussion, who must fearlessly see that every person worth hearing is impartially heard, without undue preponderance of any one, and with authority to check any unfair or unparliamentary expressions. You have had some valuable and temperate communications; but the debate has been a little one-sided. We have been more than sufficiently urged to believe in great thinkers, and to follow the practices of the French. But the majority of your readers and supporters, Sir, are British—lovers of straightforwardness, uprightness, endurance, hard work, and strong sense. We want no insinuations wrapped up in ambiguous phrases or foreign tongues. Whatever is to be spoken of in your pages, may be said in plain words. Let the discussion be carried on not for partisanship, but as by honest truthful men, boldly seeking for truth before all the world.

I have had little time, or wish, to take part in the question; but, having been urged to do so, will for once say a word. Many men, many minds. Even the greatest men cannot induce a whole community to adopt their views. Each class of persons will follow those doctrines which most conform to their desires, thoughts, and circumstances. This is the inevitable law of societies. And, in accordance with that law, not dogmatically trying to force people into my views by any form of words in my power (which no man has any right to do, and which never yet helped to discover anything), but for the acceptance of those who may approve, I put forward what I have to say; remembering, that the actual present posture of the question is, not that the truth has been discovered, and has only to be advocated and driven into people's minds, but that we are even now seeking and investigating to find it out.

The passage from childhood to puberty is not immediately followed by the best powers of perpetuating the species. A period of several years intervenes, during which, though sexual desire exists, there is not the greatest fruitfulness, and children produced are not the strongest. Moreover, during this period, in which both sexes are growing, and have not attained to their full strength, sexual indulgence is hurtful; and it is by vices acquired at this time that the bodies and minds of some of our young people are most terribly shattered. Such is the teaching of nature. It is, therefore, evident, that this period should be one of perfect restraint and chastity: when the mind should be called off from the suggestions of desire by a thorough intellectual training, when the muscular development of the body should be carefully fostered, when everything should be done to inprove physical health, when employment should be as full as the powers justly admit of, and when the utmost care should be taken to cultivate moral purity.

Again, when health fails, whether from age or illness, it is found that although desire does not cease, indulgence hurts, nay, sometimes kills. Of the latter, every medical man must have seen instances. Hence it is clear that this also ought to be a time of restraint and chastity.

Then, finally, in the married life of one man and one woman (which appears to be the best and wholesomest state) there are constant occasions of abstinence. What with chance illnesses of one party or the other, the fatigues and exigencies of daily work, perhaps absences, and always that mutual consideration for each other which forbids the indulgence of selfish desire to the other's detriment, also in the case of the woman, monthly periods, confinements, &c., and in that of the man, the physical impossibility of frequent repetition, there arises by instalments from each a degree of restraint which sums up into a very considerable amount. Moreover, in those instances in which matrimonial indulgence is too frequent, we invariably find that mischief results. Either the woman's constitution is shaken by frequent childbearing or miscarriage; or some uterine or other disease comes on: the man suffers no less, either in body or mind: and in both there is a tendency to premature old age, or to some form of illness, not seldom resulting in broken health or in a passage to the tomb. Thus even in married life restraint is the normal condition.

Such are the every-day readings of medical experience. So common are they, that I should scarcely have ventured to occupy your space with them, but that they seem likely to be overlooked. We see in them a constant series of restraints and checks: both in youth, in married life, and in failing health and in old age. This, then, is the teaching of nature:—No indulgence without its salutary counterpoise. The true law of nature in this, as in much else, is *moderation*. We have constantly to inculcate and to learn *self-control*; and it is to this that natural laws, read and understood in simple faith and honesty, bring us. I am not advocating this or that rule, or line of practice; but I point out the principle, as fairly and emphatically indicated by the natural conditions of our life; and I think its application to the question of over-population and large families, to be the only right solution of that problem. There is a little "Dialogue on Marriage" (published by Pitman, London, 1866), which might be read with profit. Individuals must apply this principle for themselves as they think most fitting. Some may think slightingly of it. Others may agree with me in its paramount importance, and in its sovereign obligation on us all, but may differ from me as to practical applications. That must be so. For myself, the principle admitted, I recognise the propriety of many sorts of arrangements. Many men, many minds. For some, a single life; for others, marriage, early or late, as propriety may point out and circumstances permit. Each must make his or her own rule, as best he can. But, for all, as much freedom as is fitting, consistent with right. A lover of just liberty, I hate undue restraints. Loving law, respecting the rights of others, I hate all that which dictates and binds down where God and nature have left free, especially that conventional restraint in fashionable life on early marriages because forsooth the couple cannot live in the accustomed style, and also that other tyrannical restraint which gives to large numbers of men and women the unauthorized command, "Thou shalt not marry."

The control must be of self, not of others; and it is for each individual to carry it out in his own way. The principle of moderation is not only generally indicated by natural conditions, but is also specially suited to the British character; and has contributed in many things to British strength and prosperity. All the world over, in every circumstance, adventure, or danger, our countrymen are preeminent both in action and endurance. Are such qualities fostered by self-control and self-mastery? Or shall we heighten them by recurring to Gallic models and "common-sense practices," whose advocates dare not explain them openly?

One more word, and I have done. Let me not be held to favour license because I speak for liberty,—scepticism, because in a medical journal I argue from natural conditions alone, or over-restraint, because I point out the paramount importance of that which was from the beginning of time, government by law. And let me, as a man much older than those mingling in the arena of this controversy, venture to impress on all, whatever the practice in this matter which they are able and think it right to adopt, to do and to advocate that alone which their innermost consciences approve, and which they are quite sure they will never have to regret at the last.

I remain, Sir, your obedient servant,
W. E. C. Nourse, F.R.C.S.

Brighton: November, 1869.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having, though not of your profession, the privilege of reading your instructive Journal, I was prompted by some of its contents in several numbers to address you. Feeling, however, the delicacy of the subject, and conscious of my own incompetency to measure my mere pen against the sharper instruments handled by your other correspondents, I shrank from the thought of so unequal an encounter. If I have returned, after all, to my first impulse, or it to me, let not my apparent rashness be counted for real temerity, but kindly set it down to a simple sense of duty. What I shall advance may be weak and ineffectual; but, as divines say, I shall have delivered my own soul.

The question that has laid hold of my mind and conscience is that respecting the size of families. J. D. M. makes the nearest approach to the expression of what I think truth and duty; but he hardly speaks out enough for me to feel acquitted through him. I believe with him that a certain chastity and moderation become even the marriage bed, and that, in proportion as the connubial state is entered into by men and women of well-ordered minds, their amenities as man and wife will be duly regulated by the compound nature of the species, as physical, mental, and moral. When wedlock is turned into a mere means of sensuous gratification, it is both degraded and abused. Parents, from a false delicacy, allow their boys and girls to become men and women, husbands or wives, without instructing them in matters relating to that commerce of the sexes which results in the multiplication of the species. We talk much about education; our system, or no system, of training, has no defect more regrettable than this. Let it be supplied, either by the father to his sons, or by the mother to her daughters, or by the medical attendant on the family to both, or by putting into the hands of each, at the suitable time, a grave, concise, but thoroughly good explanation of the functions with which they are endowed according to their sex, and of the duties that await them in the exercise of those functions. I need not further explain; every man of science will apprehend me. Such measures of precaution as I propose would prevent much sin, obviate much temptation, and get rid beforehand of incalculable misery.

What more I have to say relates to the things meant under such phrases as "marriage-bed check," "avoidal of impregnation," "be abstinent," "innocuous artifices," "French life," "a celebrated Scripture character," "*fraudes dans l'acte de génération*," "some practical plan," and so forth.

I will not pretend not to understand these phrases; nor will I hesitate to condemn what I conceive to be meant by them. I am not prepared to argue the matter scientifically with medical men, but a sneer at "transcendental theological absurdities" shall not deter me, though neither a doctor of divinity nor one of medicine, from denouncing the thinly disguised scheme (if you will suffer me) as founded upon a daring and detestable violation of nature. The French phrase cited above is, in itself, a condemnation. "The act of generation!" Why, then, interpose between cause and effect? I import no "theological absurdities" into the question. I am content to affirm that the concealed proposal is unnatural, unscientific, unphilosophical, any thing that a mere reasoner may be willing to admit has, either negatively or positively, to do with the matter. It cannot be denied that a sensation of pleasure attends the act of sexual intercourse; but it is plain that the allurement to the act and the act itself must have been designed for the simple and exclusive purpose of procreation. Will no competent physician or physiologist come forward and speak the truth on this question? Let a man part with what is or should be the seed of another life in any other way than that which tends at least to its becoming fruitful; and will not his health suffer, in kind if not in degree, as though he had done what is known by the name of "self-pollution?" Let a woman allow herself to be persuaded to join in baulking nature of her plain intention; and will she not be one step at least of the way which has led so many of her sex, first, to the procuring of abortion, and, at length, to downright infanticide? I have done.

I am, Sir, yours, &c.,
A Layman.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will Dr. Charles Drysdale, and those who think with him, allow me respectfully to inquire whether they believe the Christian Scriptures? I ask because some of their utterances seem to be considerably at variance with the teachings of those writings which most of us have been taught to regard as sacred, and which we believe in as the only safe guide in all questions of morality or "social science."

If their answer be in the *affirmative*, then I beg they will be so good as to show us how they explain the following passage (from 1 Corinthians vii.), and how they reconcile it with the opinions as to limiting population to *two*, &c., "like as is done in France," or in any other arbitrary and politic manner:—

"Let the husband render unto the wife due *benevolence*—likewise also the wife to the husband. The wife hath not power of her own body, but the husband. Likewise also the husband hath not power of his own body, but the wife.

"Defraud not ye one another, except it be with consent for a time, that ye may give yourselves to fasting and prayer; and come together again, that Satan tempt you not for your incontinence."

I might adduce many other passages from the Holy Scriptures bearing on the same subject, but the one quoted seems (if admitted as authoritative) clearly to supersede all the elaborate arguments and suggestions which have been adduced. Some of the latter are quite repulsive, and repugnant to all ordinary ideas of morality.

If they should reply in the *negative*, *i.e.*, that they do not believe in and take for their guidance in such matters, the Christian Scriptures, I leave you to deal with their future contribution, as you think right. I write for information (at least, such is my chief motive) on a subject which, possibly, may have important bearing on the future social condition of civilised life.

I am, Sir, yours respectfully,

A Dispensary Doctor (with a sufficiently large family for his income).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I hope the discussion of this important question will not be allowed to drop until some practical result has been attained. It is a matter of greater importance to the professional and upper classes than to the lower, to whom children are often an assistance at an age when education is a heavy drain upon the resources of their superiors.

There appear to be three means of limiting the numbers of a family, which may be distinguished as the mechanical, the medical, and the moral. Of the two former we can only say that we have no desire to extend the practice of the Continental and Transatlantic systems, however effectual they may be, when calculated to undermine the purer principles of English domestic life.

The moral system is the only one open to discussion; and if the theory referred to by your correspondent Medicus is well founded, an immense step has been gained. The habits of married life in this country render such self-restraint as would be necessary to prevent procreation impossible in the majority of cases; but, if assured that nature has provided means for gratifying natural desires without violation of Divine laws and with impunity, there are few who would not exercise the requisite self-restraint during limited periods; and this could be adopted without the risk of extending the practice of illicit intercourse, which other plans would facilitate, for it is practicable only in the sacred confidence of married life, where both have the same interest and would be disposed to unite for the purpose.

Dr. Drysdale, in his reference to "Prudentia's" letter, discusses the subject of prostitution. I differ from him in some respects, but think the two questions have much bearing upon each other; for if habits of self-restraint are acquired in youth, in maturer years they will become natural; and it is to the rising generation we must look for any effectual check to the increase of population.

These habits are opposed by the existing practice of prostitution—the subject must not be mentioned to ears polite, but in the private hours of our youth is discussed freely, and there is no other of which it may be said with greater truth, a little knowledge is a dangerous thing. I think it may be considered whether additional restrictions should not be placed upon the exercise of their calling by such women. I would suggest that by a system of registration—I use the word advisedly, as contradistinguished from licensing—something could be done to remove the facilities for the excitement and gratification of the passions of youth.

Could not a short Bill be introduced into Parliament to provide for the registration by the police of houses used for immoral purposes, or in which two or more known prostitutes reside?

The machinery for visiting, &c., is already provided by the Lodging Houses Act, and I think by this means, by the registration of the names of the occupier, owner and freeholder, and by requiring under penalties that the words "Registered under the Act —, Chap.—," and with the registered number, should be painted on a conspicuous portion of the doorway or entrance, as is done over the entrances to places of amusement, &c., something would be done to effect the desired object.

Such houses abound in all large towns; many of those in London are on the property of noble lords who are ignorant, or appear to be, as to the purposes to which they are applied; such ignorance could not continue under a proper system of registration, while the law would annul any contract of lease as opposed to public morals, and afford ample powers to the respectable inhabitants to remove such nuisances from their neighbourhood.

As such characters would thus be driven from respectable localities and compelled to herd together in places which would soon become notorious, where they must be sought, I think one great temptation would be removed from the paths of the young of both sexes, and a great gain to public morals ensue.

F. L.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following extract from a medical work may be of use in throwing some light upon the subject under discussion in your columns:—

"An interesting and important, though difficult and rarely discussed point in physiology, is the relation of the generative apparatus to the moral character, and the degree in which the former is subservient to and regulated by the latter. I think it would be found that it is so to a very great extent—greater perhaps than is usually recognised; and it is desirable that practical men should pause awhile upon a question of this sort, and not hastily commit themselves to opinions which may have much influence upon the well-being and happiness of society. There are no organs so much under the control as those of generation. Their functions are neither directly nor indirectly in the least essential to life, scarcely even to the well-being of the body. Indeed, which is more remarkable and unusual, they are scarcely essential to the maintenance of the structure of the organs themselves in perfect integrity. The functions of the testicle, like those of the mammary gland and the uterus in the female, may be suspended for a long period, possibly for life, and yet its structure may be sound and capable of being roused into activity. In this respect its qualities peculiarly adapt it for subserviency to man's moral nature. Not that it always yields a tame and willing submission: by no means. That stern struggle between the moral and the physical is one of man's greatest trials, and it is some satisfaction to know that if the victory be with the moral, it is not necessarily at the expense of the physical, but a positive good to both is achieved!"

I am sure you will agree with me, that the above remarks include some very important considerations: and if the writer does not clear the ground, he at least suggests how one part of the difficulty may be got over.

I shall be curious to see what your correspondents say on the subject of this extract.

I am, Sir, yours, &c.,

Physiologist.

ON THE CAUSATIVE AGENCY OF THE SKIN AND LIVER IN THE INDUCTION OF PHTHISIS AND OTHER SCROFULOUS MALADIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Under the above heading, in your issue of the 29th September, kindly forwarded to me by my brother, I find some remarks on a paper of mine which appeared some time ago in your valuable journal, by Dr. Luther, in which, as I think he hardly does me justice or interprets my article correctly, I beg you will give me an opportunity to set forth some of my views on phthisis in a clearer light. Dr. Luther says I assert oxygenating remedies cure phthisis, and quotes Dr. Savary to show that drugs rich in oxygen have been given under a misconception, from a visionary notion of furnishing that element to the blood. If he will have the courtesy to look again at my paper he will, I am sure, do me the justice to admit that it is not on the influence of oxygen in its ordinary condition, but on oxygen in its more active allotropic state, ozone, I rely, as the following passage will testify, "At the same time we must inculcate daily ablutions of the entire body, open-air exercise, remove acidity by promoting oxidation, guard against unfavourable atmospheric influences and the occasional dearth of ozone by keeping the blood, as I may be permitted to say, ozonized, by potassa permanganas, which, according to Schönbein, contains two or three atoms of oxygen in that allotropic condition." This preparation possesses also the advantage of being a capital tonic, manganese being but little, if at all, inferior to iron in that respect. I invariably prescribe it on an empty stomach, but to females, who may object to its taste, I have given it on sugar, and I maintain that it is not decomposed thereby. At the present time I have a solution of the salt, into which many hours ago I dropped a portion of sugar without in the least altering or affecting its beautiful colour. Nondiscolouration evinces non-decomposition. The observations and reasonings which led me to look on ozone as a remedial agent in phthisis are capable of being either verified or shown to be fallacious by any one who takes the trouble. Having observed that the symptoms of a patient suffering from vomica appeared to be obviously influenced by atmospheric causes, I set about the investigation of the meteorological agencies, which, coinciding with the most conspicuous fluctuations of the patient, might reasonably be looked on as causative of them. By a careful comparison of the meteorological conditions which corresponded to an amelioration or an aggravation of the disease, determining this by the temperature, respirations, pulse and cough, &c., I came to the conclusion that electricity and ozone were the two chief factors in the modification of my patient's symptoms. I found an entire absence of ozone, or its marked diminution, correspond to an exaggerated cough, night-sweats, heightened temperature, &c., and an abundance of ozone coincident with a general improvement. The prevailing electrical condition of the atmosphere appeared to me to wield an equally obvious influence over the state of my patient (the ozonic condition being the same). The positive was beneficial, the negative injurious. The + El, with abundance of ozone, markedly ameliorated the symptoms. The — Elect, with diminished ozone, coincided with the catching of a fresh cold. The + Elect, with — ozone, or the — El with + ozone produced little or no effect, the influence for evil of the one being neutralized by the contrary effects of the other. Hence my inference—ozone is beneficial, its absence prejudicial ; deduction—ozonize the blood. Positive electricity is serviceable, hence I endeavoured to supplement the enfeebled nerve power by the generation of thermo-electric currents, produced by the action of alcoholic drinks on the nerve tissue. Lallemand, Perrin, and Duroy have shown that alcohol possesses for nerve tissue a remarkable elective affinity, seizing on the water of which it contains 80 to 85 per cent., it naturally produces condensation and liberation of heat, whereby the electric equilibrium of the cells becomes disturbed, and thermo-electric currents are generated ; just as we see, produced by the unequal heating of a metal or of different metals, as in the apparatus of Marcus. This is not altogether an hypothesis, but is capable of demonstration, and I advance it on the results obtained by a series of experiments extending over two years not yet completed. By supplementing the enfeebled nerve power the functions of the system will be more healthily carried on, and the expenditure of nerve force thereby husbanded. The nervous centres, by the improved assimilation which must necessarily follow, rapidly recover from the enfeebled condition into which they have fallen. At the same time I never forget that alcohol, under certain circumstances, is capable of acting chemically on the nerve substance, and accordingly prescribe it in moderation. In addition, I, basing my practice on a series of experiments, prescribe veratum viride to calm irritation, remove irregular muscular contraction, soothe excitability, and enable the potassæ permanganas to raise the effete materials to a higher condition of oxidations of more facile elimination. Accordingly, when the symptoms of acidity are well marked, when the tongue is red and dry, and the patient is constantly striving to keep it moist by stimulating the salivary glands by those movements of the lingual and buccinator muscles which produce a characteristic smack, when there is a poor appetite, nausea after eating, and tenderness on pressure at the epigastrium, I have found it especially useful. Also in the case of vomicæ containing much fluid, with harassing ineffectual cough, veratum viride is invaluable.

The two cases I selected for my paper fully illustrate the value of my treatment. The 1st, showing the influence, not only over tuberculosis *sine* vomica, but with a grave secondary complication—epilepsy. The 2nd shows the expulsion of crude tubercle from one lung, and the filling up of a cavity in the other. Invaliding from a foreign station is not invaliding out of the service.

If Dr. Luther should not have the time to repeat my experiments, I think he will find corroborative evidences of their validity in a consideration of the following facts agreed upon by all.

1st. In the benefits derivable from residence in elevated localities. It is well known that the evidences of ozone increase with elevation, a fact which goes far to explain the increased elimination of carbonic acid, observed by Jourdanet on the plateaux of Mexico at a height of 2,000 metres, (the inhalation of oxygen remaining the same). The same observation applies to atmospheric electricity, "*C'est dans les lieux les plus elcvés et les plus isolés, qu'on observe le maximum d'intensité* (Ganot).

2nd. The immunity from the disease enjoyed in the Hebrides ascribed by Dr. McNabb to the abundant evolution of oxygen by marine algæ, must be considered along with the observations of Kossman and Daubeny, that a large proportion of oxygen is converted into ozone at the moment of elimination by plants. And of Lieut. Chimmo who found a greater abundance of ozone at the Hebrides than in any other locality.

3rd. Residence in cities is notoriously unfavourable, here it is well known ozone is used up by respiration, and decomposing organic materials. In cities also electricity disappears, "*Dans les maisons, dans les rues, sous les arbres on ne remarque d'aucune trace d'electricité positive* (Ganot)." Dr. Richardson found the oxygen of an apartment so spoiled by respiration, as to become in time unable to support life, incapable of being restored to its normal condition by the abstraction of the carbonic acid gas present, it is immediately rendered active by ozone or electricity.

4th. Easterly winds are prejudicial. May not this be explained by the observations of Dr. Moffatt, who found during a series of experiments made between Lat. 52° N. and 39° S., and Long. 83° E. and 25° W., that ozone disappeared when the wind was between North and East ? I do not think Dr. Luther and I differ much in regard to the condition of the blood, for he says, "I dwell much on the acidity of the blood, and after enumerating its many other mischievous effects, *videlicet*, preventing oxidation." Here is an admission that oxygen is required, increased oxidation necessary.

I also agree with Dr. Luther that hepatic derangement adds its share to the morbific processes engaged in tuberculosis, but I look on hepatic as well as pancreatic disordered action as secondary, not primary. Bouchardat's views need substantiation. By irritation of the vasomotor nerves, I conceive the formation of bile in its normal quantity impeded, and to the diminution of this secretion I attribute the falling off of the hair and the rumbling in the bowels of phthisical subjects, inasmuch as similar results were observed by Dalton in dogs in which he established biliary fistula. I also agree with Dr. Luther in considering warmth as essential, but am of Dr. Cormac's opinion that pure air is at all times desirable.

From the conclusions that Dr. Luther draws from a bird's putting its head under its wing when about to sleep I am obliged to dissent, inasmuch as I cannot consider such an act demonstrates "That such pure air is not required by night as by day," but rather the opposite ; inasmuch as if the act has any influence at all on respiration it must be such as would be exercised by a respirator, and we know that respirators are only required when some atmospheric impurity exists. Neither do I think warmth is the sole object sought to be attained thereby. For my canary, hung close to the fireplace, invariably goes to sleep in this way. I think the act is entirely instituted for the induction of sleep. The bird excludes the rays of light just as the old gentleman does when he throws his handkerchief over his eyes to take forty winks in his easy chair. For birds do not wait for night to allow nature's sweet restorer to steal upon them. Fishes seek the shade of the bank, nestle amongst the weeds, or hide themselves under stones when about to take a midday nap.

The coatamundy covers up its eyes with its long tail when about to sleep on the hearthrug. Moreover, in the case of birds, sleep is probably further promoted by the flexion of the neck producing cerebral venous engorgement. Everyone accustomed to travelling must have experienced a tendency to doze when looking at the scenery as he flies along in a railway carriage, if he retains his seat and looks over either shoulder, although a cool breeze may be blowing at the time. Apologising for the length of this communication,

I am, dear Sir, yours, &c.,

JOHN MULVANY, Assist. Surgeon Royal Navy.

H.M.S. Martin, Ryde, I. W., Nov. 4, 1869.

Medical News.

UNIVERSITY OF LONDON.—The following are lists of the candidates who have passed the recent Sec. M.B. examination for Honours :—

MEDICINE.

FIRST CLASS.—Evan Buchanan Baxter (Scholarship and Gold Medal), King's College; Thomas John Davies (Gold Medal), University College; William Richard Gowers, University College; James Reginald Stocker, Guy's Hospital.

SECOND CLASS.—Clement Dukes, St. Thomas's Hospital; Herbert Lumley Snow, Queen's College, Birmingham, and University College; Ethelrid Dessé, University College; Edwin Rayner, B.A., Paris, and University College.

THIRD CLASS.—Henry Flamank Marshall, Birmingham General Hospital, and University College; Edward Francis Willoughby, University College.

MIDWIFERY.

FIRST CLASS.—John Davies Thomas (Scholarship and Gold Medal), University College; Evan Buchanan Baxter (Gold Medal), King's College; Clement Dukes, St. Thomas's Hospital; James Reginald Stocker, Guy's Hospital; Edwin Rayner, Paris, and University College.

SECOND CLASS.—Herbert Lumley Snow, Queen's College. Birmingham, and University College; William Richard Gowers, University College; Edward Francis Willoughby, University College; Thomas Alpheus Buck, Guy's Hospital.

FORENSIC MEDICINE.

FIRST CLASS.—James Reginald Stocker (Scholarship and Gold Medal). Guy's Hospital; Edwin Rayner (Gold Medal), Paris, and University College; Edward Francis Willoughby, University College.

SECOND CLASS.—Herbert Lumley Snow, Queen's College, Birmingham, and University College.

THIRD CLASS.—Thomas Alpheus Buck, Guy's Hospital; John Davies Thomas, University College.

The following are lists of the candidates who have passed the recent examination in Medicine and Surgery :—

M.D. EXAMINATION.—(ENTIRE.)

Edward Casey, King's College; John Cavafy, Westminster Hospital; Henry Clothier, University College; Reginald Eager, Guy's Hospital; Henry Charles Hilliard (Gold Medal), Guy's Hospital; Thomas Richardson Loy, University College Hospital; John James Ridge, B.A., B.Sc., St. Thomas's Hospital; Edward Thomas Tibbits, University College.

LOGIC AND MORAL PHILOSOPHY ONLY.

Carey Pearce Coombs, St. Mary's Hospital; Henry Franklin Parsons, St. Mary's Hospital; William Alsept Richards, King's College; Edward Wynne Thomas, University College.

B.S. EXAMINATION.

FIRST DIVISION.—Clement Dukes, St. Thomas's Hospital.

M.S. EXAMINATION.

Thomas Mitchell, M.D., London Hospital.

APOTHECARIES' HALL.—At a Court of Examiners held on the 25th ult., the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz :—Messrs. Robert Gray, Armagh; Charles Oakes, Bayswater; J. W. Pinder, Leeds; and E. A. Waterworth, Newport. At the same Court (the 25th), Messrs. W. M. Noot, Middlesex Hospital, and T. H. F. Tothill, St. Bartholomew's Hospital, passed the first professional examination.

MESSRS. Macmillan & Co.'s new weekly, *Nature*, announces that the three annual medals of the Royal Society have been awarded thus :—The Copley medal to M. Regnault, one of the first among the many living French physicists and chemists; one of the Royal medals to Dr. Mathiessen, distinguished for his chemical and physical researches; while Sir Thomas Macleat, the Cape astronomer, with whose valuable contributions to science all are doubeless familiar, carries off the other. The medals were presented yesterday, at the annual meeting of the society.

WE clip the following curious announcement from the *Gaulois* of last week :—"The physicians, and Dr. Ricord at their head, are unanimous in declaring that the late illness of the Emperor, far from impairing his health, has, on the contrary, consolidated it. 'His Majesty,' says that eminent practitioner, 'has found in the struggle with his malady, a fresh and unexpected force. Pay no attention to fantastical and malevolent diagnostics; it is not the Emperor who is most surprised at this issue of this crisis; it is I.'"

THE SEASON IN CORNWALL.—In the immediate neighbourhood of Penzance may be seen two or three apple trees in full bloom, while not only is the same evidence of the mildness of the season presented at Gerrans, but in the garden of Mr. Johns is a long row of peas, about 4 feet high, in full flower. Ripe strawberries have been gathered in several gardens; and at Pentewan, near St. Austell, many fine ripe raspberries, a few measuring from 2 inches to 2½ inches in circumference.—*Times.*

A REMARKABLE FAMILY.—There expired at Talskiddy, St. Colomb Major, Cornwall, on Saturday, Joan Tonkin, aged 96, whose faculties continued good to the last. She leaves 10 children of the united ages of 623 years, 49 grandchildren, and 98 great grandchildren. The deceased's husband, who was a farm labourer, lived 42 years on one farm at the weekly wages of 7s., notwithstanding which, no member of the family ever received parochial relief.

LONDON FEVER DENS.—The Vestry of Clerkenwell have lately come to the resolution to demolish the whole of a "property," a block of buildings lying between Frying-pan-alley and Bit-alley, known as "Jack Ketch's warren." The Sanitary Committee of the Vestry had reported that they quite agreed with the medical officer and surveyor of the parish, who had condemned the place as unfit for human habitation, and recommended the Vestry to demolish the houses, notwithstanding that owners and solicitors to owners had denied the right of the Vestry and had given notice of appeal to the Quarter Sessions. One member of the Vestry, Mr. Franklin, declared that the "warren" was composed of pest holes, and a source of trouble for years as a breeding-place of fever. Mr. Palmer said he had been in London all his life and had never entered a block of houses in such a terrible condition, and the place, fraught with misery to all its inhabitants, was the breeding-place of everything which was evil, it being obscured, without light or ventilation, and nothing but a fever-generating hole. Mr. Brooke expressed his delight at the prospect of having the "accursed spot" removed, for there had been attempts over ten years to remove a place where the squalid misery was heartrending to look upon. Several members objected to the action of the committee as being too hasty, and eventally a delay was obtained for the purpose of seeking counsel's opinion with respect to the powers of the Vestry. This opinion was given in favour of the Vestry, and orders thereupon issued for the demolition of the warren.

WE recently had occasion to notice and expose the fallacious assertions of an anonymous correspondent of the *Lancet* in reference to the surgical appointments at the Royal South Hants Infirmary. The statements made by him called forth an emphatic protest from Dr. Hearne, addressed to the editor of the same journal, and with his signature appended thereto. We observe that in the last number of the *Lancet*, the receipt of a communication is acknowledged as coming from Dr. Hearne, and in another column is the following announcement :—"F.R.C.S. (Southampton). We regret that the pressure on our columns prevents the insertion of our correspondent's lengthy communication." Presuming that both these notices refer to one and the same thing, is it exactly consistent with the etiquette of journalism to treat as an anonymous communication that which is acknowledged in another form as bearing the personal *imprimatur* of the writer? Is it, moreover, consistent to give publicity to anonymous assertions, and then to deny the same publicity to an exposure of their fallacy, made in the name, and therefore upon the direct responsibility, of the correspondent who personally impugns their veracity?—*Southampton Times, Nov.* 27.

THE LATE DR. EASTLAKE.

IT is with much sorrow that we have to announce the death of this talented and estimable physician, which took place at Paris on the 17th of last month.

At a time when a good and lucrative practice seemed opening out well before Dr. Eastlake, he was brought down to the extreme of debility by an attack of typhoid fever, followed shortly by a bad attack of rheumatic fever; and thus he was completely laid aside from work during the whole of last winter, being attended most assiduously by his friends Dr. Scott and Dr. Gee, with whom were afterwards associated Dr. Walshe and Dr. Harley.

The attention and skill of these physicians brought their patient through a most dangerous crisis of disease, and in the summer Dr. Eastlake hoped to derive some good from a stay at Buxton. In this he was disappointed, for the weather at the time was cold and wet, so that in September Dr. Eastlake returned to town very little benefited.

Arrangements were then made for a winter in the South of France, and it was while on the journey thither that the hand of death was laid upon the doctor during his sojourn in Paris.

Dr. Eastlake received his early education at Westminster School; he subsequently studied in Edinburgh, Dublin, Paris, and Wurtzburg, and was an M.A. and Ph. D. of Heidelberg.

He was a Fellow of the Dublin College of Physicians, and a member of numerous learned and distinguished societies both in this country and abroad. Among various honorary appointments he was Physician to the British Lying-in Hospital, and Physician Accoucheur to the St. Marylebone Dispensary in Welbeck Street. As an author Dr. Eastlake contributed many short but useful articles to the journals, and to the transactions of the Obstetrical Society. One of these latter contributions on the management of the third stage of labour was reprinted as a pamphlet, and as such received much commendation and praise.

◆

CONSUMPTION HOSPITAL, BROMPTON.

There is another vacancy at this Hospital caused by the resignation of Dr. Scott Alison, who for the last thirteen years has filled with singular diligence the office of physician. We are glad to note that the committee speak in an appreciative manner of the loss the charity will sustain by the retirement of Dr. Alison, whose kindness to patients, unquestioned skill and learning, exactitude and punctuality in the discharge of his duties, and courteous bearing have secured him the good will of his Professional brethren, and the confidence of a large clientelle. We sincerely trust he may long live to reap in private practice the reward due to his public services. His work on "Diseases of the Chest" is one of great originality and power, and promises that other material, of which he must have accumulated a store, may yet be given his Profession. We are glad to say that our own pages will again be embellished with contributions from his pen.

◆

MANAGEMENT OF LUPUS ERYTHEMATOSUS.

W. H. Geddings, M.D., of Aiken, South Carolina (*Am. Jour. Med. Sciences*), in an extensive paper "On Lupus Erythematosus," coincides with Professor Hebra in the view that *lupus vulgaris* and *lupus erythematosus* are two separate and distinct diseases, in no way connected with each other. He regrets that Professor Hebra ever relinquished the name (*Sebborrhœa congestiva*), which he first applied to lupus erythematosus.

The fact that lupus erythematosus occasionally gets well of itself, leaving only a flat thin cicatrix, admonishes us to be careful in the selection of remedies, and not to make use of those caustics which produce thick and uneven scars. The first step is to remove the scales, for which purpose strips of linen soaked in oil should be applied to the diseased surface, over which a piece of flannel should be bound. This application is to remain on until the scales become so soft that they may be rubbed off with ease. The following application may be made:—Moisten a piece of flannel with lukewarm water, and lay a small quantity of the soap upon it, and then rub the diseased patch with it until a good lather is formed, after which some of the soap should be spread upon a piece of flannel and laid upon the diseased surface. The frictions are to be repeated daily, reapplying the flannel after each operation. After the third day the treatment should be suspended, and a new epidermis allowed to form. As soon as this has taken place, the part should be well washed with water, to determine whether the new epidermis is healthy. If it stand the washing, the disease may be considered cured; if not, the whole process is to be repeated. This simple treatment will in some few cases effect a cure; but in the majority it will be found necessary to resort to more energetic remedies Hebra has sometimes effected a cure by cauterizing the part with strong liq. ammonia. It should be applied with a brush made of picked lint. After each application the diseased surface pours out a fluid not unlike that which we see in a case of eczema. The ammonia should be applied daily. Another application is a solution of iodine in glycerine. ℞. Iodini ℈j., Glycerine ʒj., Potass. iodid. ʒss. M. It should be applied 3 or 4 times daily, until a thick brown crust falls off and enables us to see the condition of the skin underneath. Should it be necessary, the caustic should be reapplied. The application of iodine and glycerine is exceedingly painful.

This disease, which is more frequent on women than on men, may be called a rare one. Dr. Geddings has observed it only twenty times in upwards of 3,400 cases of skin disease; that is, in the proportion of 1 to 175. This average would appear to be large, as observations in other years show the disease to be much less frequent.

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NOTICES TO CORRESPONDENTS.

Mr. R. M. Craven, Hull—Is thanked.

H. E. S., Manchester.—You will find the "Pass Lists" in our "News" column.

Analyst.—The number for June 23rd containing the summary of our reports upon "Cocoa and Adulterations," is out of print. We propose shortly to reprint the whole series of analytical reports.

Dr. Chas. Taylor, Nottingham.—You will find the letter of Dr. Ewing Whittle in page 447, May 26, of the present year, and the article by Dr. Drysdale to which that refers in the previous number, pp. 411-412.

The following original communications and letters are unavoidably left over till our next: F. S. A. on the Multiplication of Mankind; on a Sling for Treatment of Bed-sores, &c. By Surgeon Porter, 97th Regiment; case of Closltis treated by Magneto-Electricity.

Dr. Woods will feel much obliged if the Editor will inform him whether the Dictionary of Chemistry (Wurtz's) reviewed in this week's Press is translated or only still published in French?

Parsonstown, November 26, 1869.

[Wurtz's "Dictionnaire de Chimie" is not, nor is it probable that it will be, translated into English. The introduction, however, which forms a complete monograph by itself, has been translated by Henry Watts. It is from the pen of M. A. Wurtz, and entitled "A History of Chemical Theory, from the Age of Lavoisier to the Present Time." This is published by Macmillan and Co. The Dictionary is published by L. Hachette et Cie, Paris.]

◆

BOOKS, PAMPHLETS, &c., RECEIVED.

The Administration of Chloroform and Nitrous Oxide. By Charles Squarey, M.B. London: James Walton.

Tapping in the Treatment of Ovarian Tumours. By George Southam, F.R.C.S.

Brilliant Prospects. By R. L. Johnson, L.R.C.P. London: C. Griffin and Co.

Scarlet Fever. By J. Marshall, M.R.C.S. London: John Churchill and Sons.

Observations on the Cure and Prevention of Puerperal Fever. By T. More Madden, M.R.I.A., &c. Dublin: John Falconer.

List of Pamphlet Publications. By Moffat and Co., Dublin.

The New York Medical Gazette; Boston Medical Journal.

◆

VACANCIES.

Ipswich Lunatic Asylum.—Medical Superintendent. Salary, £300, with Residence.

Brompton Consumption Hospital.—Honorary Assistant Physician.

MEETING OF THE MEDICAL PROFESSION AT CORK.

At a SPECIAL MEETING of the CORK MEDICAL PROTECTIVE ASSOCIATION, held at the ROYAL CORK INSTITUTION, November 27th, 1869, pursuant to requisition, and attended by a large number of the Profession, both from County and City—Dr. Harvey, President, in the Chair—it was unanimously resolved:—"That it appears to this meeting that the establishment of a precedent, which would render the Physician or Surgeon who may call in another in consultation, responsible to the consulter for his fee, would not only be unjust, but injurious to the interests both of the Profession and the Public."

(Signed) JOSHUA R. HARVEY, M.D., Chairman.
CHAS. ARMSTRONG, M.D., Hon. Sec.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 8, 1869.

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ON A SLING FOR TREATMENT OF BED-SORES ON SACRUM OR NATES, WHEN THE PATIENT IS OBLIGED TO REST IN THE RECUMBENT POSITION.*

By Surgeon **PORTER**, 97th Regiment.

SIMPLE as this contrivance, here presented in a rough sketch,† for the treatment of bed-sores may appear, I feel I am justified in bringing it before this Society, in consequence of the success experienced by its use in a case lately under my care, the particulars of which I beg to detail.

A sailor of H.M's —— having received a severe injury of one of his ankles, was detained for a considerable time at a Sailor's Home and elsewhere, in hopes of recovering, which did not take place. On being handed over to my care, I found the lower ends of tibia and fibula in a state of caries, also the os calcis and astragalus. His condition was very low, and an extensive deep bed-sore over the sacrum and nates had formed, accompanied by a profuse fœtid discharge. Amputation being considered the only means of saving his life, I performed the operation below the knee. A few days after the operation the stump presented an unhealthy appearance, there being a copious thin discharge from it, and his general health was on the decline. These symptoms I attributed to not being able to keep the bed-sore properly clean or dressed, in consequence of its being necessary that the stump should not be disturbed. The smell from the patient was most offensive. Air-cushions and pillows were of no use, in fact, worse than useless, as they became saturated with the discharge, and the former, from the nature of the material, heated the parts to which they came in contact, and increased the offensive smell. Before amputation was performed the patient had been placed in a three-pole hospital marquee. As it was quite impossible other patients could remain in the same ward with him, I therefore took advantage of two of the poles to attach the sling. Twenty-four hours after I commenced its use, there were evident signs of improvement in my patient, who for the first time for a considerable period had refreshing sleep. The discharge from the stump had decreased and was more healthy looking, and there was little or no smell about the marquee. For eighteen days he was constantly on the sling with this result, that the stump healed and the bed-sore rapidly granulated. It was, of course, discontinued when the patient could alter his position without danger of injury to the stump. The sling consists of a strip of strong West of England canvas, 18 by 24 inches; at either end it is stretched on to pieces of strong wood about the diameter of the common round office ruler, which keep the canvas expanded when under the patient, and form means of fastening stays, which are spliced together and attached to three-inch blocks. These blocks have ropes passing through them, and blocks attached to the poles, by which means the sling can be raised or lowered. A piece of canvas, round in shape and six inches in diameter, is removed from centre of canvas, through which opening the sore is to be dressed and cleaned. In applying the sling it is necessary to place a doubled mattress or a pillow under the patient's shoulders extending to the loins, and a pillow under the knees.

Having experienced great difficulty on active service and in India in the treatment of bed-sores, from want of proper means of keeping pressure off them and preserving cleanliness, I venture to hope that this sling may be considered worthy of trial in camp hospitals, where advantage can be taken of the marquee poles, and as further advantages I beg to point out that it is very portable, not easily put out of order, and of moderate cost. To adapt it for a hospital ward it is only necessary to construct temporary uprights, which could be let into sockets in the floor and made secure by stays. My not being an artist will, I trust, be sufficient excuse for the imperfect condition of the sketches.

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* This paper was read before the Army Medico-Chirurgical Society of Portsmouth, 3rd Nov., 1869.

† A sketch of the contrivance was handed round.

GLOSSITIS TREATED SUCCESSFULLY BY MAGNETO-ELECTRICITY.

(Under the care of Dr. **Anderson**, of Newtownhamilton, Armagh.)

J. McG., aged twenty-three years, a stout healthy man, of swarthy complexion and regular habits, came to me on the 5th of November, complaining of pains in his neck in the parotid and tonsilar regions, and a difficulty of swallowing. He did not refer any pain to his tongue, and on examination I could not discover any mischief going on in the mouth or throat, and sent him home "to see if he would become ill." On the 6th, the pain continued and the tongue began to swell and redden, and coated with a clammy sordes: he felt as if it would stick to his jaws. To clean his mouth and remove the foul odour of his breath, I ordered him a mixture of potassæ chlor., ʒij.; tinct. ferri mur., ℥ss. to 8 oz. of water, which he used first as a gargle and afterwards swallowed. This, he said, had the desired effect, but it did not serve to cool his tongue or mitigate his pain. On the 7th the swelling and redness increased, and he felt shooting pains through his ears. On the 8th I was called on to visit him, and he was then suffering from great pain. He was in dull spirits—pulse 96—very weak, and his tongue was now three times its own size, and of a deep red colour. His mouth was gasping wide, and the tongue, not having room enough, was slightly protruded. He was unable to articulate a single word, and I was in dread that suffocation might soon seize him. As he had eaten nothing since the 5th, and when he found it impossible to swallow even my simple mixture, I thought the sooner I could reduce the size of his enlarged "unruly member" the better. Passing over pressure as inadmissable, and incisions, and such caustics as carbolic acid, cupri sulph., and argent nit., which, had they been used a day or two sooner, might have rendered a "painful" relief, I had recourse to the magneto-electric machine, which medico-galvanists assert will cure anything but death, and which is especially supposed to restore the equilibrium of nerve force, the want of which, according to some pathologists, is the cause of all inflammatory disorders. On the evening of the 9th I attached two long thin pieces of sponge to the metal conductor of the machine, and passed a current of electricity into the tip and edges of his tongue, which was now of an enormous size. That night as he had done previously, he swallowed, by means of the gravitation of the fluid, a black draught, slept well, and the next morning, to my astonishment, he was able to swallow a bowl of oatmeal gruel. When I saw him first that morning he told me he felt as if there was a new tongue in his head—that he was almost free from pain. He could now speak so as to be understood, and could roll the tongue about in his mouth. The shooting pains had left his ears, and the mouth was secreting saliva in place of "sordes." This sudden improvement gave me courage, and I applied the current again. In the evening he returned with his tongue still nearer "the truth," and I repeated the application. The next morning, thirty-six hours after the first "shock," his tongue was of the normal size and feeling. Nosologists tell us that idiopathic glossitis is a rare disease, and especially rare as an uncomplicated affection. Its decrease of late years is doubtless owing to the partial abolition of "coursing" with mercury to salivation. When it arises in practice, and its course cannot be traced to this old mode of "jobbery," we are more ready to trust in any specific remedy. The causes are diminished, and hence the modes of cure are limited. What would check the inflammation of tongue arising idiopathically might fail to make the same impression on glossitis caused by mercury. In the latter case we would have asthenic inflammation owing to the destruction of the red globules of the blood; in the former the inflammation would be sthenic. To assert that magneto-electricity would act like magic on mercurial glossitis would be to assume that it reproduced the red globules of the blood; to say that it cut short an acute attack of idiopathic glossitis which would probably have ended in suppuration, only implies that it imparted a new tone to that nerve force the excess or defect of which is a primary cause of every species of inflammation.

If second trials should confirm the specific virtue of the electric current as a remedy in idiopathic glossitis, it will bring with it the advantage of an almost painless operation, and exempt the "thick-tongued" sufferer from the annoyance of caustics and the troublesome act of swallowing medicines.

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PTYALISM AS A SYMPTOM OF SYPHILIS.

By **Henry Lee**, Surgeon to the St. George's Hospital.

A gentleman had well-marked constitutional syphilis. When I saw him he had not taken a grain of mercury. He was greatly distressed by a copious and constant discharge of saliva from the mouth; this was so great that it glued his whiskers every night to the pillow-case. The gums were red and inflamed, but not very tender or ulcerated. This state of things continued over some weeks without any mercury being administered.

A medical man had constitutional syphilis. He had used no mercury in any form, except an ointment which he occasionally applied to his hair, and which contained a very small quantity. In October, 1868, this gentleman wrote to me, "I don't know what could loosen my teeth and inflame my gums so much. I could not have been cold, as the weather has been so fine."

Another patient of mine whom I have seen for many months has lately had a severe attack of inflammation of the gums with a very considerable increase in the secretion of the saliva without having taken any mercury for upwards of a year. In this case there was, in addition, ulceration of the throat, which was not present in the other cases.

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NEW VAGINAL SPECULUM.

At a recent meeting of the Philadelphia Obstetrical Society, Dr. Albert H. Smith exhibited a new form of vaginal speculum, which had been made at his suggestion by Mr. Kolbe. It is described at length in the *American Journal of Obstetrics* for November.

It is in form a bivalve, having a double movement, giving a parallel separation of the blades, and also the ordinary angular separation. This double movement was suggested first by Mr. Robert Ellis, of London, and adapted by him to his "new expanding" speculum, described in the *Transactions of the Obstetrical Society of London* for 1867; but his instrument, so far as appears, has not been brought much into use. Mr. Kolbe recently has made a very neat and simple modification of Ellis', giving a very useful instrument, as compared with any form of valve speculum previously in use.

Dr. Smith's speculum, adopting this principle of a double movement, is so constructed as to act as a double vaginal retractor, having the blades separate throughout their entire length upon one side, and connected by a square bar upon the opposite side, along which the blades slide with an independent motion. This movement is effected by means of a right and left screw placed in front of the bar, passing through the lower end of the pivot-slides which move upon the bar, and to which are fastened the blades. This right and left screw is operated by means of a flat head at one extremity, the turning of which causes both blades to recede uniformly from the centre of the bar, making a parallel separation without any change in the angle of the blades toward each other. The angular movement is effected by the handles of the blades working upon the pivot-joints by which the blades are connected with the bar; and as each blade moves in-

independently of the other, each requires its separate adjustment for retaining it in position; this adjustment being a screw and nut attached at one end to the blade, and the other passing through an eye upon the slide.

The blades are short, being only 3½ inches in length, allowing the cervix to fall forward toward the vulva, entirely within reach of the finger, which condition, with the opening and separation of the blade entirely upon one side, enables the operator to have complete command of the cervix with the finger while the speculum is in position, the vaginal walls being simply kept out of his way, without any interference from the instrument with his manipulations, an advantage which is not found in Ellis' or any other valve speculum, having the vulvar aperture a closed ring.

The advantage of this arrangement will be manifest to any one accustomed to use the speculum, even in the most ordinary cases of uterine disease. This speculum is easily introduced, retains itself without the slightest difficulty, and exposes the cervix to a completeness that no other single self-retaining instrument will do. Thomas' speculum, so much used in New York City, gives an admirable view of the cervix, but requires to be held in position continuously, thus involving either the aid of an assistant or the constant occupation of one hand of the operator. Dr. Smith's speculum may be introduced with the convexity of the blades either antero-posteriorly or laterally; after introduction of the point toward the sacrum, the angular expansion of the blades enables the operator to find the cervix with little difficulty, when the movement of the screw separates the anterior portion of the blades, putting the walls of the vagina upon a stretch allowing the cervix to fall forward in easy reach of the finger which can be brought to bear upon its whole surface as far as the vaginal cul-de-sac. The entire openness of one side of the speculum facilitates the digital examination, as well as the investigation of the condition of the vagina, and especially the urethra and adjacent tissues.

In introducing a sponge-tent, so unsatisfactory an operation through any ordinary speculum, great advantage is given from the opportunity of ocular and digital examination, the tent being grasped tightly by the forceps, and directed by the finger in the vagina, without coming in contact with the vaginal moisture. The passage of the uterine sound is rendered much easier than with the speculum of ordinary length, the uterus not being forced upward and backward, and being allowed more of its natural mobility. In ligating, or excising a polypus or other growth from the cervix, the advantage of combined sight and touch will be very easily comprehended.

Figure 1 represents a profile view of the instrument, with the screw mechanism, as last introduced.

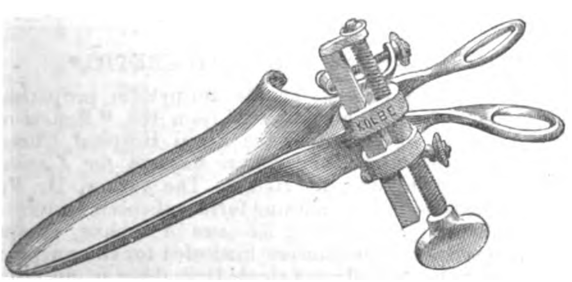

Fig. 1.

Figure 2 represents a profile view of the instrument as at first described in the *Reporter*.

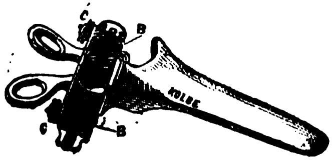

Fig 2.

Figures 3 and 4 represent the speculum expanded in the two ways, respectively, of parallel and angular movement, the relations of the blades being the same in both the old and new forms of the speculum.

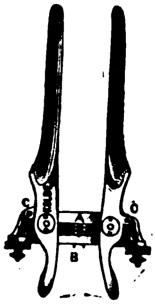

Fig. 3.

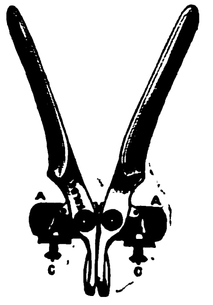

Fig. 4.

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Hospital Reports.

METROPOLITAN FREE HOSPITAL.

Cases under the care of Mr. John Warner.

A few days ago we observed the two following cases of eczema in the clinique of Mr. Warner:—

Case 1.—A girl of sixteen came with an eczematous eruption on the face, which had lasted as long as she could remember, and always in the same situation. There was a red and weeping condition of the integument, from each angle of the mouth downwards to the chin.

Case 2.—A woman, aged fifty-two, came with an eczematous eruption of the inner surface of both forearms, nape of the neck, and around the mouth. These eruptions consisted of a reddish surface, moist and covered with brawny desquamatory scales. She was treated for some time with lotio plumbi, and glycerine, which, however, not succeeding, Mr. Warner painted the surface over, as also in the case of case 1, with a twenty grain to the ounce solution of argent. nit., and in both cases administered 5 minims of Fowler's solution *t.d.* after meals.

Case 3.—A woman, aged thirty-five years, married ten years, had, a month after marriage, an eruption, and, some months after, a creeping sore on her face, which has left extensive scars. Never had either children or miscarriages, and was well for many years. When she was nineteen years of age she had sores on privates and eruption, and afterwards a bad leg. This leg has recently again become bad, after an interval of ten years. ℞ Pot. iod. gr. x. ex qq. ℥j. *t. d.*

Case 4.—A woman, aged twenty years, and five months pregnant, had had an eruption three months, roseola, and suffering from mucous tubercles on vulva without alopecia and sore throat, was treated by pot. iod. gr. v. aq. ℥j. *t. d.*

Case 5.—A case of tertiary pustulo-crustaceous syphilide in a woman aged thirty-two, who had been infected three years before, was treated by pot. iod. gr. x. aq. ℥j. *t. d.* Mr. Warner seems to treat all his hospital cases of syphilis, whether primary, secondary, or tertiary, with iodide of potassium. He objects to giving mercury, when unable to watch symptoms, and thus does not often give it to his public patients. We believe that Mr. J. Hutchinson, when at the Metropolitan Free Hospital, abandoned, for experiment, the use of mercury for a considerable period, at which time Mr. Warner was resident medical officer in the hospital.

Case 6.—Mr. Warner operated on a case of prolapse of the rectum on a man aged sixty-five, who had, he confessed, drank a good deal in his life. The prolapsed intestine was first touched freely by nitric acid, and when the slough separated and the prolapse was slightly reduced, a considerable portion of tissue and hypertrophied integument was excised, the man being under the influence of chloroform. Not much blood was lost, and the parts were dressed with lint dipped in perchloride of iron, which arrested the venous oozing. The patient is much relieved by the operation, and the prolapse is greatly reduced in size.

ROYAL VICTORIA HOSPITAL, NETLEY.

Enlarged Spleen.

Dr. Maclean tells us that in the Royal Victoria Hospital they have come to regard enlargement of the spleen, the result of malarial fevers, with little concern. Very rarely indeed does it happen that this condition resists the use of the ointment of the biniodide of mercury, applied over the enlarged organ in the same way as it is used in India for the cure of goitre. Since he first invited attention to this mode of treatment he has had every reason to be well satisfied of its efficacy. The biniodide is in daily use in the wards.

The following is a typical example :—

Private Jeremiah Murphy, 86th Regiment, age 28; completed 8½ years of service ; invalided from the Mauritius : admitted 14th Oct., 1868.

During his four years of home service the patient had good health, the same subsequently at Gibraltar and the Cape of Good Hope. At the Mauritius he was attacked by the prevailing fever, from which he suffered severely, having been in hospital there with intermittent fever at one time for twenty-one days, and after discharge "he often had two attacks in one day." It is reported that "his spleen enlarged enormously after every attack."

On admission this soldier was a perfect type of a man saturated with malaria. His skin was a dirty yellowish brown colour ; what should have been the "white of his eyes" presented the same colour ; his appetite was bad, he was languid, out of spirits, and incapable of any exertion. The spleen was enormously enlarged, reaching beyond the mesial line, and far into the pelvis, girth round the abdomen was 36½ inches. The left lung was pushed upwards by the enlarged spleen ; lips, gums, and tongue almost white : heart sounds normal, but feeble. There was an enormous predominance of white corpuscles in his blood ; the urine was red, deposited lithates, and contained albumen. The learned Professor says that, "treatment in this case consisted in the external use of the ointment of biniodide of mercury, perchloride of iron, in full doses (which was occasionally changed for the syrup of the triple phosphates,—quinine, iron, and strychnine). On the slightest indication of a disposition to attacks of ague (of which he had several), quinine was given in 10-grain doses twice a day. Under this management, with a liberal diet, he soon improved ; the size of the spleen diminished rapidly ; in process of time the skin lost its unhealthy colour, his appetite improved ; the attacks of ague ceased, albumen disappeared entirely from the urine, and slowly red globules took the place of white. The spleen finally returned to almost its normal limits, and this man, whose career as a soldier seemed on admission at an end, was discharged in very good health.

"Sir James Simpson, Bart., having seen this case and several others from the Mauritius then under treatment in the hospital, advised me to make trial of a new drug, the nitrate of furfurine, a preparation from bran, which this eminent physician had found useful in similar cases. I procured a supply from Messrs. Duncan and Flockhart, of Edinburgh, and used it in this and several other cases of a like kind. It would be absurd after so limited a trial to speak with confidence on the claims of this new medicine. But this was the testimony of all the men to whom it was given, who had no preconceived notions on the subject,—viz., that when taken for a few days it improved appetite and digestion, and pleasantly stimulated the action of the bowels, almost always capriciously irregular in such cases. I have procured a fresh supply, and mean to give it a more extended trial in cases like this, withholding other remedies.

"Nothing is more common than to find albumen in the urine of patients with enlarged spleens, and their systems charged with malaria ; I have ceased to regard this with alarm, provided the urine is at the same time free from casts.

"The albumen almost invariably disappears (as in this case) as the spleen diminishes, and the blood is brought into a more healthy condition."

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CANCEROUS AFFECTIONS SUCCESSFULLY TREATED.

Dr. E. A. Kunkler (*Pacific Medical and Surgical Journal*) in an extended article upon this subject, giving several cases which he had treated successfully, draws the following inferences :—1st, Cancerous affections are always the result of irritation, present or past, direct or sympathetic, single or multiple ; and no cure can be effected unless the causes, if still present, are ascertained and removed. 2d, Inflammatory action in cancer is the result of irritation ; the severity of the first depends upon the intensity of the last ; and tonic inflammation will subside with the cessation of the irritation, while atonic inflammation will continue, although the original irritation might have ceased, and consequently atonic inflammation must always be attended to. 3d, Acute inflammation leads to suppuration, chronic inflammation leading to abnormal nutrition and induration of the affected parts, according to the degree of inflammation and tissues involved. 4th, Scirrhous cancer is an aggravated induration by fibrinous deposits, causing obliteration of blood vessels in the affected parts, whereby softening and mortification of these parts are occasioned. 5th, Encephaloid, colloid, and the fungoid forms of cancer are the result of various morbid processes involving different tissues and blood vessels. 6th, The cell formations observed in some carcinomatous affections depend on perverted plasma, in which the cells are floating, from which they imbibe an abnormal nutrition. 7th, The offensive odour in the advanced stage of cancerous affections is the result of the decomposition of the animal tissues, whereby sulphuretted and phosphuretted hydrogen are formed. 8th, The destruction of the tissues in cancer is produced by the effect of these fetid gases, especially by the sulphuretted hydrogen. 9th, To arrest the progress of cancer, the removal of the affected parts is sufficient only when the original irritation has subsided, and there is neither atonic inflammation nor induration in the neighbouring parts ; but in all the forms of the disease proceeding from internal irritation, and from atonic inflammation and induration, no permanent cure can be expected, unless all the pathological conditions are rectified, and the blood brought back to its normal standard.

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Foreign Medical Literature.

QUININE AS AN ANTIPYRETIC.*

The following remarks on the antipyretic properties of sulphate of quinia are extracted from the "Report of the Medical Department of the Royal Hospital, Christiania, for the year 1867" (*Norsk Magazin for Lægevidenskaben*, xxiii. Bind. 1. Hefte). The author, Dr. Fr. Stabell, says :—"I have nothing further of special interest to mention respecting these 33 cases of typhus, except some experiments which were instituted for the purpose of investigating the effect of single large doses of quinine as an antipyretic.

"This is a subject to which Professor Liebermeister, of Bâle, has paid great attention, and he has published on it a long and very profound essay ('Deutsches Archiv. f. Kliniske Medicin,' third volume, first and sixth parts). He ascribes to quinine a decided and almost invariable temperature-reducing effect ; and in proof of this adduces a number of temperature observations. I shall communicate the results of two of the experiments which were made in 1867. They are not so numerous that one can, to any extent, draw a conclusion from them, nor are they intended to do more than to contribute their share towards the corroboration of the experiments which were subsequently made. Quinine was exhibited in doses of gr. xx. or gr. x. in six typhus cases, at several separate periods.

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* Translated for the Medical Press and Circular from the *Norsk Magazine for Lægevidenskaben*, 1869.

"I shall give a brief outline of the history of the case, with the variations of the temperature and pulse in two of these patients:—

"Karen Kristoffersdatter, aged fifteen, admitted Sept. 11, 1867. She had, fourteen days previously, had shivering, with subsequent nervous symptoms; all the time the motions were regular. On her admission, isolated rose spots were found upon the abdomen.

Date.	TEMPERATURE.		Pulse.	Observations.
	Morning.	Evening.		
	°	°		
Sept. 11	—	100·6	120	
„ 12	101·7	Not taken.	120	
„ 13	Not taken.	104·0	—	Diarrhœa.
„ 14	102·2	103·6	—	
„ 15	100·8	102·7	120	
„ 16	102·0	—	—	
„ 17	—	102·9	—	
„ 18	102·6	102·7	—	
„ 19	101·7	101·8	—	
„ 20	100·6	104·0	—	
„ 21	101·7	103·3	—	Moderate diarrhœa, less stupor, rather more bronchitis.
„ 22	101·1	103·6	—	
„ 23	101·8	102·9	—	Got 6 grs. of sulphate of quinia three times a day.
„ 24	100·4	101·7	—	
„ 25	100·6	102·2	—	
„ 26	100·4	102·7	120	
„ 27	101·7	104·0	—	
„ 28	102·2	103·6	—	Rather more diarrhœa.
„ 29	102·7	102·6	—	
„ 30	101·8	101·8	—	Regular motion.
Oct. 1	101·5	102·2	—	Takes the quinine in one dose, that is. gr. 18, in the evening.
„ 2	99·5	101·7	—	
„ 3	99·5	103·1	—	Quinine, gr. 20.
„ 4	100·6	99·0	—	
„ 5	101·7	104·0	120	Received intelligence of her mother's death.
„ 6	102·2	104·0	—	
„ 7	102·6	100·8	—	Quinine, gr. 20.
„ 8	98·6	101·1	—	
„ 9	101·7	103·8	—	
„ 10	102·7	104·0	—	Quinine, gr. 10.
„ 11	99·7	102·6	—	
„ 12	101·1	102·9	—	
„ 13	101·5	101·8	—	

"From this day the temperature fell gradually, and no more quinine was used. On the 2nd of November she was discharged, convalescent.

"While, then, this patient got, on September 23rd, six grains of sulphate of quinia three times a day, both the morning and evening temperature during the ensuing two days fell about a degree, but afterwards again rose, though she persevered with the same dose of quinine, until it attained its former height. On the 1st of October she takes her three quinine powders at once in the evening, and the following morning the temperature sinks lower than it had been at any time since her admission. This, however, is sufficiently evident, that the temperature on the evening of the 4th is equally low, although she has not taken quinine. Contingencies such as these should make one cautious in drawing too hasty conclusions. On the evening of October 5th we have a violent rise of temperature, the reason for which is assigned above; but the effect of quinine is not absent on this occasion either, just as three days later, when she got but ten grains only.

"Although these temperature reports demand much time and space, I cannot omit to notice, with some detail, another case, in which the effect of the quinine was so considerable and so constant that here we cannot assert, what we might in other instances be inclined to hold, that this effect is to be attributed either to the operation of chance or to inaccurate observation.

"Mrs. Janette Nilsdatter, aged thirty-one years, was admitted October 1st, 1867, from Sagene (Eriksen's brick manufactory). Eight days before she had had shivering and ordinary symptoms of fever, with constipation. On the abdomen was a scattered eruption, partly consisting of rose spots, partly of petechiæ.

Date.	TEMPERATURE.		Pulse.	Observations.
	Morning.	Evening.		
	°	°		
Oct. 1	—	103·5	84	
„ 2	104·0	104·7	—	
„ 3	103·6	104·9	84	Quinine, gr. 20, evening.
„ 4	97·5	99·9	—	
„ 5	100·9	104·7	—	
„ 6	102·9	102·9	—	Quinine, gr. 20, 10 a.m.
„ 7	102·2	104·7	68	Quinine, gr. 20, evening.
„ 8	100·4	104·4	—	
„ 9	102·9	104·5	—	Quinine, gr. 20, evening.
„ 10	97·0	101·8	—	
„ 11	101·7	101·1	—	
„ 12	103·6	105·1	—	
„ 13	104·0	104·9	—	
„ 14	99·3	102·7	—	
„ 15	101·5	103·8	—	
„ 16	101·8	104·4	—	
„ 17	99·7	104·0	—	
„ 18	100·0	102·0	—	
„ 19	100·4	101·8	86	

"I do not extend this table further, as the later notes possess no special interest. She was discharged convalescent on the 3rd of November. It appears, then, in this case, that while on the evening of the 3rd October, the temperature being 104·9°, the patient got twenty grains of quinine, the result was, that the next morning the temperature was nearly 7½° lower (97·5°), and nearly 5½° lower than it had been the preceding morning. On the 6th October she got twenty grains of quinine, with the effect that the evening temperature was nearly a degree lower than on the preceding or the following evening. Now, this is to be observed, as well in the present as in other cases, that the antipyretic effect of the quinine is more marked when it is seconded by the normal morning remission.

"I may also call attention to the fact that so pronounced an antipyretic effect of quinine as that in the cases mentioned above I have never since seen or found alluded to elsewhere, so that it may certainly be regarded as very exceptional. On the other hand, too, I have seen the quinine to have been altogether without effect; but this also is exceptional. In general, we may with safety venture to say that the effect is tolerably certain, especially when the remedy is given towards evening or in the course of the night. *Liebermeister* is said also to have found that the longer the disease has lasted, the more striking is the effect. He believes that prognostic significance may be attached to the effect of quinine on the temperature. In a case which threatens to be of great severity the influence of quinine on the temperature is little or nothing, whereas it is considerable in a case which will have a favourable result. It appears to me that in this rests an acknowledgment that the disease is in reality not much influenced by the therapeutic agent in question. Since it fails exactly in the cases where it is most required, and is efficacious only where its exhibition is not called for, the use of quinine is, on the whole, manifestly of but little value. Although we can here, by means of an accurate physical instrument, measure the efficacy of the medicine, and although this, in the present case, is not inconsiderable, we must yet admit that it exercises no specific influence on the progress of the disease. Of the typhus patients who, at the time to which this report refers, took quinine in the way mentioned above, one died. The immediate cause of death in this case was hæmorrhage from the bowels. The patient had twice, in the course of the disease, taken an evening dose of 20 grs., and each time with perceptible influence on the temperature."

So far, Professor Stabell. In the same number of the *Norsk Magazin*, Professor Liebermeister's investigations on this subject are again alluded to in a report on the Treatment of Enteric Fever ("Om Behandlingen af Abdominaltyphus"). The use of quinine in heroic doses is thus spoken of:—

"Earlier experiences had imbued the author (*i.e.*, Liebermeister) with the conviction that the perils of typhus might be to a great extent lessened by an antipyretic treatment. Beside cold water, quinine in large doses had preeminently maintained its antipyretic efficacy.

"Some observations seemed to entitle us to hope that quinine, when given perseveringly and for a long time in repeated doses, might perhaps have a still better effect than when given in single large doses. Experiments were instituted on an extensive scale, but the results were altogether unsatisfactory. The considerable diminution of fever, which, almost without exception, was seen in a short time after the administration of a large dose, was not found; not once was the result the same when some considerable quantity was given in repeated doses as when single large doses were exhibited. No doubt the fever curve seemed to run somewhat lower where the quantities given were not too small. But the strong remissions, which are of obvious advantage to the patients, did not occur. It is also evident that the persistent use of quinine did not exercise any specific influence whatever in cutting short the disease. In consequence, the author, whenever he desired its antipyretic effect, employed full doses (20 or 30 grs., or less, according to circumstances) within as short a time as possible—at the most two hours, and repeated this dose, should the fever return after two days, but never before the lapse of thirty-six hours."

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

NOVEMBER 22, 1869.

PETER MARSHALL, Esq., President, in the chair.

MR. DE MERIC exhibited a hypertrophied clitoris and nympha, which he had excised from a patient. He stated that infiltrations of fibrinous deposits were common, but hypertrophy connected with syphilis rare. He also mentioned a case of elephantiasis, with psoriasis of foot, which yielded to iodide of potassium, &c.

Dr. TILBURY FOX objected to the term elephantiasis in these cases. He limited it to true leprosy.

Mr. HENRY LEE brought before the Fellows a patient whose hip he had excised three years ago. The lad had perfect motion of the joint, and walked daily seven or eight miles. He also produced a case of excision of the knee-joint, where the operation had been performed six months. The peculiarity of this case was, that he had left half of the patella, which was anchylosed. Mr. Lee then detailed six unusual cases happening in his practice. Case 1: That of an old lady, ninety years of age, who fractured her hip-bone. Six months afterwards she died, and provisional callus was thrown out sufficient to keep the ends of the bone in apposition. Case 2: That of a syphilitic patient, who lost nearly the whole of the tongue; but the disease was stopped by the use of the calomel bath and the free administration of sarsaparilla. Case 3: Disappearance of testicle in a patient suffering from inguinal hernia, for which the patient wore a truss; on leaving off the truss the testicle descended. Case 4: The patient struck her arm; abscess formed; remained open five months; fibrous anchylosis took place; another abscess formed; elbow-joint excised; unhealthy wound remained; arm amputated; good stump formed, which became very sensitive. After months of suffering the median and ulna nerves were dissected out, the extremities of which were enlarged, forming cartilaginous bulbs. Pain returned after a time. All the nerves were then divided near the armpit; pain unrelieved. The humerus was then removed at glenoid cavity; the wound readily healed, and the patient free from pain. Case 5: Embolism simulating syphilis. An officer was suddenly prostrated; had eruption on skin; pain in bones; one leg extremely swelled, then the other, with pain and redness of skin, but with little œdema; right eye became affected; lost sight; disease unaffected with remedies; ecchymosed spots beneath conjunctiva; black patch on tunica albuginia; cornea sloughed. Case 6: Double vision with one eye; sees two distinct objects with either eye; and when both eyes are open, by pressing on the globe four objects are seen.

A very interesting discussion followed, in which Drs. Hare, Gibbon, Messrs. Brodhurst, Dunn, Weeden Cooke, Spencer Watson, Gant, Gay, and De Meric took part.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.

THE PRESIDENT'S ADDRESS.

DR. RICHARDSON, F.R.S., President, delivered the Address on Thursday evening last.

Having thanked his fellow graduates for the position he held, he stated that medical men live to heal, and he was bold to claim for them that, but for them, many now living would be dead. He therefore took as the subject of his address, the "Science of Cure," and proceeded to treat of the obstacles and methods of advancement.

Speaking first of the former, the President said:—The first load we have to cast off is general dogma, and the use of meaningless phrases and conceits, which are allowed too readily to be confounded with principles of science. We have to escape from the fangs of the learned without wisdom, in this effort; for it has happened that individual men have laid chains on us for generations by mere dogmatic and senseless speculation. Allow me to illustrate this truth by an example. In the beginning of last century, there flourished at Halle a learned medical scholar, by the name of Michael Albertus. Michael taught the practice of medicine in the University of Halle, with *éclat* unbounded. An industrious man, he left no less than 385 essays behind him, not one, possibly, with a single poor fact; yet all influencing his days, and the days that came, and even the days that are. Full of speculative fancy leading to nothing, and wanting utterly in experimental foundation, our learned Michael took it into his head to divide the process of curing into three great branches, and he was good enough to devote a special essay to the elucidation of each branch. His first essay he named, "De curationè per contraria;" his second, "De curationè per similia;" his third, "De curationè per expectationè." The dogma enunciated in the first of these essays, because it seems to cover the largest view of curative medicine, has been the most orthodox, and in distinction of it, the term Allopathy has been applied, The dogma enunciated in the second of these essays, "De curationè per similia," seized upon by another wilder and more concentrate dogmatist, than the master, I mean Hahnemann, who was about six years old when Albertus died, and who was trained in the same University, has been converted into a pretended all-curative system, under the name of Homœopathy. The third of these essays, "De curationè per expectationè," seized on by another concentrate dogmatist, has also been converted into a pretended system, under the name, the Expectant Treatment; and has been the delightful resort and resource of all the timid sceptics for many generations. In fine, these three divisions of so-called curative medicine remain as actual systems to the present hour; absolute systems for men to live and practise by; yet all gross and imbecile assumptions, each a curse blighting science, and saying to medicine, You may be a practice, a system, a school, but a true science you shall not be. Now I think the time has come when we should manfully declare ourselves freed, not from one, but from all these dogmas. If a patient come to me with a limb broken and bent, I straighten that limb and place it firmly in its natural, as distinguished from its unnatural, position; but it were insult to tell me that because this is my practice I am an allopathist. If a patient come to me and say, "I have eaten something which makes me faint and inclined to vomit," I will give that patient an emetic, and relieve him of his anxiety; but it were an insult to tell me that because I do this I am an homœopathist. If a patient come to me and say, "I have a sadness of spirit which I cannot overcome," and I see that he has no physical evil, I may decline to prescribe any specific remedy, but may assure him of his safety, and tell him in other words, after Horace:—

"What if thy heaven be overcast,
The dark appearance will not last,
Except a brighter sky;
The god that strings the silver bow,
Awakes sometimes the muses too,
And lays his arrows by."

And if this man, waiting for the brighter sky, as I advise and assure him, does in time see it and recover, I have truly treated him; but it were an insult to tell me that because this is my practice I am a follower of those who carry out the "expectant method."

The other *obstacles* to advance noticed were, "Individual experience that cannot be made general experience, patent to all who will learn it, and convincing to all;" and thirdly, the "fear of popular criticism and popular demand—in other words, fear of fashion and its caprices."

The President then considered the methods of advancement, and first of all spoke of the necessity that exists for condensation of that which we now partly understand. Having illustrated this by various examples, he continued as follows:—

I could multiply these illustrations to any extent; but enough has been submitted to prove, I trust, the proposition from which I started, that we want an interval to rest from search for new knowledge that we may consolidate the knowledge we actually possess.

I notice, secondly, that in approaching towards a science of cure it is an essential matter to know what are the natural boundaries of cure. When we are practically to say, Here and now our art, our skill, ends? To this question, in my opinion, the answer is that our skill ends only when in the living organism the natural cycle of life is completed. To my minds all diseases which occur between the first and second childhood are simple accidents; accidents as simple and as pure as collision or other physical misadventure; accidents to be avoided or prevented to a major extent, or if incurred, to be cured, if the curer has sufficient time to exert his curative skill. In this boundary, though it may seem limited to minds enthusiastic beyond reason, the practitioner of medicine finds ample scope for the noblest development of his power. To some ultimate fact he must bend, as must every student of natural science. A Newton may march up to the law of gravitation, and show on definite principles that the earth does truly attract all things to itself; but at this point even a Newton must needs stop, feeling that with the discovery of the law the power of the mind given to man finds its natural termination, and that to ask to know more is to assume a desire to take the place of the Supreme will that designs the law. And so the healer, carrying up his research to the limit of the human intellect, may assert laws, but there must stop. Forcing his conclusions beyond this point, he is led into the impossible difficulty of inventing a new nature, of devising a scheme out of his range altogether, by which the evolution of life out of death shall be superseded by the introduction of perpetual life in the same form of living organism. Absurd problem! Within the natural boundary, then, the healer is safe, and all the extension and grasp of his intellect is occupied with a series of questions, than which none can be nobler, none worthier, the highest intellectual capacity.

I might dwell at this stage on the question of the prevention of the physical accidents with which life is surrounded from its first to its last and natural stage; but I am dealing with cure, not with prevention, and I therefore have to consider the scope and dimensions of cure. In other words, when the physical accident of disease has presented itself to us in any form, how shall we, within the natural limits, endeavour to save from unnatural death?

In studying the question thus proposed, the primary object is to ascertain how far any skill which we may possess is actually demanded as skill to be enforced, as rule of doctrine and of practice. The case is before us: is it a case where the sufferer will recover without any artificial aid; or is it a case where certain well-known and proved artificial assistance will assist recovery; or is it a case where there can be no recovery in the absence of artificial assistance; or is it a case altogether incurable? Unfortunately, up to the present time the natural division of diseases into these groups has received no serious consideration, and so we are apt to mix up skill with no skill, the active with the inert. To those who merely pretend to cure, this unmeaning and confused admixture, in which all is maze and noise, is shelter and satisfaction. In the confusion who shall discover the pretender from the earnest labourer? In this maze the pretender can walk from morning to eventide, from year to year, from age to age, and his experience shall be, that of a certain number of sick treated, a certain number shall die, a certain number shall recover; a certain number shall doubt him, and a certain number shall lift him up as the greatest of curers, in whom they have what they call faith; faith, that is, in the man, not in his knowledge as a something that should be known. In this mazy crowd, in sorry truth, every shade of pretence finds its Alsatia. The man who dispenses infinitesimals which is arithmetic is far too weak to encounter; the man who disbelieves out and out, and bows and laughs inwardly, and looks on; all here are one.

But to earnest men this maze can be no shelter, no hiding place. And so I say to them, it is time they were out of it; time they knew the boundaries, the limitations of cure. I will dwell on this topic a moment longer, in an endeavour to open the way to new thought. We shall then, I think, relieve ourselves of much embarrassment if we can at any time come to some common standard of thought on the question whether there be any such distinct process as may be fairly demonstrated natural cure of disease. The vis medicatrix naturæ, what is that? Is it a word or a fact? We dwell upon it as if it were a fact; we dwell upon it as if it were a principle on which we can often rely altogether, and on which we can always rely to some considerable extent. Is this correct belief? In my way of thinking the belief has, in the abstract, no basis whatever; by which I mean that nature goes her own way without putting out any hand to us for our special and particular aid. If nature were a curer as is supposed, then all diseases were spontaneously curable, and all other curers than herself were impostors. But nature pursues her way with men as regardless of their infirmities as of their powers: her general course being toward some grand and unknown end in which the individual sinks into his true insignificance by the side of the vastness of her structure, work, design. The physical living being is born, and by the force of birth is launched into space; but from the moment it is on the earth it is under the physical influence of the earth. As when I take a stone and cast it into the air, it moves for a time against gravity, then finds a point in which there is almost balance between the initial velocity and the attraction, and anon begins in gentle curve to fall, until it has fallen and lies, dead; so man, passing through his curve, endowed with initial velocity or motion of life, is making really and always towards the earth. He is weak, the earth is dragging him; he is faint, the earth has drawn him nearer; he dies, the earth takes him to herself. I speak, of course, now only of the physical man.

Having dwelt on various other methods of advancement, the President concluded his address in the following words:—

"I treat, God cures." Thus bold Ambrose Parè, who, said his enemies when he replaced the seething iron by the ligature, "put life upon a thread." 'Twere a sin even for our friends the pioneers to forget so grand an exclamation. I hope they will retain it in their hearts reverently. Not as the outer confession of their uselessness in this world, but as the inner consciousness that they are the instruments of a Supreme Intelligence, which, drawing nearer and yet nearer to them as they grow—

> "Day by day familiar
> With his conceptions, act upon his plans,
> And form to his the relish of their souls,—

will, in proportion as they are prepared to receive it, fill them for their work with that eternal and celestial light, by which, in the fulness of time, all truths of Nature shall be revealed to the faithful children of Nature.

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Literature.

ATTFIELD'S CHEMISTRY.*

In 1867 Dr. Attfield brought out, under the name of "An Introduction to Pharmaceutical Chemistry," the first edition of the above work. It proved a success. This year the author, on issuing his second edition, has adopted a more ambitious title, and, as may be imagined, the volume has grown in bulk, viz., from 400 to about 600 pages.

We believe that this manual has been already adopted as the class-book by many of the professors in the public schools throughout the United Kingdom. From text books, says the author, having a similar object it differs in three particulars: first, in the exclusion of matter relating to compounds which at present are only of interest to the scientific chemist; secondly, in containing the chemistry of every substance recognized officially or in general practice as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally. The author then commences by giving advice to the student as to the method he should pursue in reading for special purposes. He addresses the chemist, *sui generis*, the medical student, and the aspirant to the major and minor pharmaceutical examinations ("pharmaceutical students").

Amongst many of the special features of this book we may mention the following as peculiar to itself and worthy of being particularized:—

The table of elements, with symbols and *derivations of names*, is given most fully.

The care with which everything that may be useful to the student is noted is certainly a special feature of Dr. Attfield's work. In our previous notice of this book we dwelt upon this point, and we cannot refrain from giving another illustration.

"QUANTIVALENCE.—Turning from the *weights* of atoms, their *value* may now be considered; their *quantivalence* (from *quantitas*, quantity, and *valens*, being worth) may be stated. Here, again, hydrogen is conventionally adopted as the standard of comparison. Oxygen in its relation to hydrogen is bivalent (pronounced thus, biv'-a-lent, of double worth, from *bis*, twice, and *valens*); an atom of it will displace two atoms of hydrogen, or combined with the same number, nitrogen is usually trivalent (triv'-a-lent, from *tres* and *valens*), and carbon quadriv'-a-lent (from *quatuor*, four, or *quater*, four times, and *valens*)," &c.

The questions and exercises given at intervals are almost too difficult for the medical student; but it is always in the power of the teacher to rectify this point.

The insertion of progressive tables of analyses at intervals through the work is a novel idea, well calculated to bring on the practical student in that *art*. A considerable space is devoted to chemical toxicology, to the examination of urine, quantitative analysis, and dialysis.

The Index is anything but a contemptible part of a book, and we once heard of a reviewer who constructed most of his reviews after a perusal of this part of the work. Although we never put it to this use, we hold the opinion that it is a most valuable adjunct to a book of this class; and we have rarely come across a more carefully constructed one than that contained in Dr. Attfield's "Chemistry." The author has made a study of his own book, and produced an elaboration of the first edition which will meet with special favour amongst teachers. In pharmaceutical chemistry applied to the Pharmacopœia we know of no rival. It is therefore particularly suited to the medical student.

CURRENT LITERATURE.

The fifth volume of the "St. Bartholomew's Hospital Reports" opens with a notice of the late Dr. Edwards, who assisted in editing former volumes of the series, and who too soon followed his predecessor, Dr. Jeaffreson, to the grave. The practical essays that follow bear the names of Savory, Callender, Paget, Lowe, Tuckwell, Coleman, Gee, Godson, Lloyd Williams, Holmes Coote, Owen Richards, Thomas Smith, Church, Duckworth, and Vernon. The enumeration of these teachers and alumni of St. Bartholomew's is sufficient to show the varied nature of the contents of the volume. The contributions are all too well finished to render it easy to give an account of them, and those who look to such works will prefer to possess them and judge for themselves. Possibly we may be able at a future time to extract some of the more interesting cases, as we did on a former occasion, and thus give those readers who cannot see the Report itself some specimens of its contents.

A third volume of the "Liverpool Medical and Surgical Reports" has appeared. It is edited by Dr. Braidwood and Mr. Harrison, and contains, in addition to the usual essays, the transactions of the two medical societies of Liverpool. It thus presents a succinct account of medical science in Liverpool. The contributors are—Drs. Inman, Braidwood, Wollaston, Turnbull, Ewing Whittle, Lyster, Davidson, De Zouche, and Messrs. Hakes, Harrison, Brown, Hamilton, Banks Walker, and Bickersteth. The Liverpool School is certainly ably represented in this volume.

The second volume of the "Transactions of the Clinical Society" is also out. It contains thirty-six communications, though we are surprised to miss from it more than one of those which we anticipated with the greatest certainty. This omission must surely be an accident, for the Society is scarcely old enough to have degenerated into the cliquism which has done so much to damage others.

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Summary of Science.

By C. R. C. TICHBORNE, F.C.S., M.R.I.A., etc.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

SPONGE TENTS.

Mr. Hough (Ohio) makes these sponges with the aid of alcohol, having noticed that strong alcohol will quickly set the fibres of common sponge after having been moistened.

The sponge is first thoroughly moistened with water and pressed as dry as the strength of the hand will permit, it is then forced into the desired shape by mould or other means, and then immersed in alcohol. If the spirit is sufficiently strong, 90 to 100 per cent., the sponge is immediately set into the given shape, which it retains perfectly after the pressure or mould is removed. It is then hard, firm, and inflexible, and may be trimmed to a sharp point.

HYDRATED SILICATE OF MAGNESIA

Has been used as a substitute for bismuth in epidemic cholera, diarrhœa, &c.

It is prepared by precipitating a warm diluted solution of Epsom salts with a solution of soluble glass entirely free from lead, until it ceases to produce a precipitate. It is then washed and dried. It forms a soft, light, tasteless powder, and is given in five to ten grain doses.

ON THE PREPARATION OF PURE OXYGEN IN THE COLD.

Cosmos gives the following process as being recommended by M. Bœttger:—If we introduce in a flask furnished with a delivery tube a mixture of equal parts of peroxide of lead and peroxide of barium, and add diluted nitric acid, the reaction at once commences. The effervescence is tranquil, and the gas is collected under water. The oxygen made in this manner is said to be very pure.

PRESERVATION OF ANATOMICAL SPECIMENS.

The same number of *Cosmos* recommends the following:—The preparations it is wished to prepare are dissected in water. They are then treated with a saturated alcoholic solution of corrosive sublimate, and then preserved in vessels filled with pure water. It is only necessary to occasionally replace any water lost by evaporation.

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* Chemistry, General, Medical, and Pharmaceutical. By J. Attfield, Ph.D., F.C.S., &c. London: J. Van Voorst. 1869.

ALBUMEN.

Dr. Méhu uses the following mixture for the detection of albumen :—Crystallized carbolic acid, one part by weight ; commercial acetic acid, one part ; alcohol, 90 per cent., two parts ; mix and keep in a bottle. This fluid is intended to detect albumen in urine ; to 100 grammes of urine are added 2 c.c. of commercial nitric acid ; and next, after thoroughly mixing 10 c.c. of the carbolic acid solution. This reaction is said to be very superior to the use of nitric acid alone.—From Foreign Report of the *Chemical News.*

M. CHEVREUL ON THE METRICAL SYSTEM.

It appears from M. Chevreul's paper that M. Brisson first proposed that the unit of measure should be taken from nature. He read a paper on the 14th April, 1790, entitled, "On the Uniformity of Measures of Length, Capacity, and Strength, and on a new Method of constructing the Toise to be used as a Standard."

The Bishop of Autun had previously proposed, in the National Assembly, that a uniform system of weights and measures should be made compulsory by law throughout the French Kingdom.

The units of the measure of length proposed by M. Brisson was the length of the pendulum beating seconds at the latitude of Paris, which length had been exactly determined by M. de Mairan, and equalled 3 pieds 0 pouce 8 17-30ths lignes, French measure. The Commission preferred the 10,000,000 part of a quarter of the meridian of Paris. The metre was respectively fixed at 3 pieds 11·442 lignes in 1795, and 3 pieds 11·29 lignes. In 1840 M. Puissant found that there was an error in the calculation of the meridian distance of Montgony and Formentera, and he found that the length of the metre should be 3 pieds 11·375 lignes.

ON THE QUANTITATIVE DETERMINATION OF URIC ACID IN URINE.

The Rev. V. Harcourt, in a paper on the solvent treatment of uric acid, states that the usual methods of estimating this acid are not reliable, and gives the following :—A fourth of the urine of twenty-four hours is evaporated to three fluid ounces ; it is treated with a mixture of hydrochloric acid and alcohol in equal parts, each being 2·5 per cent. of the urine employed. It is allowed to stand forty-eight hours, drained on a small filter washed with alcohol (methylated spirit), and then with equal parts of acetic acid and water. The colouring matter and phosphates, &c., are thus removed, and the uric acid is of a light colour, and perfectly, though confusedly, crystalline.

The advantages of this method over those heretofore in use are shown in the experiment which follows. In urine having an acidity of 5 grains per pint, the nitric acid method of Dr. Thudichum gave 1·16 grains of impure uric acid. The ordinary hydrochloric acid method gave 5·53 grains ; the method above described gave 9·9 grains of uric acid.

CHLOROUS ACID.

Liquid chlorous acid, as described by M. Brandan, has a deep brown colour, and is very fluid. Even below 0° the vapour exerts a considerable pressure. When freshly prepared the fluid boils about half a degree above 0°. If the fluid is suddenly brought to a temperature of about + 8 to 10°, it explodes with great violence. It cannot be kept without spontaneous decomposition. The gas given off from this liquid exhibits the well-known greenish-yellow colour of chlorous acid. The specific gravity of the liquefied gas at 0°, referred to water at 4° (the point of greatest density of water), is 1·3298.

IS NITRIC ACID FORMED DURING A THUNDERSTORM ?

Mr. Pepper says that when the spark from the great induction coil at the Polytechnic is passed through common air the result is a red colouration when blown against damp litmus paper. In order to ascertain whether the acid product was nitric acid, the "flaming" spark (nine or ten inches in length) was passed through a bottle containing distilled water, from which another tube passed to the air-pump on drawing the air slowly over the spark, and passing the former into the bottle, nitric acid was obtained in large quantities, so much so that it could be detected by the smell and taste as well as by the ordinary tests. The popular notion that nitric acid is always produced during a thunderstorm would, therefore, appear to be correct. Also, it is evident that the purifying influence of a thunderstorm is a popular idea founded on facts.

This coil is one of the largest yet made. The total weight of the great coil is 15 cwt., and that of the ebonite 477 lbs.

The primary wire is made of copper of the highest conductivity, and weighs 145 lbs. The diameter of this wire is 0·0925 of an inch, and the length 3,770 yards. The number of revolutions of the primary wire round the core of soft iron is 6,000, its arrangement being 3, 6, and 12 strands. The secondary wire is 150 miles in length, and weighs 606 lbs. The spark is 12 inches long.

VEGETABLE EXTRACTS FOR CULINARY USE.

M. Berjot has applied for this purpose the ordinary process for preparing vegetable extracts, which he evaporates in vacuo in a similar manner to those made for pharmaceutical use, one gramme of these extracts being sufficient to convert one litre of bouillon into good soup.

ACTION OF NITRIC ACID UPON EXTRACT OF INDIAN HEMP.

Messrs. Bolas and Francis found that when the resinous extract of Indian hemp was treated with nitric acid, sp. gr. 1·32, a violent action, accompanied with a copious evolution of nitrous fumes, took place. When the action had subsided, the flask was heated for five hours in a water bath ; the residual resin was again treated with nitric acid, sp. gr. 1420 ; the clear acid solutions were then evaporated to dryness on the water bath, the resinous portion remaining in the flask being again treated with nitric acid, and so on until the whole was dissolved. The residua obtained on evaporating these acid solutions were then washed with water and dissolved in spirit, from which it crystallized in long flat prisms. When pure it is white, and gives an alcoholic solution neutral to test paper. It does not contain nitrogen. It gave on combustion numbers agreeing with the formula—

$$C_5 H_6 O_2$$

The acid liquors which have deposited "oxy-cannabin" yield on further evaporation a small quantity of an acid substance, which crystallizes in plates.

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TORSION AND TRANSFIXION AS A MEANS OF ARRESTING ARTERIAL HÆMORRHAGE.

Dr. R. McKinnon suggests (*N. O. Journal of Medicine*) as a means of arresting hæmorrhage, the torsion and transfixion of the artery. Let the bleeding vessel be seized with a pair of torsion forceps and twisted until it assumes a cord shape, so that no blood can pass through the twisted portion, then pass a needle from the cutaneous surface, as recommended by Simpson, in acupressure, and instead of passing the needle over the vessel, have it to transfix the twisted artery, and then pass it into the fleshy parts beyond. The twisted artery is thus made secure against untwisting, and if the torsion is maintained no hæmorrhage can possibly occur. In as short time as it may be deemed necessary for the needle to remain, they should be removed, when all sources of irritation from staunching instruments are got rid of. The tunnel is then placed in the most favourable condition to heal by first intention.

INCONTINENCE OF URINE.

Dr. F. B. Wood was called to visit a patient, 14 years of age, who had been troubled, from early childhood, with incontinence of urine to such a degree that it was passing from the urethra, almost constantly, night and day. The penis had an elongated prepuce which was firmly adherent to the glans penis. Concluding that this condition was the cause of the trouble, circumcision was performed, and the adhesion broken up. The wound healed rapidly, and the incontinence was entirely relieved. The patient can now retain his urine eight or twelve hours without difficulty.—*Cincinnati Lancet and Observer.*

CARBOLIZED DRY EARTH.

Dr. Derby, of the Boston City Hospital, has of late been treating bad suppurating wounds and severe burns with "carbolized" dry earth—one part of carbolic acid to 100 of pulverized kiln-dried earth—with the most satisfactory results. Carbolized dry earth, also carbolized bran prepared in the same manner, have also been used by the same surgeon for treating cases of compound fracture, with the effect of maintaining the bones in good position, and obviating the offensive odour so common and objectionable in such cases.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 8, 1869.

THE COLLEGE OF PHYSICIANS OF LONDON.

WHO is there who will any longer dare to say that discussions are of no use? At the present day, it seems that changes which would, in the 18th or 17th century, have required at least two or three generations to ripen and to be carried are now no sooner well discussed than they are likely to be acted upon. Would any man in his senses have believed, a year or two ago, that the College of Physicians of London would ever take the trouble to think of any measure that would be popular, or likely to be of benefit to the profession at large, and through this means to the public? Well, we have found that in the midst of this seeming coldness, there were yet some warm human hearts beating, and that where we thought there were but dignitaries, there were also to be found men who can think of the interests of the nation they belong to, as well as of their own pockets. The College of Physicians is about to inaugurate great changes. It proposes to set on foot an examination for the whole of England, licensing persons to practise all branches of the healing art, just, indeed, as has long been in vogue in Germany, under the title of Staats-Examen, and in France. In addition to this, however, the College proposes that two other bodies for granting similar licences to practice should be established in Ireland and Scotland. We don't exactly see what would be the use of this threefold division of the licence-granting body. Why not have one body sending delegates to each of the great towns in Britain and Ireland, instead of three? Are the three parts of this kingdom not yet sufficiently welded together by means of railways and telegraphs, to be able to act together in such a simple affair as this? It has long been a fixed article of our faith, that there will never be any of that wide-spread feeling of fraternity which ought to exist among the members of our humanizing profession, until we have *one* diploma which all must obtain, before being admitted as qualified to hold any of the Government posts, or Poor Law appointments throughout the land. In acting as it has recently done, the Council of the College of Physicians of London have earned the warmest praise of the whole of our Profession.

Of course it would not be right of us to blink the fact that a small number of able writers are opposed to all granting of degrees or qualifications to practise by any Government. A distinguished and most thoughtful writer in the *Westminster Review* and in the *Medical Mirror* has recently recommended that, instead of adopting the method of State examinations, which Germany and France have so long made use of, we ought rather to advise the State here entirely to withdraw all licences to practise from every one of the corporations at present entitled to grant them. In fact, according to the writer, the public should be left entirely to choose its own medical adviser; and he would, we believe, be inclined to say that any body of men that chose should be allowed to issue a series of certificates calling it a degree in medicine, as is done in the United States, and that the State should not have the privilege of appointing any set of examiners for medical degrees any more than it possesses the power of instituting a set of examiners in law, or in the trades of baker, butcher, or other callings; we don't exactly understand, however, what objection (if any) the writer referred to could make to the State being allowed to examine any candidate anxious to enter the Army Medical Service, or the Poor Law service. Medical officers of the Army and Poor Law are public servants, and ought, of course, to be examined, if possible, by public test. If they passed such an examination, would not that be the same thing as taking a degree? And if these were admissible for public servants, what objection could there be to any person taking this degree and thus being stamped as a person considered fit by the State to hold any of its situations of trust in the medical profession? We are inclined to believe, however, that the writer in the *Westminster Review* would not much cavil at these remarks. What we presume he objects to above all is the fact that, at present, a host of licensing bodies unite in nothing good, but simply in their zeal not to defend the public from bad practice so much as in the persecution of any persons who, however able, may attempt to practise at all, unless having passed through one of the many portals into the profession. We have no hesitation in saying that we agree with him, if he means this, that the principle of *caveat emptor* should hold good for medical men in civil life, as it does for clergymen, for shoemakers, &c. In fact, it is the height of folly for any corporation of men in society to expect that they can be secured in the sole monopoly of any art. If a foolish gentleman prefers calling in an unlicensed person, when he has dislocated his shoulder or contracted syphilis, we don't see why he should not be allowed to suffer for his mistake, provided the person called in had not fraudulently represented that he had taken any certificate. There are, perhaps, some not exceedingly skilful practitioners even in the Profession: and it seems better that we should prove our superior skill, not by prosecutions, but by better practice than that of bone-setters, old women, and other irregular practitioners. But we must say that we entirely concur in the opinion of the College of Physicians, that the time has now come when our licence to practise is amply sufficient. The machinery is ready to our hand. We have the Medical Council. This body may be rendered more efficient by the plan proposed by Dr. Prosser James, and all that would then be required would be, that a certain number of examiners should hold courts at stated periods in various towns of the kingdom. After these State examinations were passed, which should entitle its holders to practise in public situations all branches of the healing art, there could be no objection, and much good might arise from as many persons as possible joining the various Universities, Colleges of Physicians and Surgeons, which then also might be made more agreeable places than they have hitherto been for their members. Why should the College of Physicians not be a kind of Club for its members, for reading, not only the medical papers, but other newspapers? Some years ago we complained of the miserable accommodation afforded in the College to the members even, and observed that, seeing that the Fellows of the College were merely chosen by an absurd test, joined to the payment of some fifty guineas, it was rather too bad that they should monopolize the library and the snuggest rooms in the house. This selfishness is now about to disappear. The library is to be opened to Members as well as Fellows, and the Licentiates are to be admitted to the lower rooms. For our own part, we wish that the way of becoming a Fellow were a little more dignified transaction than at present. By dignity we mean, of course, that the Fellowship should be given to persons who have passed a superior examination, and shown themselves more learned than the common run of Members. The Fellows of the College of Surgeons are submitted to an examination. We know that they have attended longer at hospitals than the Members; but, with the most ardent inquiries we have made, we confess we have never been able to learn how any Fellow of the College in Trafalgar-square has been appointed. Such things don't suit the end of the 19th century. Change them quickly, brethren, and let us make human life nobler and more worth living. Don't say a thing is to stand merely because it is there, or because it is English. *English* ought to be the best, and the name should not be applied to contemptible farces any longer.

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MR. GOSCHEN'S MINUTE.

We have heard a good deal of late about the hard-heartedness of Guardians of the Poor. Probably much of, or all that has been said may be true enough. At any rate, it is evident that, whenever well-to-do people see a great deal of the poor, they are apt to become callous to their sufferings, and often forgetful of their duty towards them. Mr. Goschen points out that there is a clear distinction between charity and what every poor person has a right to—namely, sufficient shelter and food to keep him from starving. The spirit of the Poor Law of 1834 is as follows:—It has been found by the investigation of that noted Committee which sat upon the question, and which contained the names of Ricardo and many other celebrities among its ranks, that all systems of granting relief to the poor, which do not attach some disagreeable to the relief granted, tend more or less to pauperize and lower the condition of the very class it endeavours to assist. The only way in which true relief can be effectually granted to the poor, it seems, is by taking them into the workhouses, and separating the sexes, so as to render the workhouse life as barren of attractions as possible, without being in any way unwholesome. All out-door relief to able-bodied persons is absolutely prejudicial; and the only exception to this rule seems to be in the case of medical relief, which seems to be a thing which no poor person would ask for unless unable to work.

Dr. Chalmers, while in Glasgow, long held out against the English Poor Law, even when conducted in the most perfect spirit of impartiality. He alleged as his reason that, whenever the least educated classes were assured of obtaining an existence of however meagre a kind without labour, they would deteriorate, become less independent, and more helpless. And, indeed, it must be confessed that the population of Glasgow were at present in a more deplorable condition than it was when the great divine and economist lived in it.

Nevertheless, if the Poor Law of 1834 were carried out more strictly, and there were not such a set of twaddling pseudo-philanthropists abroad, to write in our daily papers about "treating the poor with charity, and extending the out-door relief so as not to hurt the feelings of the sensitive poor," &c., &c., we must say that we do prefer the idea that the life of none of the citizens of this realm should be abandoned to chance. Plain and sufficient food, shelter, and clothing, may and ought to be assured to us all when in distress; and certainly an adequate supply of pure air is quite an indispensable necessary of life, both in the workhouse and in the infirmary department. But we cannot see why the infirmaries are not under the same management as the workhouses. It is clearly unfair that persons with any means, even when sick, should be allowed to enter a hospital maintained by other less lowly-minded citizens; and hence we suspect that these Highgate and other Poor-law Hospitals may more or less degenerate into asylums for maintaining persons who would not be allowed to enter a workhouse. Charity is a noble thing. Let us have hospitals, by all means, where persons when sick can be admitted if they can show any just claim to the generosity of their fellow-citizens; but it will no longer be charity if every person who is sick has at once, although not destitute, the right to entry into one of these "grand hotels" for the sick, such as that at Highgate. It seems to us that the Poor-law Medical Service of Ireland ought to be a model to us in London. At any rate, we are quite in a difficulty at present as to what to do with our sick poor.

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DR. M'DOWEL AND SIR PATRICK DUN'S HOSPITAL, DUBLIN.

The recent appointment of a Surgeon to Sir Patrick Dun's Hospital, Dublin, in the room of Dr. B. G. M'Dowel, has been for some weeks the subject of much speculation in professional circles. The entire circumstances have been laid before his professional brethren by Dr. M'Dowel, and we are, therefore, entitled to express a judgment on the transaction.

We have endeavoured to remove from Dr. M'Dowel's statement, as far as possible, the character of an *ex parte* defence, which indeed, it scarcely deserves to be called, and have formed our opinion altogether on the correspondence, which is of itself as eloquent as any words of Dr. M'Dowel could make it.

We quote, however, the opening lines of the document, as they are simply statements of fact:—

"Early in the month of October an Official Statement, signed by the Senior Lecturer, appeared in certain of the morning papers, to the effect that the Board of Trinity College were about to appoint a Surgeon to Sir Patrick Dun's Hospital, in the room of one of the Surgical Staff who '*had retired.*' A few days afterwards a document was sent to each of the Demonstrators in the Medical School of Trinity College, and was also published in the papers, stating that on Saturday, the 30th October, the Provost and Board of Senior Fellows of Trinity College would proceed to appoint a Surgeon to Sir Patrick Dun's Hospital, 'in the room of the Professor of Anatomy and Surgery, whose connexion with the hospital had ceased.' It soon, however, became very generally known that the Professor of Anatomy had not retired, nor had his connexion with the hospital voluntarily ceased; but that, in point of fact, he had been summarily dismissed."

From his own narration we learn the circumstances under which Dr. M'Dowel was dismissed. He had been called on Saturday morning to see a patient brought into hospital in consequence of a fall from a scaffolding eight feet high, and, having seen the patient, he did not think that any serious injury had been sustained, in which view, he says, his colleagues concurred. In the evening the patient was worse, and Dr. M'Dowel was sent for, but being absent from home another of the surgeons visited the case; while Dr. M'Dowel, being, as he says, unaware that the case had assumed any serious aspect, did not visit the hospital on Sunday, and, as the patient was attended by the other surgeon, he was not sent for. On Monday he saw the patient, who had then rallied, and continued to do well for several days, when he was seized with meningitis, and died on the tenth day.

For having omitted to visit the hospital on the Sunday, when a case which proved ultimately fatal was in charge, the Board of Governors reported Dr. M'Dowel to the Board of Trinity College, who passed, and acted upon, the following resolution:—

"The Board of Governors of Sir Patrick Dun's Hospital having represented to the Provost and Senior Fellows of Trinity College that the attendance of Dr. M'Dowel at the hospital is irregular and insufficient, it is resolved that the Provost and Senior Fellows will, in compliance with the School of Physic Act, dispense with the delivery of Clinical Lectures by Dr. M'Dowel, and appoint a surgeon to attend the hospital in his place, should the Governors of the hospital consider such a step to be necessary."

Two questions arise in the consideration of these circumstances. In the first place, was Dr. M'Dowel's offence such as to justify so cruel a punishment as that to which he has been subjected? We believe that the entire voice of the Profession will declare that the individual instance of neglect of duty (if it can be so described) was utterly disproportioned to the punishment inflicted.

Sunday visits at hospital are, we imagine, in the absence of urgent calls, almost as much the exception as the rule; and the dismissal of a surgeon for such a cause is, as far as we know, utterly without precedent, and, therefore, a measure of great harshness.

No doubt, the gravity of the cases under treatment, or the habitual repetition of the neglect, would go far to aggravate the offence; and if the patient were dangerously ill, or if disregard of his duty were the habit of Dr. M'Dowel, the Governors and the Board of Trinity College could urge some extenuation of their act.

But neither of these contingencies appear to have occurred, for Dr. M'Dowel declares that neither he nor his colleagues had the least reason to suspect a serious issue of the case, and the fact that for several days before his death no unfavourable symptom existed is a corroboration of the statement.

But the resolution of the Board charges Dr. M'Dowel's attendance as "irregular and insufficient," and their presumption would seem to be that this occasion was but one from many instances of neglect. To this statement Dr. M'Dowel opposes a flat contradiction, and the Governors of Sir Patrick Dun's corroborate him by their acts. He writes:—

"The charge of irregular and insufficient attendance must have been since preferred against me, on what grounds I do not know, and I respectfully request that it will not be assumed to be true until proof is given. On the other hand, I beg to state, in my own defence, that I was on duty at Sir Patrick Dun's Hospital for five months during the medical year just ended. That during the three months that I acted in my turn as clinical surgeon, I was never absent on any one occasion from my clinical duties, nor did I fail to deliver any one clinical lecture; and that during this period I performed several capital operations, and treated an unusual number of severe accidents with uniform success. Subsequently, at the close of the clinical session, I took charge of the hospital during the months of August and September, and my absence on *one* day formed the subject of the communication between me and the Governors of Sir Patrick Dun's Hospital, to which you refer."

So far there is a contest for veracity between Dr. M'Dowel and the Governors, but, as far as the correspondence informs us, with all the probability on Dr. M'Dowel's side. If their allegation were true, the Governors would, no doubt, be able to quote frequent reprimands administered by them. They do not do so, and the conclusion is obvious that the charge of irregular and insufficient attendance is unsustained.

There is a second consideration, however, which, supposing Dr. M'Dowel to have been as culpable as the Governors could show him to be, would place them and the Board of Trinity College in an undesirable position.

They took upon themselves to dismiss Dr. M'Dowel without making the least inquiry, or permitting him a word of defence, for over and over again he demanded an investigation, and directly contradicted their statements, without receiving from them the consideration or justice which every gentleman accords to his groom.

Such despotism could not possibly be justified towards anyone, but towards a gentleman of an educated profession and a Professor of Anatomy and Chirurgery in the University of Dublin it is simply insufferable. We recognize in it the spirit which has so frequently violated good taste and diplomatic tact in matters connected with the School of Physic, and which has given so often to the acts of the Board of Trinity College the appearance of overbearing and want of courtesy. We identify it with the half tolerant disregard with which the request of hospital physicians and surgeons of Dublin has been treated, and we warn those who have the responsibility of advising such a line of proceeding, that the day is passed when the Profession was content to endure, and when Universities and Boards were all powerful and all dominant.

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AN IMPORTANT DISCOVERY.

M. Maurice Boncherie, of Paris, lately read an interesting paper before the French Academy of Sciences, extolling the injection of a solution of sulphate of copper into wood, to increase the durability of the latter. The best way to perform it is by displacing the sap and then letting the wood dry in the air. To prove his assertion, M. B. exhibited some railway sleepers laid down in 1847, which were found to be in excellent preservation, and harder than common dry wood. The wood owes its excellence to the combination of oxide of copper with the cellucose of the wood.

SCOTLAND.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Wednesday, December 1.

Dr. Omond, President, in the chair.

Dr. P. H. Watson exhibited, 1. A cast of the foot of a child from which he had removed the os calcis and astrogalus for disease of these bones. An incision only was necessary on the inner side of the foot, and no care was taken to preserve the periosteum; the result was a serviceable foot with very slight deformity. 2. Characteristic specimen of oxalate of lime calculus, removed from the bladder of a boy aged 17. The symptoms had lasted for years, and had led at one time to a suspicion of disease existing in the rectum. On his admission into hospital Dr. Watson at once suspected the presence of vesical calculus, and by examination was enabled to determine its nature. Owing to this, taken in connection with the undeveloped condition of the patient's urethra, extraction was effected by the lateral operation, in preference to lithotrity. 3. Specimen of epithelial cancer of the right upper lip, where it was found necessary to excise a portion of the right superior maxillary bone, in order to remove the entire disease. 4. Parts removed in a case of excision of the knee joint.

Dr. Joseph Bell showed :—1. An exostosis which he had removed from the fibula of a young man. 2. An interesting specimen of fracture and dislocation of the cervical vertebræ, caused by the fall of a heavy sack of flour on the head of a man while asleep. On dissection, four of the cervical vertebræ were found to be fractured without displacement, and the cause of death was due to the dislocation forwards of the left lower articular facet of the fourth cervical vertebræ, allowing of pressure upon the cord. The cord and its membranes were uninjured. Dr. Bell was of opinion that, had traction been employed, as in the case of dislocation of other joints, the man's life might have been saved; and should a case again occur in his practice, he would be inclined, if leave were obtained, to employ means for the reduction of the dislocation.

Mr. Annandale showed :—1. Casts of a foot before and after the operation for talipes. 2. Case of medullary cancer of the femur, in which he had amputated at the upper third of the thigh, and after securing the vessels had dissected out the head of the bone. This method he considered preferable to amputating at the hip-joint, as in his view it lessened the risk of fatal shock. 3. Case of malformation of the rectum, in which the anal orifice was a cul-de-sac, of one inch in depth. 4. Fatty tumour which he had removed from the groin of a patient who, he stated, had travelled seven hundred miles to have the operation performed.

Dr. Argyll Robertson showed an eye which he had removed on account of violent neuralgic pain. The choroid and sclerotic were the seat of great inflammation.

Dr. Joseph Bell read notes of three cases of recovery from acute pyæmia. The author, after remarking upon the extreme rarity of the recovery from this complication in operative surgery, proceeded to narrate three cases of well-marked acute pyæmia occurring after operation, and all terminating favourably. The principles of treatment consisted in supporting the patients' strength by nourishing diet, milk, and lime-water, eggs, &c., taking care to administer everything warm. Warm drinks, with or without stimulants, seemed to mitigate the severity of the rigors. In one case quinine was given, which, however, had to be discontinued, as it was found to disagree with the patient.

Dr. Matthews Duncan believed that, had Dr. Bell included those cases of so-called puerperal fever, many of which came under the observation of the obstetrician, he would have found the recoveries from acute pyæmia greater than he supposed. Puerperal and surgical were simply cases of acute pyæmia. He was always in the habit of combining quinine and iron in the treatment of such cases. The difficulty in cases of recovery was the uncertainty as to the correctness of the diagnosis.

Dr. Douglas read a paper on a case of recovery from abscess of lung, occurring in a girl of fifteen. The symptoms consisted of long-continued paroxysms of coughing, intolerably fœtid sputa, and extreme prostration. Small opiates and inhalation gave great relief, while the fœtor was destroyed by a single drop of carbolic acid placed upon the sponge of the conducting tube of the inhaler. The patient was always able to take a considerable amount of nourishment. The author agreed with Stokes, Watson, and others on the infrequency of this disease.

The President then delivered his valedictory address, which chiefly consisted of a short review of the business which had occupied the attention of the Society during his term of office. Of the members who had died during that period, the list included the names of some of the most popular and accomplished men in the Profession:—Dr. Macaulay, of London; Dr. J. G. M. Burt, Dr. Robert Hamilton, Dr. Seller, Dr. Begbie, and Mr. Archibald Dickson.

The following office-bearers were then elected for the year 1869-70:—

President.—Professor Bennett.

Vice-Presidents.—Prof. Sanders, Dr. Thomas Keith, Dr. Matthews Duncan.

Councillors.—W. S. Carmichael, Esq.; Dr. William Gordon, Dr. John Duncan, Dr. Thomas R. Fraser, Dr. J. D. Brakenridge, Dr. Claud Muirhead, Dr. A. G. Miller, Dr. Angus Macdonald.

Treasurer.—Dr. George W. Balfour.

Secretaries.—Dr. Argyll Robertson, 40 Queen street; Dr. Grainger Stewart, 32 Queen street.

The Marquis of Bute has given £1,000 to the building fund of the University of Glasgow.

George Ogilvie, M.D., has been elected President of the Aberdeen Medico-Chirurgical Society.

John Linton, M.D., F.R.C.P. Ed., has been elected one of the ordinary Physicians of the Royal Hospital for Sick Children, Edinburgh, vice Thomas Grainger Stewart, M.D., F.R.C.P. Ed., resigned; and Dr. T. Kay Gray has been elected an assistant extra physician, vice Linton.

At a meeting of the Fellows of the Royal College of Surgeons, Edinburgh, held on Saturday, December 4, Dr. James Bell Pettigrew, Pathologist to the Royal Infirmary, was elected Curator of their Museum, in the room of Prof. Sanders.

Lord Rectorship of Aberdeen University.—It is understood that, in compliance with the urgent request of a number of the students of Aberdeen University, Mr. Grant Duff, M.P., the present Lord Rector, will yet allow himself to be nominated for re-election. Sir Wm. Stirling-Maxwell, Bart., having agreed to become a candidate, there will thus be a contest. A large committee has, we believe, been appointed to secure the re-election of the present Rector, while Sir William's supporters are also working assiduously in behalf of their candidate. Considerable excitement is manifest among the students. The election takes place on the 24th inst.

Proposed Sale of Watson's Hospital to the Managers of the Royal Infirmary, Edinburgh.—Lord Ormidale has issued an interlocutor in the action of suspension and interdict at the instance of Ballantine and others against the Edinburgh Merchant Company and Governors of George Watson's Hospital. His Lordship passed the note of suspension, but refused *in hoc statu* to pass the interdict. He refrains in the meantime, while the case has not been matured for judgment, from expressing any opinion on the merits of the questions raised by the parties.

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Notes on Current Topics.

Mania-a-potu.

It is stated as an interesting fact, in the *Philadelphia Reporter*, by Dr. Henry Yale Smith, that he has never seen a single case of mania-a-potu in the negro race. Dr. Autrey adds to that fact that he has never seen a case of delirium tremens in the Indian race, in twelve years' practice of medicine in Mexico, where three-fourths or more of the entire inhabitants are Indians, and who are much given to drink with excess, and drink the very worst of liquors. This is a fact that attracted his attention very forcibly, as he had met frequently with cases in other races of people. These two important facts have very naturally suggested the question : is only the European race subject to this disease ?

Recent Researches on Artificial Tuberculosis.

The November number of the Edinburgh *Medical Journal* opens with a communication on this subject by Dr. J. B. Sanderson, which forcibly suggests to us the old quotation *Palmam qui meruit ferat.* There is, unhappily, in our profession an occasional forgetfulness of the claims of prior or independent investigators which we deeply regret, and Dr. Sanderson seems to have allowed most important facts of the kind to escape his memory. In the paper we have mentioned and which purports to have been read at Leeds, he says :—

> "In April 1878, Dr. Wilson Fox and I published for the first time experiments showing that tuberculosis may be produced in animals traumatically. I happened to have precedence as regards the date of publication, but the experiments were made independently and at about the same time. I produced tuberculosis in the guinea-pig by the insertion of setons, Dr. Fox by the insertion of various non-tuberculous products, and also by setons. This result has since been abundantly confirmed by ourselves and by others, especially by Professor Cohnheim, who produced the required injury, not by setons, but by the introduction of a variety of foreign bodies, in themselves harmless, into the peritoneum. In each case a cold abscess was produced around the foreign body as the primary effect, and tuberculosis supervened."

This looks as if the author were anxious to give honour to whom honour is due, but to us it displays either strange ignorance, or, still more, strange carelessness. Putting aside the work of foreigners who first started the subject, let us look at what has been done by Englishmen. A year before the date named the question had occupied the attention of the Pathological Society of London, as our own reports will prove. In April 1867, Mr. Simon stated at that Society that he had produced tuberculosis by inoculation—in fact, he endorsed the views of Villemin. At that meeting Dr. Andrew Clark announced that he too had been engaged in experiments, and that he had produced the same effects by inoculation with non-tuberculous matter. Moreover, he doubted whether the products in any of the experiments of Villemin, Simon, himself, and others, were identical with human tubercle.

We have had the curiosity to turn again to the magnificent monograph of Dr. Wilson Fox (revised by us last year), and we find, in page 3, that he renders justice to Dr. Clark in this matter, and thus proves himself too thoughtful or too conscientious to claim more than his due.

We trust, now that we have pointed out the matter, that Dr. Sanderson will agree with us that the true spirit of science requires this feeling of honour to prevail amongst all investigators.

The Archbishop of Canterbury.

It appears that Dr. Tait, on rising on Thursday morning, 18th November, had a convulsive seizure, followed by left hemiplegia. The palsy of the left arm still continues; but the left leg is no longer paralysed. The treatment has been of the stimulating kind now in vogue. He is now residing at Broadstairs. Messrs. Walter and Raven, Mr. Haden, and Dr. Gull, have all been in attendance. The latest telegram gives better hopes of the Archbishop's restoration to health.

Death from Descending a Well.

A well-sinker, at Windlesham, a few days ago was lowered down to his work by his wife and another labourer ; but became asphyxiated on getting to a certain depth. Mr. Mason, a courageous nursery gardener, descended, only to meet with a similar fate ; and his brother also descended, and became unconscious ; but fortunately was hauled up in time to save his life. Of course this points to the danger of descending wells without first ascertaining that a candle will burn, or causing the entry of pure air into the well beforehand. A little knowledge of the elements of physiology, it has been said, is far more useful to men and women than even reading and writing.

Admission of Pauper Patients into Hospitals.

The authorities of King's College Hospital cannot entertain the proposition made by the Poor-Law Board to take in pauper patients. They believe that they have no more room than is required to accommodate patients sent by subscribers. All of this points to the necessity of the early consideration of the whole system of hospital relief in London. Our own idea is, that there will have to be instituted a certain number of central offices to which all the sick can go and get tickets of admission into the hospitals according to the number of beds vacant. Many cases in subscribers' hospitals are very trivial.

The Proposed Royal Society of Medicine.

The Meeting of Delegates from the various societies likely to form the Amalgamated Society, was held on the 30th ultimo, when one of the difficulties towards the proposed union was found to be the expense of the Pathological Society's Transactions. It was not known whether the Amalgamated Society's funds would be sufficient to allow of the sum necessary for carrying out the publication of those costly volumes. It is much to be regretted that there could not be some amalgamation, as the expense of belonging to so many societies is very great, and a little giving and taking would, we imagine, make it by no means impossible to lessen such expenses; but, it must not be concealed that many gentlemen are afraid lest, in joining the Medico-Chirurgical Society, they should get a little into the power of pompous so-called high-class physicians and surgeons, who might wish to keep up the *dignity* which renders the meetings of that Society so very dull.

Lincoln County Hospital Centenary.

A SERMON was preached in favour of this charity on Thursday, 25th ultimo, by the Bishop of Lincoln, in which he showed how the erection of hospitals for the sick was due to Christianity. At the dinner which followed, the health of the "Medical Officers" was responded to by the veteran Alderman Snow, who said he had been 50 years Surgeon to the institution, and by Dr. Mitchinson, who praised the Institution as one which did excellent service, both to the poor and to the Medical Profession.

Unique and Remarkable Case of Extra-Uterine Fœtation.

DR. LECLUYSE gives a remarkable case of this accident. A woman of twenty-eight, with deformed pelvis, was operated on, and delivered by Cæsarean section, August 15, 1866. She again became pregnant and in labour on March 23, 1868. On examination, the fœtus could be felt beneath the abdominal walls; but the pains shortly ceased, and it was determined to postpone the operation of section. In a few days a vaginal discharge of menstrual or bloody character appeared; no motions of the fœtus were felt, and the lower portion of the abdomen formed a kind of sac for the fœtus.

Cæsarean section was now performed with every care, and a seven or eight months fœtus removed, which was well developed, and dead. The placenta was adherent to the intestines. The wound was closed by sutures, save at the lower part, from which the umbilical cord was allowed to depend, as it was not thought possible safely to detach the placenta by reason of its vascularity. On the fifth day the placenta was decomposed, and part of it removed; the patient died on the tenth day. On examination after death, it was found that the intestines bore no imprint of the placental attachment; but, what was most remarkable and interesting, the uterus, about the size of a goose egg, was found in the right iliac fossa held by strong adhesions, and on its anterior aspect, and a little to the left of the mesial line, was the open wound left by the incision made in the former Cæsarian operation. The sides were cicatrized separately, and left a hiatus through which the ovum had escaped, and formed this remarkable and perhaps unique example.

Syphilitic Gummatous Deposit in the Lungs.

AT the meeting of the Société Impériale de Chirurgie for the 27th October, M. Depaul exhibited the lungs of a child that died in ten hours after birth, the mother suffering at the time from mucous patches of the mouth and vulva, and papules of the hands. The child died of asphyxia, the result of imperfect dilatation of the air-cells, as the *post-mortem* examination showed that the admission of air was very limited, and that in the pulmonary parenchyma a number of dense nodules were deposited, which, on microscopic examination, were identical in structure and appearance with the well-known syphilitic gummatous matter. Thus, while in some cases the development is in the shape of deposit in the liver, in others abscess of the thymous gland, the occurrence of this form of lung deposit shows that no organ is free from the influence of the poison.

In this Journal we have recorded from time to time cases of gummatous deposit on the heart, and also on the liver, occurring in Mr. Morgan's Clinique at the Westmoreland Hospital, Dublin.

Varicose Dilatation of Lymphatics.

M. TRELAT has recorded a remarkable case of varicose dorsal lymphatics of the penis, which arose as follows:—A healthy man, aged twenty-six, accidentally struck severely the dorsum of the penis against the corner of a table. The contusion was followed by dense œdema of the organ and of the scrotum. Several little tumours formed, with some relief to the pain, and on opening them a jet of fluid appeared, which, both to the naked eye and on microscopic examination, proved to be lymph, showing that a remarkable dilatation of the lymphatic vessels had taken place, tantamount, in fact, to a varicose condition.

Such a condition has been previously noticed by Ricord, Demarquay, and others, and specially commented on in the thesis of M. Binet.

A Displaced Spleen causing Symptoms of Strangulated Inguinal Hernia.

A REMARKABLE case was submitted to the Société D'Anvers by M. Kurns of a woman, aged forty, who was admitted to hospital apparently suffering from strangulated left inguinal hernia, characterized by pain, fæcal vomitings, feeble and rapid pulse, &c., and the occurrence of a tumour about the size of the fist in the right iliac region. Vigorous treatment was resorted to, calomel, injections, &c., and even potential cautery, but without success. On *post-mortem* examination, adhesions were found to have formed between the omentum and the intestines, and flakes of pus in several positions. The tumour was found to be the spleen held by pseudo-membranous bands to the abdominal wall, and also to the intestines, which were very much dilated beneath it. The splenic vessels formed a large cord leading to the left hypochondriac region, but the substance of the organ was normal.

This occurrence may aid practitioners in doubtful or difficult hernial cases, and lead to the more frequent use of gastrotomy.

Swedish Lady Doctors.

THE "Carolinska Institute" in Stockholm has expressed its willingness to admit female students to its lectures in the public hall. Instruction in anatomy will be given to ladies separately. Clinical lectures also will be given separately to female students, but the Carolinska Institute requires that those who join this class shall possess the same preparatory knowledge as the male students—viz., a degree of knowledge corresponding to the so-called university certificate of having passed a successful examination in medico-philosophy. In order to facilitate women qualifying themselves for the above class, the indefatigable Dr.

Schach has opened for ladies a higher course of medical instruction (in Stockholm), amongst whom two or three have expressed their desire to study medicine. The University of Stockholm has lately published its programme under an organised system, and intends to receive women students as well as men. After this we suppose that some of the London Hospitals will *in a few years* be obliged to open their doors to women.

The Latest Mesmeric Feat!

Le Pere Hervier, Docteur en Sorbonne, &c., proclaims how, in a few minutes, he was thoroughly cured by Mesmer, and triumphantly points out a tree which grows before his door on the boulevards which was magnetized by Mesmer. Several sick persons have been healed by being near the tree. It preserves its leaves longer than any of its neighbours, and in spring is always the first to put them forth!!

The Repression of Mendicity.

Last week a large and influentially attended meeting of the inhabitants of Paddington was held at Westbourne-hall, Paddington, for the purpose of establishing a committee for the district in connection with the Central Society for Organizing Charitable Relief and Suppressing Mendicity. Sir Francis Sandford, occupied the chair, supported by the leading clergy and parochial authorities of the parish. Resolutions in accordance with the objects of the meeting were adopted.

Surgical Aid Society.

The annual meeting of this useful charity was held last week at the London Tavern. This is the 7th year of the Society's existence. The Society has relieved 975 men, 1,377 women, and 419 children, from all parts of England, Scotland, and Ireland, 619 of them were relieved last year. Since its establishment no less than 3,211 appliances have been given out by the Society: the most numerous being elastic stockings, leather knee-caps, &c., of which 1,562 were supplied. £587 was spent during the year in surgical appliances, or surgical fees: the annual subscriptions were £455, life subscriptions being £450. The report shows a small balance in the treasurer's hand.

The Parisian Medico-Legal Society.

In recently concluding its session, this Society appointed certain of its members to investigate, during the vacation, the following questions: Poisoning by croton-oil; the application of photography, drawing, and various processes of mensuration, to legal medicine; the resistance of newly-born children to asphyxia, and tattooing. Messrs. Devergie, Mayet, Mialhe, Raynal, and Roucher, were appointed to investigate experimentally all questions relating to poisoning by phosphorus.

"Sweet Quinine."

This article, extensively advertised as an active preparation of the alkaloid quinia, is said to have proven on analysis to be nothing but cinchona mixed with impure powder of liquorice root. Such an imposition on the profession, and, worse than that, on thousands of sick people, deserves the severest condemnation. It is a swindle of the most aggravated character, and the man who is responsible for it, if the above statement be correct, should not escape the severest penalty of the law.

Insanity in America.

By the census of 1860, it appears that there were 23,999 insane persons in the United States and Territories, at that date, an increase of 8,389 during the previous decade. Probably there are nearly 30,000 insane persons now. In 1860 there were 40 hospitals for the insane in the States and Territories; and more will be reported in the next census.

These 23,999 insane persons are probably members of nearly that number of families; and stand in ties of endearing relationship to many times that number of kindred; all affected, more or less, with the sorrow that dwells in the homes of the insane. Thus, the insane and their sympathising friends must be counted, in America, by hundreds of thousands.

A New Direction for Medical Literature.

Effete and musty modesty gives way rapidly in these enlightened days to "philosophic liberalism" and plain-spoken utilitarianism. The most secret facts of our lives are now made subjects of daily discussion in medical periodicals, and it is well that, within proper limits, such matters should receive consideration under conditions in which public decency shall not be offended.

Discussion of such subjects in purely medical circles and for scientific objects is necessary. The publication of them one inch further is abominable in itself, and would be disreputable to our profession. The public cannot gain, and must be demoralised, by sexual disquisitions, and nothing can justify the circulation amongst them of allusions and instructions which for them can have hardly any charm but that of pruriency.

We have read in the *Philadelphia Reporter* a review of a book entitled "The Physical Life of Woman; Advice to the Maiden, Wife, and Mother. By Dr. Napheys, Member of the Philadelphia County Medical Society." Not having been favoured with an inspection of the volume, we quote from the *Reporter* a description of its contents, which have moved the reviewer to expressions of sublime satisfaction and approbation:—

"We welcome Dr. Naphey's book as a timely and beneficial work.

"It is divided into three parts. The first defines the distinction of the sexes, and treats of puberty, its dangers and hygiene, and *of love.* Under the latter head some sound physiological advice is given on 'choosing a husband,' on the effects of marriage on woman and man, on the intermarriage of relations, on the age of nubility in man and woman, on the dangers of too late and too early nuptials, *on divorce*, on the best time of year to marry, and so forth.

"The second part is the wife. It commences with some salutary hints under the heading '*the wedding night*,' and devotes a number of pages to such inquiries of universal hygienic interest as, shall man and wife occupy the same room and bed? what kind of bed is most healthful? *the indulgence and restraint of sexual desire;* the dignity and propriety of the sexual instinct; sterility; over-production, and the limitation of offspring; *the production of the sexes at will;* the signs of pregnancy; the prevention and nature of mothers' marks, &c.

"The literary character of the book is deserving of all the praise which we can bestow upon it.

"Before publishing it, the author submitted the advance sheets to several eminent medical gentlemen, who have endorsed it in the highest terms.

"As the book is published 'by subscription only,' it cannot be obtained through booksellers, but it will *be sent post-paid, by the publisher, to any address on receipt of the price; and he informs us that orders of ten or more copies will be filled and sent by express at a very liberal discount to physicians who would wish to place it in the hands of their patients*, or students who will act as agents. It is selling with singular rapidity already."

If the author has dealt with the subjects which we have italicised in the foregoing extract without "offence to the most sensitive delicacy" he must be indeed the most subtle of writers. But in such discussions elaborate delicacy is almost as suggestive as absolute obscenity; and, in our opinion, no possible involutions of the author's meaning could make such subjects even moderately decent.

We are wont, at our side of the Atlantic, to describe the obscene quackery which pollutes our newspapers in very unequivocal expletives. How shall we phrase our censure of the author who, within the ranks of our own profession, puts forth such abominations in such form that they "can be sent by the publisher post paid, to any address?" What credit shall we accord to the medical journal which notices such lucubration in terms of adulation? and what estimate may we form of the moral status of our profession, where such a work may emanate from an A.M. and M.D., and member of a medical society, be openly approved in a professional periodical, and be offered "at a very liberal discount to physicians who wish to place it in the hands of their patients?"

Cheap Meals for the Poor.

A MEETING was held last week at the Cannon-street Hotel, for the purpose of considering the best means of providing cheap meals for the poor during the winter. The chair was taken by Sir Wm. Tite, who in opening the proceedings, stated that the object was not to promote the sale of any particular kind of meat, but simply to establish depots and cookery-houses, where good and cheap meals might be provided for the working classes, and which depots should be within convenient distances of their places of employment.

Mr. Solly, senior surgeon, St. Thomas's Hospital, bore testimony to the excellence of the fare in Norton Folgate, especially the sausages. As a medical man, he could assure the meeting that the best way to keep the poor free from epidemics was to keep them well-fed. (Hear.) In the great hospitals, the nourishment did more for the patients than the greatest medical skill. (Hear.) The resolution was, like the preceding one, unanimously agreed to.

Sir William Tite, when acknowledging a cordial vote of thanks, observed that a dinner for 1,200 persons, which, he understood, was the number entertained at Lambeth Baths, was a hard test of both food and cookery. They had, *per contra*, the evidence of his friend Mr. Solly, a man who liked good dinners—(a laugh)—and who had been perfectly satisfied at Norton Folgate, especially with the sausages. (Laughter.) They would now set the committee to work, and he was happy to say that they had already nearly £500 in hand—a good beginning.

The meeting then separated.

Royal Medical and Chirurgical Society.

ON Tuesday, Nov. 23rd, there was read at this Society, under the auspices of Mr. John Marshall of University College, a paper by Dr. William Meyer, of Copenhagen, on "Adenoid Vegetations in the Naso-pharyngeal Cavity; their Pathology, Diagnosis, and Treatment." According to the author there exists a certain form of defective speech, often accompanied by imperfect hearing, which is found to be dependent on the presence of exuberant growths of vegetation in certain parts of the naso-pharyngeal cavity. These, he thinks, are occasioned by gland-like vegetations growing beneath the mucous membrane. Symptoms were, the effect on the speech, and flattening of the nostrils, with, in some cases, deafness. The diagnosis is to be made by touch, by means of the forefinger introduced into the cavity. The treatment recommended was to remove the growth by means of a ring-shaped knife, which caused a good deal of bleeding; or, as auxiliary means, the nasal douche, or nitrate of silver, or galvanic cautery applied to the parts. The paper was written in admirable vernacular; but it was a heavy paper, and Mr. Marshall alone gave cases to illustrate what was meant by the author. Of 700 orphans at Haverstock-hill School two presented the characteristic faces, and there was certainly obstruction to the finger behind the soft palate.

Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Though not uninterested in the important debate going on in your columns, I confess to being surprised at the attempts of your correspondents to divert it from a medical into a theological discussion. It appears to me that, in a medical journal, the medical aspects of a question properly find a place, and that differences of religious opinions should never be imported.

Begging the attention of your correspondents to this,

I am, Sir, &c.,
PRACTITIONER.

[We quite agree with our correspondent as to the limits of the discussion. We have been obliged to refuse insertion to several letters on this ground; and the exigencies of our space demand that in future our correspondents must strictly confine themselves to the medical aspects of the questions on which they write.—ED. MED. PRESS & CIRC.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having seen so many communications on the subject of large families, and not having noticed that any of them mention what I consider one of the chief sources of this political evil, I beg to introduce it to your notice in a few words.

Our modern mothers seem to have lost a great deal of that love and tenderness for their offspring which used to be displayed in former times by the women suckling their infants with the proper provision that God had given them for the nurture of the tender children. In these days the breasts of a mother seem to be of no use whatever but to afford doubtful signs of pregnancy.

In olden time, wet nurses were only in demand when the mother had died in giving birth to her infant, or by the means of some puerperal disease was forbidden to nurse; but now nothing seems to have milk but the poor peasantry and beasts, as even wet nurses have been dried up by the all-powerful influence of the convenient bottle. The moment an infant awakes from its slumbers and cries out, the nurse runs for "the baby's bottle," and thrusts the india-rubber teat into the child's mouth, which teat is designed after the shape of its mother's nipple, to deceive the tender mind of the child, which design is, I fancy, a patent humbug, as how could a mind so young require a deception, when it rarely, if ever, felt or saw its mother's nipple? But the latest patentee fancies they require an extra deception, as the precocious infants of the present day won't be satisfied with a nipple alone, they must have a breast, and also have it christened "Mamma" into the bargain, for fear of its refusing it if it was called a bottle. The patentee says, "Its action is the nearest to nature. It is the only one which supplies *all* the benefits derived from nature itself," &c., &c.

Now, Sir, every medical man and most mothers know that a woman, as an almost universal rule, won't conceive while she is nursing; so if a woman nurses her child properly—that is, for twelve, fifteen, or eighteen months—she can't have children with a less interval between their births than twenty-one, twenty-four, or twenty-seven months, and probably not even so short a time. Whereas, now many of these milkless mothers have a baby nearly every eleven months, which, I think, is too fast to be pleasant.

One of your correspondents, "A Layman," suggests that fathers and mothers should give advice to their marrying sons and daughters. Now, what the fathers are to say to their sons is not in my present province to say; but let the mother's advice to her daughter be, "My dear child, if God gives you children, He has also given you breasts wherewith to suckle them in their tender age; so your duty to your child and society is to eschew the feeding bottle and suckle your infant."

In conclusion, let not patentees or manufacturers think that this letter is a crusade against their productions; it is only a common-sense view of a social evil. Feeding bottles will still be of use when mothers are diseased or removed by death, or when the time comes for the mother to give up nursing; but the present unlimited use of them is prejudicial to mothers, infants, and society at large.

Hoping you will excuse my first trespass on your valuable space, I remain, Sir, yours, &c.,

JUSTITIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In respect to this important subject, the Paris correspondent of the *Times* gives us information which adds great interest to the discussion going on in your columns, and constitutes the most important contribution to the debate I have yet seen. I send you an extract from the *Times* of last Saturday (December 4), which your correspondents would do well to ponder. Alluding to the lecture of M. Paradol, the Paris correspondent says:—

"He did but give it a passing glance, purposely abstaining from dwelling on a subject which, in some of its bearings, is better adapted to the study of the physician and the physiologist than for discussion in a public lecture. But it comes within the scope of the journalist, and especially of the foreigner whose business it is to observe and report upon the condition and the ways of France and Frenchmen, to examine one branch of that subject of which he is constantly reminded by what he sees and hears, and also not unfrequently by the criminal records of the country. If the population of France increases so slowly that it may, for all practical purposes, be regarded as stationary, this is partly due to the reckless manner in which the children of large classes of the population are abandoned, in their tenderest infancy, to mercenary hands. From Paris especially, but also, in a greater or less degree according to circumstances, from the provincial towns, a stream of newly-born infants constantly flows into the rural districts. The mothers must work; they cannot afford to keep their children at home. More value is attached to their labour than to the welfare and life of the helpless being committed to a stranger's hands. Only the higher classes can indulge in the luxury of a wet nurse at home. Shopkeepers and, generally, the trading and toiling population of the city send their children away. They for the most part do not even see the place whither they are taken, but learn the name of the village or hamlet from a certificate furnished by the mayor of the locality. From time to time they visit their children, but usually at long intervals, because it is often far away, and they have so much to do at home that, between business and pleasure, they have no time left for their offspring. In France, as you know, women take a more active part in the business of life than in most other countries, and this is especially the case with the trading classes. The tradesman who takes to himself a wife does not regard her merely as an affectionate companion, the mother and nurse of his children, the keeper of his house, but he makes her also the watchful guardian of his mercantile interests, his chief saleswoman, his bookkeeper, and his corresponding clerk. It is the general and almost universal practice in France that the young married woman should be her husband's chief assistant in his business. No mercenary aid, it is argued, can be so valuable, so zealous, or so cheap as hers. The bride steps from the church to the counter, desk, or workroom. When children come they must be got rid of; time is too valuable to be employed in watching and tending them. And so they are despatched into the country to some woman who 'makes it her trade to take nurselings.' The results are obvious enough. The maternal care, which nothing can replace, is wanting, and the mortality is far greater than in countries where a different system prevails. Of course, the poorer the people who thus put out their infants the less they can pay, and the greater is the neglect to which the children are exposed. But even where the payment is liberal the security is small. I will cite an example that came to my own knowledge. A prosperous tradesman, still in the full vigour of life, married a young wife, who was forthwith installed as his head clerk. A child was born, and sent out to nurse in the country. Probably the parents visited it as often as is usually the case, and took the usual precautions, but the child died. Another followed, was also forthwith rusticated, and likewise died. The same thing occurred with a third, fourth, and fifth child. The father, having realized a competency, disposed of his business. A sixth child was born, and reared at home, throve well, and is still alive and likely to remain so. The parents are healthy people, and it is only fair to suppose that, had the five children had the same chances as the sixth, they would also have lived and flourished. It may be said that this was an exceptional case, but it is no rarity to hear of healthy children dying out at nurse, and, if we may believe the revelations of the French papers, the vigilance of the local authorities is by no means uniformly sufficient to check the malpractices of those child-farming women, who, if they do not actually poison the children, are guilty of neglect and ill-treatment such as almost equally entitles them to be considered murderers. There exists in France an association for the protection of children, but one does not hear much of it, and most assuredly its action can do little to stem the frightful evil. A remedy is hard to suggest for an abuse which has become so rooted in social usages, and yet it is impossible to believe that it will for ever remain uncorrected in a country where M. Paradol lately assured us that 'children are loved with a tenderness often excessive.'"

Hoping you will find room for this extract, which shows that the leading paper has taken up the topic started in your Journal, I am, &c., T. C. D.

Dublin: December 6, 1869.

*** Several letters, from want of space, are unavoidably postponed.

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NOTICES TO CORRESPONDENTS.

F.S.A.L.—The discussion on the Multiplication of Mankind is not exactly a medical one, and we cannot, therefore, spare more space for it.

PASS LISTS.—In the lists forwarded to us for publication in our last, from the University of London, the name of Mr. Dukes Clement of St. Thomas's Hospital, was omitted in the Examination for Honours, First class, B.S.

Dr. J. P. LEWIS.—If possible in our next.

"AN M.A., F.R.C S., ON LARGE FAMILIES."—In as early a number as our space will permit.

A NON-MEMBER is referred to the special article upon the subject of Scholarships in the University of Cambridge, which appears in another column.

Mr. J. DAVIES.—The Law is somewhat obscure upon the subject; we will, however, ascertain the best mode of procedure, and let you know.

PROFESSOR MACLEOD'S corrected proof had not reached us at the time of going to press.

Dr. BIRCH.—Your letter with the Reviewer's reply, shall appear in our next.

P. C. S. LYDD.—The answer will appear in our next.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 15, 1869.

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Lecture.

THE OBLITERATION OF VARICOSE VEINS.

A CLINICAL LECTURE.

By **Henry Lee**, Surgeon to St. George's Hospital.

There is at present in the hospital a man named R. C., æt. twenty-three, who was admitted eleven months ago, with varicocele of the left side. The left testis had then nearly wasted away, and the dilated veins were painful. He had for two years and a half been under the care of different medical men, and had taken large quantities of medicine without relief.

On the 5th February, two needles were passed between the enlarged veins and the *vas deferens*, and slight pressure was applied to the veins by means of ligatures passed over the ends of the needles. The veins thus compressed by the ligatures were then divided midway between the two needles, by subcutaneous section.

On the day following the operation, the testis of the affected side was very tender; the next day it was swollen; the ligatures over the needles were removed.

Feb. 9th. The needles were removed; the patient was quite easy and free from pain.

Feb. 10th. A considerable amount of thickening had taken place in the scrotum on the left side.

Feb. 14th. The left testis appeared about twice the size that it was when he was admitted.

He now left the hospital and went into the country. Upon his re-admission, eleven months after the operation, the veins which had been then obliterated had not again enlarged, but the left testicle had nearly regained its original and natural size. He had experienced no pain in the part since leaving the hospital, and had remained without inconvenience. Of late, however, he had been suffering from some pain in the right testis; the veins on that side were somewhat enlarged, and the testis he believed had become smaller than formerly. Recognizing the symptoms, as he believed, with which the atrophy of the left testis commenced, he came to town of his own accord in order to ascertain whether the disease could be averted by the same means as had formerly been adopted on the left side.

I take the foregoing as the text of a lecture because it is one of a large number of cases of enlarged and varicose veins which have been operated upon in this hospital, and an opportunity is now afforded to all those who are interested in the subject, of observing the results of the operation nearly a year after it was performed.

My principal object, however, in recurring to the subject of varicose veins and their obliteration, is to review concisely the causes which have prevented an apparently very simple operation from having been as safely practised in former times as at present: and what I have now to say will apply equally to varicose veins of the leg or of the scrotum.

Sir Everard Home was at one time in the habit of applying a ligature to the *vena saphena major* in cases where the veins of the leg were varicose. In these operations the skin was divided, and a silver needle with ligature was passed under the vein, and the vessel was tied. It was erroneously supposed at that time, as I have already stated, that the lining membrane of a vein when irritated would secrete lymph, just as a serous membrane might, and that the opposite sides of the vessel would thus be glued together.

Mr. Travers, in his very valuable observations on wounds and ligatures of veins, has expressed the idea generally prevalent in his day in the following words:—"The inner membranes of arteries and veins are susceptible of the adhesive inflammation. In veins the inflammation extends from the point irritated towards the heart. The lymph coats the vein like a fringe." The following account, taken from Mr. Travers' work, affords a description of the effects occasionally observed in his day after the operation of placing a ligature upon a vein:—

"I remember about the year 1801, when the operation of tying the saphena major vein was frequently practised for varicose ulcers of the legs, an elderly woman being the subject of this operation, which was performed in Guy's Hospital, a little above, and on the inner side of the knee. Inflammation of the vein followed, and several abscesses formed in the direction of the vessel, below the ligature, on the inner side of the calf of the leg. It was accompanied with great constitutional disorder; some of the abscesses ulcerated, others advanced with great difficulty to the surface, and the patient died, worn out by excessive irritation. In a second case, that of a man who had drunk hard, two ligatures were made upon the vein, and the vessel was divided between them. In three days the man complained of pain in the course of the vein from the place of its division to the groin: an inflammatory blush appeared upon the leg, extending from the knee to the ankle, and on the succeeding day considerable swelling. The pain above the ligature extended to the bottom of the belly, and the thigh became swollen and tender upon pressure; the constitution sympathized with the local disease, and without the formation of abscesses as in the former case. This man died, as it appeared, from extended inflammation of the vein."

Mr. Hodgson mentions two cases in which the division of the varicose vein terminated fatally; the first on the morning of the fourth day, the second on the seventh or eighth. The same author relates a case from the practice of Mr. Freer, of Birmingham, in which the ligature of a varicose vein was followed by pain in the chest, hurried and laborious breathing, and vomiting of blood four hours after the operation, which symptoms were immediately relieved by the removal of the ligature. The operation was followed by fever and vomiting, and retention of urine, when performed on another varicose vein of the same patient six weeks afterwards, although the ligature was removed immediately after its application; and again by similar symptoms of constitutional disorder, when repeated upon two other veins after an interval of nine weeks, the ligatures being cut away immediately after their application. The fever went further on the latter occasion; the patient was attacked with delirium and severe vomiting on the second day; the symptoms continued on the third and fourth days; on the sixth she was slightly delirious, and her respiration much oppressed. "In this case," says Mr. Hodgson, "the obliteration of the vein was the consequence of the application of a ligature which was immediately removed."

In the fifth volume of the *Edinburgh Medical and Surgical Journal*, Mr. Oldknow, surgeon, of Nottingham, communicates the following important narrative:—

A young man, about twenty-three years of age, of plethoric habit, had been troubled for the last two or three years with painful ulcers about the inner ankle of the right leg, which repeatedly healed, and broke out again, so as to prevent, in a great measure, his attendance to business; he, therefore became desirous, on my representation, of having the saphena vein tied, it being varicose to within a hand's-breadth of the knee. The operation was performed in the following manner. An incision, three-quarters of an inch long, and about one inch and a-half above the distension, was made through the skin, immediately over the vein, and in the direction of its course. The cellular substance was then carefully divided, the vein lying deeper than usual, until its upper surface was completely exposed. A probe armed with a double ligature was passed under the vein, taking care to include nothing with it, it being clearly dissected from the surrounding cellular membrane upwards and downwards as far as the extent of the first incision, and then tied. The portion of the vein between the two ligatures being afterwards cut out, the lips of the wound were brought together by a suture and adhesive plaister, with a view of healing it by the first intention. The patient was then put to bed, and directed to use a cold embrocation. On the second day he took some opening mixture. Third day, the wound was dressed, and appeared wholly united, except when the ligatures came out. The suture was cut out, and a fresh adhesive plaister applied. On this day he complained of pain in the lower part of the limb, that is, from the lowermost ligature, along the vein down the foot, to use his own expression, as if the blood in the veins were endeavouring to overcome the obstruction caused by the ligature. This sensation was, however, entirely removed by applying a bandage moderately tight, from the toes upwards. On the fifth day there appeared a little erythematous blush about the wound. He had a trifling epistaxis, and I thought proper to take from him sixteen ounces of blood, which was not inflamed; the purging mixture was repeated. Sixth day, complained of a little pain on the inner side of the knee, in the course of the vein; but there was no external inflammation at that part. The lips of the wound began to separate. In the evening he was suddenly seized with a violent rigor, succeeded by a hot fit, and symptoms of great vascular action, and some tendency to delirium. Pulse 130; hard and full, therefore sixteen ounces of blood were taken from the arm; it gave instantaneous relief, and was followed by the sweating stage, which continued several hours, and was succeeded by a state of quietude, soon, however, interrupted by a recurrence of the same train of violent symptoms, at first about once in twenty-four hours, but gradually increasing in frequency, and diminishing in strength, till nature became exhausted; death closing the scene twenty-two days from the operation.

For the first four or five days after the rigor, the wound discharged pretty freely, and by making strong pressure about the knee, a little matter was forced from it. The inflammation crept gradually up the vein, which was evident from its peculiar cord-like feel, and from giving pain on pressure, until it reached the groin, the inferior part getting well as the superior became bad, so that the wound was nearly healed before death, the ligatures having separated about the fourth day. There was no tumefaction of the cellular membrane, no enlargement of the glands in the groin, no superficial inflammation on the thigh. There was, it is true, a slight redness of the skin when the poultice was removed (for the thigh, along the course of the vein, was covered with cold poultice), which entirely vanished on exposure to the air. The medical treatment was strictly antiphlogistic; the patient was repeatedly bled, and with apparent relief every time. Two days, however, previous to his death the vital principle was so exhausted as to need the use of cordials.

Mr. Abernethy believed that it was the ligature that produced the inflammation of the veins in the cases in which such serious mischief followed, and he recommended that the vein should be divided instead of being tied.

Sir Benjamin Brodie adopted Mr. Abernethy's suggestion, and instead of tying the *vena saphena*, cut it across, and applied a compress and bandage. The patient had venous inflammation, attended with very severe typhoid symptoms, and died within four days after the operation. Now, in all the cases to which I have alluded the interior of the divided veins was closed by fibrin only, deposited from the blood. Such a bond of union is constantly liable to give away, and the contents of the veins are then carried into the general circulation. Coagula in veins are in this way, as I have already explained, very readily removed, and if formed from healthy blood, they often appear to produce very little inconvenience to the system. But if these coagula have already begun to undergo morbid changes, if they have already become mixed with other secretions in their neighbourhood, then the most severe symptoms of blood poisoning may be produced. When a vein is simply divided, a certain amount of hæmorrhage necessarily follows, and the blood thus effused may undergo morbid alterations, as it lies at the open mouth of the vessel, and these same diseased actions may be readily communicated to the blood still within the vein, and be thus propagated to every part of the body.

The operation of tying a vein affords no security against such accidents; for in accordance with an observation made by Sir Benjamin Brodie, as the ductus choledochus, or the intestinal canal, will heal after the application of a ligature, without *the continuity of the canal being destroyed*, so it appears to be with divided veins under certain circumstances. Whenever the circulation through a vein is thus restored, the coagula of fibrin which temporarily obstructed its canal are, sooner or later, carried into the general circulation.

It appears to us strange, in the present day, that so many centuries had elapsed before a simple mode of securing a bleeding artery was discovered; and it appears almost equally strange that, although surgeons of the highest intellect in the present generation have, in successive years, given their attention to the best mode of operating upon varicose veins, no method should have been adopted by them for effectually closing the vessels during and after the operation. As in former times the actual cautery was used for the purpose of arresting hæmorrhage, so are there still in modern surgery those who prefer the actual cautery or some form of caustic, to the simple mode of closing a vein which I have described in a previous lecture. There has very recently been in this hospital a young woman who had had, I believe, upwards of a dozen sloughs made on her by the actual cautery, and in a recent number of the *Lancet* the same mode of treatment is advocated by a distinguished surgeon attached to one of our metropolitan hospitals.

Sir Benjamin Brodie some years ago applied the caustic potash over clusters of smaller veins, in order to produce their obliteration, and Mr. Mayo subsequently adopted the same treatment for varicose veins of a larger size. Sir Benjamin Brodie has left us the result of his experience in the following words:—"The application was very painful; the slough took a long time to separate; the sore took a long time to heal, and altogether it was a very tedious process."

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Introductory Lecture

DELIVERED AT THE

UNIVERSITY OF GLASGOW,

November 2nd, 1869,

By George H. B. Macleod, M.D., F.R.C.S.E.,

Surgeon to the Royal Infirmary and Lock Hospital; Regius Professor of Surgery.

Gentlemen,—I beg to thank you all most sincerely for your kind and encouraging welcome, and I thank in a special manner my learned colleagues and many professional friends who have so greatly honoured me by being present to-day.

I gladly embrace this, the earliest opportunity afforded me, of acknowledging most warmly the generous and hearty sympathy accorded me by the students of the Glasgow School of Medicine during that honourable contest which has ended by my election to the Chair of Surgery in this ancient University.

It will not appear strange to those who have known the aspirations of my professional career, that I should feel deeply thanked for the position I now occupy. I hardly ventured to anticipate, during the currency of the last ten years, that I should again enter, as Teacher, these venerable Halls, where I was educated, and with which so many early and happy days are associated. It is this very day ten years ago that I stood here before to begin a course of Surgical Lectures. Then I had but entered on civil practice, and though I undertook the work assigned to me it was with great hesitation and fear, as I possessed but little experience as a teacher. I replaced one who had ever been to me a warm and constant friend, and who then lay at the point of death. The great reputation as a teacher and practitioner which Dr. Lawrie had so long sustained made my task the more difficult; and if, after his death, I obtained a most generous support when applying for his Chair, it was, I believe, more from the partial kindness of my friends than from any success I could boast of. However, I failed to secure the succession, and thus made way for one whom you have all learned to admire and respect,—one whose connection with the School has brought it much renown, and whose great merits and distinguished services will, I doubt not, long leave an impress for good on its history.

I cannot on this occasion forget that during the interval which has elapsed since the period I have just referred to, I was indebted to the Andersonian Medical School for the inestimable advantage of obtaining a field for my energies, and for the acquisition of that experience in teaching which is so essential to my future success, and I most gratefully acknowledge the generous support I all along obtained while a member of that School, the friendly intercourse I enjoyed with the Teachers, and the kindness accorded me by the Students. It is in no small measure to my connection with the Andersonian that I attribute the present realisation of my wishes.

Before passing from this short introduction I would further add that if anything could augment the satisfaction I now feel in the prospect before me it is the recollection that I will be allowed to lecture one session, at least, in this old class-room, where I sat as a student, before passing to that palatial residence provided for our "Alma Mater" by the generosity of the nation and the energy of the Senate

Medicine, Gentlemen, as you know, is a science which aims at preventing, curing, or alleviating disease, and prolonging life by a careful study of the various textures and functions of the human body, the affections to which they are liable, and the remedies which experience has shown to influence them. The practical application of those rules or precepts which observation and experience have approved constitutes the "art" of Medicine. In recent times Medicine has greatly improved her scientific position, and has sought from all the collateral sciences whatever can aid her progress. It is, unfortunately, true that from the nature of her field of inquiry, it is impossible she can ever claim the distinctness and perfection of one of the more exact sciences (as, for example, Mathematics or Chemistry), yet we assert for her an amount of precision and authority greater than that popularly ascribed to her. We do not acknowledge the justness of Voltaire's sarcasm when he likened the physician to a giant with a club laying about him in the dark; or the yet more terrible assertion of Sir A. Cooper, that "Medicine was founded on conjecture and improved by murder." The same spirit, too, is evident in the popular proverb, "The doctor is to be more feared than the disease;" or again (from the Spanish), "Consult the disease but not the physician." Even men of the highest repute among ourselves have not failed to malign her. Dr. James Johnson, long editor of the *Medico-Chirurgical Review*, left this opinion on record:—"I declare as my conscientious conviction, founded on long experience and reflection, that if there were not a single physician, surgeon, apothecary, midwife, chemist, druggist, or drug on the face of the earth, there would be less sickness and less mortality than now prevail;" and Sir W. Hamilton—no mean authority—declared that "Medicine in the hands in which it is vulgarly dispensed is a curse to humanity rather than a blessing." These are strong assertions, and not devoid of truth if Medicine be not studied and practised *scientifically*.

"Medicine," said Lord Bacon, "is a science which has been more professed than laboured, and yet more laboured than advanced, the labour having been more in a circle than in progression; for I find," says he, "much iteration but small addition." This is no time to discuss the reason of this admitted truth, though the germ probably lies in the fact before hinted at—viz., the nature of that subject matter about which Medicine exercises herself. The best commentary on Bacon's charge is probably the celebrated aphorism of Hippocrates, "Life is brief; art is long—experience is fallacious; judgment is difficult." The medical philosopher has to study the most abstruse and obscure, if still the most noble, of all problems—the human body, so wonderfully made, and endowed with such delicate and infinitely varied functions, and moved by that subtle, mysterious, ungraspable force which vanishes like a shadow when we seek for it.

"Life is brief," so that even the most energetic worker catches but a glimpse of the illimitable ocean of research which lies beyond him. "Art is long," so long that if we work a lifetime at a minute department of the vast whole we cannot exhaust it. "Experience is fallacious," so that what is accepted as true to-day may be and often is rejected and ridiculed to-morrow. And "judgment is so difficult" that few possess that clear, well-balanced mental capacity which is required to give the science any true impulse. It is, doubtless, the want of precision, and, for a time, the apparent confusion, which marks medical studies that so often dishearten and discourage those who pursue them. The student is daily acquiring in the class-room and hospital ward many detached facts and observations which in time supply him with "a respectable chaos of accidental knowledge;" but for long he fails to grasp their connection and relationship to one another, and so his heart sinks within him. But let him persevere and wait. In time the missing link will be found; the omitted facts and observations will come, till at last the mist which enveloped him will roll away, and his mental vision, no longer confined to the narrow tract on which for the moment he stood, will range far and wide over the promised land, and illuminate the path he would pursue with the light of an intelligent comprehension. Let those, then, that falter, and grope, and hesitate, take courage. They suffer only as did those who went before. Let them add fact to fact with care, accuracy, and system, not being repulsed or discouraged by the dryness of the details, and let them wait. Order will come out of confusion, and light out of darkness.

Surgery is that department of Medicine which in its older and stricter sense occupies itself with the manual part (only) of the profession. Celsus thus defines it:—"Surgery is that branch of Physic which informs us how to cure or prevent disorders by the assistance of our hands or instruments, or by the application of external remedies." So long, however, as its province was thus restricted, Surgery filled but an inferior position in public estimation, and it was for long exclusively exercised by slaves, or the servitors of the priests (who became the physicians) in common with the craft of the barber. Its emancipation was painfully slow, and not without much labour; but in our day it occupies no mean place, and its votaries are no servile dependants.

It is customary to assign affections of the external parts of the body to the Surgeon, while the Physician undertakes the charge of the cavities and their viscera; yet it is hardly necessary to say that in actual practice such a distinction is not adhered to. It is plainly impossible to draw a strict line between the departments, as few ailments are so circumscribed in their action as to allow of a distinct classification. If the division I refer to were adhered to, how do skin diseases fall to the care of the Physician, and affections of the bladder and purulent collections in the cavities to the Surgeon? Very many of the diseases which by common consent are placed on either side, so dovetail and overlap, and are so combined, that only in theory can they be dissevered. "The Surgeon," said Liston, "must be a Physician, and something more—*i.e.*, he must be able to recognise and combat such general and constitutional conditions as exist and influence the results of the disease or accident he is called on to treat. He must be well instructed in the effects of diathesis, temperament, habits, sex, occupation, and the numerous other influences which make up the factors of the problem to be solved, and he must be able to use with acumen the internal remedies called for. The Surgeon is not, as some would represent him, a mere mechanist—"a superior farrier," ever engaged in torturing and hacking the human body. Unlike the mechanist, he cannot manipulate his materials without taking cognizance of the overruling and pervading vital reactions. His aim, in our day, at least, is chiefly to prevent disease by an intelligent examination of its causes, and a striving to cure it *without* the knife, an appeal to which he always deeply deplores, but which he assumes when the life or health of the tree demands the removal of a useless or mutilated branch. The true Surgeon looks on the mechanical as a subordinate but yet important part of his craft, and he hopefully anticipates the day when, either by the better enlightenment of the public as to preventive measures, or by the greater perfection of his own art, the operative part of his profession will be greatly curtailed. The Physician, though ignorant of Surgery, may succeed, but he will prove but a sorry Surgeon who knows not the principles and practice of Medicine.

As the body is one and indivisible—likened by Hippocrates to a circle in which each part returns into the other—so, whether we practise Pure Physic or Pure Surgery, we must study and treat the frame as a whole. Our diseases are so commingled and mutually reactive, they receive and give out so many impulses on all sides—being influenced so greatly by the condition of all the organs—and in turn acting so potently in originating or augmenting other changes, that neither Physicians nor Surgeons can close their eyes to all outside of their own special sphere. It was after hopelessly trying, in the wards of a London hospital, to distinguish between the domains of Physic and Surgery, that the Japanese Ambassador is said at last to have exclaimed, thinking that he had seized the idea, "Oh! I see, the medical wards are those in which you kill patients by physic, *not* by cutting off their limbs." Now, it is because of this close interconnection between Physic and Surgery that it is so difficult to arrange a course of Lectures on Surgery without trespassing on the province of other teachers. It were well for all parties, teachers and taught, if the suggestion of Mr. Simon to the General Council were adopted of instituting a short general course of Pathology and Therapeutics which would be preliminary and introductory to all those lectures which touch on such subjects, and so allowing the Professors of Medicine and Surgery to restrict themselves to their own special departments. It must, I think, be conceded that it is to the department of Physic that those reproaches of uncertainty mainly pertain to which reference has been already made. Many internal complaints are so difficult to recognise, and are so little amenable to treatment, that the ability of the science to cope with disease is apt to be called in question. Medical men themselves, judging hastily and rashly, are often led to form extreme views. They frequently claim too much for drugs, and their own powers of discrimination and management; or, having failed to secure such success in the treatment of their cases as their early sanguine hopes anticipated, they have ended by becoming altogether sceptics in Therapeutics. In former times the first opinion was more prevalent than at present. Polypharmacy reigned triumphant, and everything was done or attempted by the pure force of Physic. Men but too often ignored or but little appreciated that silent, ever-active, and all-pervading power, which, veiled under many names, and concealed by many strange conceits and false beliefs, now termed the "vis medicatrix," and then "the physician within the skin," was all the while labouring to restore the dilapidated frame, and to correct what the busy meddler was deranging. The boastful therapeutist took credit for results solely due to the vital recuperative power of the body itself. "God cures," says the Spanish proverb, "and the doctor pockets the money." In our time a better estimate is made of nature's resources and of our own, and thus, though we interfere less, we may be vastly more useful to the sick. *We* do not pretend to cure the disease, but we try to remove such obstacles as we can to nature's effort, and we cherish, direct, and control those natural processes by which recovery is accomplished.

Surgery, however, is not so open to strictures of uncertainty and obscurity as Physic. Its field of operation is, for the most part, more patent, its remedies more capable of being grasped and understood, and its successes more evident and impressive. Richard Wiseman well said long ago, "He that shall duly consider the deplorable misery of mankind, and how much it wanteth relief in such a multitude of instances, must needs acknowledge us to be what antiquity hath long since called us—viz., 'the hands of God.'" Sir B. Brodie has added his testimony as to the satisfactory nature of surgical practice when he says, "The pursuit of what is called Pure Surgery, such as it is in large cities in connection with an hospital and a medical school, is more replete with interest, and on the whole more satisfactory, than any of the other branches into which the medical art is divided."

But, further, the department of Surgery is in our day taught in two great divisions, which are in no way distinct or separable, as some would make us believe, but one and indivisible, though necessarily taught apart. I refer to Systematic and Clinical Surgery. It is difficult to comprehend the obscurity which has been thrown over their respective jurisdictions. When properly taught the one ought to supplement and supply the deficiencies of the other. It is not necessary to depreciate the one in order to commend or exalt the other. *Both* are requisite to the full and satisfactory teaching of Surgery; and fortunate is the instructor who, like myself in this School, has the inestimable advantage of combining both courses and methods of education. Such a union of offices is to my mind essential, and should exist in every School.

Here, in the class-room, it will mainly be my endeavour to inculcate the Principles of Surgery—*i.e.*, those doctrines or generalisations which have been derived from long observation and experience, and which lie at the very foundation of our art. These systematised generalisations being, as it were, the essence of multiplied isolated observations, are in turn applicable in their evolution to numberless individual cases, and he is the best practitioner who intelligently grasps and ably applies such principles. It is the possession of such principles, and the being guided thereby, which raises a medical man from the grade of a paltry trader to the rank of a scientific practitioner.

Again, the very terms used in discussing the science of Surgery must be defined and explained to you in the class-room. The physiology of disease—pathology—must be carefully discussed, and all that is known of that most important department, "the natural history" of surgical disease, must be narrated. It was a true saying of Dr. Grant's that "there is no curing a disease by art without first knowing how it is cured by nature." Beyond this, I must here instruct you in Surgical Therapeutics, in the use of the various mechanical appliances employed in practice, and also in the performance of those operations which we require to have recourse to when other measures fail or are hopeless.

In the clinical course, on the other hand, you will see the practical application and illustration of principles—you can study the living picture and learn to value the colouring which individuality gives to that general delineation or type of the affection described to you in the class-room. By the bedside you will be taught to exercise your senses—your eye, and ear, and touch; how to recognise the origin and progress of the various affections, how to elicit a clear and connected history of the case, and to sift and balance the evidence concerning it. You will also learn how to connect symptoms with pathological changes, and how to modify remedies and appliances to suit special requirements. Thus, then, in one sense, the systematic course may be said to describe the science of Surgery, and the Clinical, the practical part of the subject. Both, I say again, are necessary to you, and if as much as is possible be taught (as it should be) at the bedside, much will yet remain to be learned in the class-room. The half-uttered denunciations of the present day against systematic lectures is due to their bygone abuse, and the former neglect of clinical instruction; but it must be evident to any candid mind that both methods of instruction are really required, and that if they are made to complement and aid one another they will best accomplish the end in view. It is impossible to dispense with systematic instruction so long as it is thought desirable to systematise and arrange our knowledge, and establish a fitting connection between the different parts of medical education — so long as it is considered necessary that the surgeon should be instructed in the various well-founded views suggested to explain what is obscure and undemonstrable—so long as all the diseases met with by the practitioner, and the different stages and methods of treatment are not presented to the observation of the student in the hospital. Without it no correct judgment can be looked for in the wards, and no intelligent comprehension of what is there described, nor even of the terms used in its explanation.

I have in the foregoing remarks used the term "Clinical *instruction*," and not lecturing, as the latter phrase is not in any sense applicable to what should constitute such communications, which are often of the highest use when they have reference to some trifling accident or incident occurring in the progress of a case in the hospital wards.

As regards instruction in principles, I would still further add that it is only by the fit understanding of sound principles that sound practice can be attained. "To deliver rules—unqualified and absolute rules"—said John Bell, in his usual nervous style, "into the hands of untaught men, were to put a two-edged sword into the hands of an idiot." If anyone rely on the practical observation of disease *alone* for his after guidance, and neglect the study of those principles from which practice springs, and which are themselves founded on past experience, he will ever be at a loss. Few cases so resemble one another as to allow of an absolutely similar treatment, as there are in each instance so many individual circumstances to be considered, that no one can safely rely on a recollection of what he has seen done in similar cases to meet the exigencies of practice, while his doing so will debase and degrade his profession. With well established and understood principles, however, to fall back upon, the Surgeon can never be at a loss. Let me tell you what the great Hunter said on this point: "The principles of our art are not less necessary to be understood than the principles of any other science, unless, indeed, the Surgeon should wish to resemble the Chinese philosopher whose knowledge consisted only of facts. In that case the science must remain unimproved until fresh facts arise. In Europe philosophers reason from principles, and thus account for facts before they arise. Too much attention cannot be paid to facts, yet too many facts crowd the memory without advantage any further than they lead us to establish principles. By an acquaintance with principles we learn the causes of disease. Without this knowledge a man cannot be a Surgeon."

(To be continued.)

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Original Communications.

NEW PROCESS FOR THE ESTIMATION OF NITRITES IN POTABLE WATER.

NITRATES are very generally found in the well water of towns, and are usually accompanied by nitrites, the base of these salts being either potash, soda, or lime. Different methods have, from time to time, been proposed for estimating the latter salts (the nitrites); but none of them, we believe, have been found satisfactory. At a recent meeting, however, of the Dublin Scientific Club, a process was explained by Dr. Apjohn which would seem to be very easy of execution, and to constitute a complete solution of this chemical problem. Its rest upon the following facts, with which most chemists are acquainted:—

1st. That a solution of a nitrite mixed with one of iodide of potassium will, when treated with dilute sulphuric acid, yield free iodine.

2nd. That when a nitrate is present instead of a nitrite, and, along with it, iodide of potassium, the addition of sulphuric acid developes no iodine, provided the solution is sufficiently dilute.

3rd. That free iodine can be determined volumetrically with great precision by means of a standard solution of hyposulphite of sodium.

The development of the iodine is the result of the two following reactions :—

(1) $KNO_2 + KI + H_2SO_4 = K_2SO_4 + HNO_2 + HI$

(2) $HNO_2 + HI = H_2O + NO + I$

Corresponding, then, to every atom of nitrous acid one of iodine is set free, so that if the amount of the latter be known, that of the former is also determined.

As already stated, the amount of free iodine is got by a solution of hyposulphite of sodium, dropped from a volumetric tube into the liquid containing the free iodine until it becomes colourless, in virtue of which the iodine is converted into iodide of sodium, and the hyposulphite of sodium into tetrathionate of sodium.

$$2\,Na_2S_2O_3 + I_2 = 2\,NaI + Na_2S_4O_6$$

The volumetric solution of the hyposulphite usually containing one-tenth of an atom of the salt, such quantity will correspond to one-tenth of an atom of iodine, and of course to one-tenth of an atom of nitrous acid, *i.e.*, to 4·7, the integer, 47, being the atomic weight of the acid. As an illustration of this method he mentioned that upon a recent occasion he found that the iodine set free in an experiment required 79·5 measures of the hyposulphite, from which datum and the following proportion :—

$$100 : 79{\cdot}5 :: 4{\cdot}7 : x$$

the nitrous acid $x = 3{\cdot}737$ grains.

ON HASCHISCH IN HYDROPHOBIA.

By Professor **Polli**, of Milan.

Among the effects resulting from the administration of a large dose of haschisch, I have been struck by the singular impressionability to slight currents of air, and to the glittering of bright bodies ; and especially have I noticed the sensation of a species of suffocation, a sensation which seemed to me to be analogous to that which would be produced by a layer of cotton wool adhering to the pharynx. This singular alteration of sensibility inspired me with the idea of making a trial of haschisch in the treatment of hydrophobia—an attempt to treat an incurable and mysterious malady by a no less mysterious remedy.

A man, aged thirty-eight years, was admitted into the Grand Hospital of Milan on May 12, 1860, who had been bitten by a mad dog a month previously, and who was already suffering with all the symptoms of hydrophobia. I determined to treat him solely by haschisch. I employed the brown black extract which I had used in the experiments on myself. He was made to swallow half a gramme (7·7 grains) of it every four hours for five times, so that he took altogether 2½ grammes (38·5 grains) of this extract of Indian hemp. It was cut into small pieces and placed on the tongue ; the swallowing of the drug was assisted sometimes by a little sugar, sometimes by a little milk, and sometimes by a little tincture of aniseed. The action of the haschisch taken by the mouth was aided by enemata of an aqueous infusion of coffee, 80 grammes (3·8 ounces) of powdered coffee to a litre (1·76 pint) of water, which was repeated. In a period of little less than twenty-four hours this hydrophobic patient had taken two and a half grammes of extract of Indian hemp, and a litre of infusion of coffee by the rectum. This treatment did not dispel the characteristic phenomenon of horror at the swallowing of water or of any fluid ; neither was there freedom of alvine dejections or of emission of urine. The patient remained very constipated, and the urine had to be removed by the catheter. The patient succumbed fifty-six hours after his admission into the hospital ; but the evident effect of the haschisch taken was an amiable good humour, a species of gaiety, and of reliance on medical aid ; and the cessation of the delirium, the terror, and the convulsive madness which seizes on all hydrophobic persons to such an extent that it is necessary to use physical constraint. Bright light, also, the reflection of shining bodies, currents of air or of the breath, which are insupportable by ordinary hydrophobics, in him produced no disagreeable impression. This patient was left at liberty, that is, without any bonds, lying free on his bed ; and this tranquil state lasted forty-eight hours after the commencement of the treatment by haschisch, and was only interrupted by some convulsion or grimace, which slowly became more frequent, and by the menace of suffocation from the foam at the mouth as the mortal symptoms increased, until his death.

The haschisch, without curing the hydrophobia, removed the greatest part of its horrible symptomatology ; a result accomplished neither by opium, nor by morphine, nor by daturine. Haschisch, then, is the best palliative or sedative in hydrophobia. It changes a raving, unmanageable, suspicious, aggressive maniac, who bites and who curses, into a poor invalid, content and tranquil, who blesses you.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

November 29, 1869.

Peter Marshall, Esq., President, in the chair.

Mr. Spencer Watson read notes of a case of traumatic cataract, remarkable for the presence of symptoms similar to those met with in idiopathic glaucoma, all which symptoms subsided after the removal of the cataract by the linear incision.

Mr. E. Calthrop exhibited an umbilical belt made of black india-rubber. Instead of the central pad, two wedges of wood encircled by an elastic cord are made to act laterally, and close the umbilical opening.

Dr. Semple exhibited two specimens of heart disease ; the first was large, fat, soft, and flabby, cavities larger than usual, pulmonary and tricuspid valves healthy, but the tricuspid orifice very large ; the mitral orifice was large enough to admit four fingers ; there were four aortic valves. The points of interest in the case were, that the patient complained of dyspeptic symptoms, the dilated condition of the cavities, great patency of the auricular ventricular orifices, and the four aortic valves. The other specimen was a contrast to the first ; there was extensive disease of the aortic valves, almost bony, the mitral orifice very small, and the valves hard and rigid. In this patient a presystolic and systolic murmur at apex was heard at the angle of the scapula, and a systolic and diastolic murmur at the base.

Dr. Cockle read a paper entitled, "Further Notes on Pulsating Tumours of the Neck." This paper was to be considered as a complement to a former one, read before the Society at the close of its last session. Two additional cases of dilatation of the innominate artery were detailed, in one of which, independently of the pulsating tumour in the lowest part of the right side of the neck, aneurism of the upper half of the left carotid artery existed, attended by forcible impulse and remarkable locomotion of the vessel ; this was exhibited for examination by the Society. In both cases, existed signs of implication of the aorta, but in the latter the murmurs audible over the heart and aorta were attended with certain peculiarities which offered difficulties in the way of differential diagnosis. In adverting to these difficulties, the author was led to offer some remarks upon the subject of cardiac murmurs generally, pointing out the difficulty at times of determining either the precise time during a cardiac revolution at which such murmurs are heard, or the exact seat at which they are generated. The diagnosis of these tumours from some other affection of the chest and neck was then briefly alluded to, but more especially the points of difference between them and ordinary aneurism of the innominate artery from which they clearly are to be separated. These more especial points of difference were stated to consist in the peculiar intermitting prominence of the tumour, in the constant complication of dilatation in the aorta, in the indefinite duration of the affection, and, according to the author's experience, in its exclusive occurrence in females about the middle age.

DUBLIN UNIVERSITY MEDICO-CHIRURGICAL SOCIETY.

A GENERAL meeting of this Society was held in the Museum Buildings, Trinity College, on Friday evening, 10th inst. The chair was taken at 8 o'clock, College time, by the auditor, Mr. Francis C. Crossli, B.A.

The minutes of the previous meeting having been read and confirmed, Mr. S. Underhill read a paper on "Peritonitis," in which he gave a very interesting account of the symptoms, pathology, and treatment of this disease.

Mr. G. Goode proposed and Mr. Palmer seconded, a vote of thanks to Mr. Underhilll.

Mr. J. Brereton then read an account of a case of pyæmia, and also one of compression of the spinal cord from injury, both of which cases were in the City of Dublin Hospital. He also exhibited to the Society a new splint.

Messrs. Palmer, Niven, H. O. Moore and the Auditor then addressed the meeting, which shortly after adjourned.

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Foreign Medical Literature.

IMPERFORATE HYMEN.*

By Gottfr. Conradi.

The following may, perhaps, not be devoid of interest to readers of the Magazine.

On the 26th of last September, a girl aged 18 came under my care. She gave this history of herself. Her parents, workpeople in this town, have always been healthy; she is herself the fifth of seven children; as a little child she had rickets, and, at 13 years of age, scarlatina; but, otherwise, she had enjoyed uninterrupted good health until the completion of her fourteenth year. After this period she began to complain of occasional severe pains in the lower part of the back, without these, however, appearing to have occurred with any fixed periodicity. They have, meanwhile, become steadily worse, and within the past nine months they have reached such a height that she has been obliged to keep her bed for several days at a time. During the last few months there have supervened shooting pains low down in the belly and out into the hips.

About two years ago she rather suddenly experienced a sensation as if something pressed and burst down from the interior towards the external genitals. This feeling has latterly been constantly on the increase, and to it has gradually been added a frequent desire to make water, as well as a difficulty in micturition, which has by degrees increased. The bowels, which formerly were regular, have of late become constipated, and the motions also are passed with difficulty. All these unpleasant symptoms have, within the last eight or ten days, increased to such a degree that she has been obliged to keep to her bed.

The patient is of middle height, well made, with fully developed mammæ; but she is rather thin, and has a suffering expression of countenance. Besides the symptoms mentioned above, she complains of languor, headache, want of appetite, and thirst; she is somewhat hot and flushed; the tongue is clean and moist; pulse, 92. There is nothing abnormal to be discovered in the chest; the abdomen is not distended, is soft; the lowest portion of the same, especially just over the symphysis, is found to be tender; the percussion sounds are everywhere resonant, but on making deep pressure immediately behind the pubis a rounded tumour is felt, the closer examination of which is, however, prevented by the tenderness and tension of the abdominal parietes. On inspection of the external genitals the vulva is seen gaping, the labia majora and minora stand out from each other; on further divaricating them nothing can be seen of the orifice of the vagina, the latter being closed by a smooth, bluish-red, tense membrane, which is pushed forward in the shape of a hemisphere of the size of a small apple. When the patient stands upright the hemispherical swelling becomes larger; when she assumes the horizontal position, smaller. On nearer investigation, fluctuation is perceived through it. The perinæum is likewise slightly swollen. On introducing a finger into the rectum, the calibre of the intestine is found to be considerably diminished, so that the finger can with difficulty, and only by following the posterior wall, be pushed onward. No uterus can be detected, but as high as the finger can go a fluctuating tumour is felt through the anterior wall of the rectum. On making an examination through the rectum, and by simultaneously pressing on the tumour which projects from the vagina, a still more evident fluctuation is noticed. Through the urethra, which is also pushed upwards, a catheter can, with some difficulty, be passed inwards to the bladder. By means of it there was drawn off about half-a-pint of normal looking urine.

Castor oil was administered as an aperient.

On September 30th an opening was made with a sharp-pointed bistoury about the centre of the fluctuating tumour, after which there slowly oozed out some 32 ounces of a dirty, viscid, inodorous fluid.

October 1st. She has slept well during the night. She is in every respect better,—no pains anywhere. Pulse, 92. The puncture has closed: a slight dilatation at both sides is made with a sound, consequent on which there is again some discharge.

October 4th. She complains of shivering, alternating with heat, headache, thirst, pains in the lowest part of the abdomen, which is moreover tender. The tumour before spoken of is no longer to be felt. Pulse, 108. Bowels regular; during the past 24 hours, slight discharge. She got opium internally, and was ordered a wet stupe with turpentine.

October 5th. Pain and tenderness less. Pulse, 100. Bowels regular.

October 6th. No pain; very slight tenderness; general health good. Pulse, 88. Discharge is thin, somewhat fœtid. Washing out with water was practised twice daily through the opening.

October 10th. The discharge ceased. Neither pain nor tenderness. Passing of water and motions regular. Pulse, 72.

As the opening which had been made in the hymen showed an inclination to contract, a sponge-tent, prepared for the purpose, was inserted into it, and was left therein for the night. This was twice repeated, each time with some days' interval. After the sponge-tent was removed, repeated washing out with water was practised. After the third insertion of the sponge-tent the opening was of such a width as to admit of the passage through it of the index-finger, and an exploration was made: the vagina felt wide, without rugæ, the cervix uteri very small, the os open, no tenderness in any part.

October 24th. The menses made their appearance without pains or indisposition.

At the end of November I saw her again. She had a few days before had her menses, after a month's interval, without distress; her appearance and general health were, in every respect, satisfactory. On exploring, the vagina is felt to be more contracted, with a tendency to rugæ. The cervix uteri, moreover, small, the os not so much closed as is usual in virgins.

Malformations of the female organs of generation of such a kind as to become the subject of examination and treatment at the hands of the practical physician, do not, as a general rule, belong to the class of frequently occurring cases; and, as to the one here mentioned, it is so rare that many physicians enjoying an extensive practice have never seen it, while even gynæcologists by profession relate but isolated instances of such cases.

In our medical literature there is to be found an observation on "Imperforatio Hymenis," by Brincken, District-Physician of Flekkefjord (Eyr, 1834, Vol. 9, No. 2). In the collected foreign medical literature for the years 1866 and 1867, so far as I have been able to ascertain, hardly a score of communicated cases are to be met with (cf. Virchow's *Jahresbericht* for the present year).

With regard to treatment, it may seem scarcely worth while to mention it, as it must have occurred to everyone that a sufficient incision, and a consequent opening through which the blood might escape, were all that was in this case required. Several physicians also—for example, Pervin, in Paris; Tuckwell,* of Oxford, and others, have communicated cases which were successfully treated in this way. Yet, the majority recommend great caution in the operation; for instance, West, in his work on the "Diseases of Women," says that we should remember that death has sometimes followed so simple an operation as the incision of an imperforate hymen; Raciborski, in his "Traité de la Menstruation," relates several instances of death from this cause. Marion Sims, in his "Clinical Notes on Uterine Surgery," warns us in the most earnest manner against this apparently so simple incision.

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* Translated for the Medical Press and Circular from the *Nord Magasin for Lægevidenskaben*, xxiii. Bind. 3 Hefte. 1869.

From the experience of these and many other gynæcologists it is established, at all events in cases where a very large collection of fluid is found within the closed membrane, that the evacuation of the same should go on as slowly and gradually as possible, in order that the uterus may gain time to contract as its contents flow out. Only a small puncture should therefore be made at first, and subsequently, if required, the opening may be extended. As an example of how dangerous a profuse evacuation is, Sims mentions that a young girl, in whose case there occurred spontaneous rupture of the hymen, and an escape of a large quantity of pent-up menstrual blood, died a few days after. That, however, such a case may sometimes turn out well is proved, apart from the successful operations of Pervin, Tuckwell, and others, by the case communicated by Scanzoni of a girl aged 19, who, after suffering from dysmenorrhœa for two years, on a spontaneous rupture of the hymen occurring suddenly, lost two pounds of blood, and was quite well after it.

Although experience has thus sufficiently proved that the result may be favourable after either mode of proceeding, still, in the operative treatment of imperforate hymen, it will be most advisable to adopt that method which, though far slower and more complicated, is yet, in all probability, the surer.

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SCOTLAND.

EDINBURGH.

The first ordinary meeting of the Royal Society of Edinburgh took place on Monday, the 6th inst. Lord Neaves, one of the vice-presidents, occupied the chair, and delivered the inaugural address, which consisted of a series of biographical sketches of members of the Society who had died during the year. He noticed first the late Dr. Begbie, speaking of him as a friend and as a successful and eminent physician. Among other members noticed were, Allan Dalziel, Dr. Robert Dyce, Professor of Midwifery, Aberdeen; M. Florens, Dr. Graham, Master of the Mint; Principal Forbes, Charles P. F. Martius, Dr. Sellar, Edinburgh; Dr. Wardrop, London; and Professor Penny, Glasgow, of whom Lord Neaves spoke in terms of great admiration.

The University Court met on Monday, the 6th inst. The following decision was adopted as to the memorial of the Royal College of Surgeons regarding the chair of clinical surgery, upon which parties were heard at last meeting:—"Having duly considered the memorial of the Royal College of Surgeons, proposing an alteration in the system of teaching clinical surgery in the University, and having heard the statements made at last meeting on behalf of the College, and also those made by Professors Spence and Lister, the Court resolve that, in present circumstances, it is not expedient to comply with the prayer of the memorial."

The acting committee of the managers of the Royal Infirmary, Edinburgh, have issued a circular letter, addressed to the 212 persons who dissented against the proposal to build the new infirmary on the grounds of George Watson's Hospital. In it they call attention to the fact, that the public meeting of the subscribers to the building fund, held on the 19th ult., unanimously approved of the course which the managers are adopting, and they respectfully appeal to those opposed to the change of the site, either to recall their dissent or maintain a neutral position. The number of subscribers who have expressed dissent is, as has been stated, 212, representing subscriptions amounting to £4,516 12s., and of these only six or eight have intimated their intention to withdraw their subscriptions. Considering the strong feeling which the discussion of this subject has called forth, it is but reasonable to hope, that now, when the excitement is abating, many, whose names appear in the list of dissentients will withdraw from the position they have assumed. Both parties are actuated by the same desire, namely, to provide suitable accommodation for the sick poor; and while a minority are opposed to the locality selected for the carrying out of this object, it is creditable to them, and calls forth our admiration, that so few have allowed private feeling to influence their pecuniary contribution, and encourages us to believe that hearty co-operation of both parties in the good work will soon prevail.

ABERDEEN.

Lord Rectorship of the University.—The following telegram received in Aberdeen from Mr. Grant Duff, regarding the above vacant office, indicates his willingness to be put in the hands of his friends:—"I am most unwilling to stand against Stirling-Maxwell, but if he is content that his name should be used as the watchword of the Educational obstructives, make any use of me you please. If, however, he gives you satisfactory assurances, you have the fullest authority to withdraw my name at any moment."

GLASGOW.

We regret to have to record the death of Dr. John Macfarlane, late Professor of the Practice of Medicine in Glasgow University, which took place on the 7th inst. Since his resignation in 1866 of his chair, Dr. Macfarlane has retired from practice. He made many valuable contributions to medical literature, and was greatly esteemed for his geniality, unfailing kindness, and extraordinary sagacity.

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ANALYTIC REPORT ON DUBLIN XXX PORTER.

From the evidence given before the Parliamentary Committee, and from the published reports extant, it would appear that most of the great porter brewers do not adulterate. The nearest approach to anything of this kind would seem to be in the use of salt, and that only to a moderate degree. It is, however, equally well known that as a rule the porter is not bottled by the brewers, but by men who make bottling a special business; or, what is more frequently the case, it is bought in the wood by the publicans, or retailers, and bottled by them. It is self-evident that the name of a good brewer upon the label is not always a guarantee for the quality of the porter.

The object of the present report is to examine the quality of porter sent out by one of the best known bottlers in Dublin. The bottles were labelled *"Guinness's Dublin Stout, XXX, Brewed for Exportation. Bottled by John Bebe."*

The samples were examined in the following manner:—

Specific Gravity.—The porter was exposed for some time with occasional agitation, until the excess of carbonic gas was eliminated. The gravity was then taken in the ordinary manner, at 14·5 C. It was found to be 1·0195.

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* "On Three Cases of Imperforate Hymen with Retention of the Menstrual Fluid." By H. M. Tuckwell, M.D., Physician to the Radcliffe Infirmary, Oxford, &c.—*Brit. and For. Med. Chir. Review* for July, 1867.—Translator.

Alcohol.—The alcohol was distilled off, and after being made up to the original volume by the addition of distilled water, it was found to have a specific gravity of ·9914, which represents 10·9 per cent. of proof spirit as being present in this porter.

Solid Matter (*organic and inorganic*).—A known quantity of the porter, being evaporated, it was found to contain 4,816 grains to the imperial gallon, nearly half of the organic constituents (4,690 grains) consisted of saccharine matter.

Ash.—On incineration, the ash, or inorganic constituents of the porter, were 126 grains to the gallon. Two points were particularly examined as regards this ash: 1st, the amount of chloride of sodium; the chlorides were under ·05 per cent., calculated as Na Cl, therefore it is evident that salt had not been used to any extent, if at all, in the brewing of this porter. 2nd, the ash was perfectly white, which fact indicated that no green copperas had been used for producing the so-called "head;" the ash was rich in phosphates and potash, and otherwise presented the ordinary composition of a cereal ash.

Nitrogenous Matter.—125 grains of the porter, evaporated to dryness, and then burnt with soda lime, were found to contain 2·32 of nitrogen per 1,000 grains, which represents about 1·8 per cent. of albuminous substance, or about 1¼ per cent. of the solid matter present.

The acetic acid present was 3·5 grains in 1,000 grains of porter.

It is evident from the above analysis that this bottled porter represents fairly Guinness's XXX stout, a genuine and pure porter containing more than the average quantity of alcohol.

We give the result in a tabular form:—

	Grains per gallon.
(Specific gravity, 1·0195.)	
Alcohol (proof spirit)	7,630
Solid matter	4,816
Saccharine matter	2,300
Ash	126
Albuminous substances (nitrogen, 132 per cent.)	574
Acidity (acetic acid)	245

In speaking of the London porter, one of the most popular lecturers on food says that that beverage (of which there are prodigious quantities consumed) is miserably drugged in the public-houses. Its strength is reduced by water, and its qualities are brought up again by treacle, liquorice, and salt, and various narcotic agents which are added to make up for the loss of alcohol. To such a condition has the porter-drinking population been brought, that they do not know genuine porter when they drink it, and having acquired a taste for its wretched substitute, they reject the unadulterated article.

The specimen examined may be viewed as the type of a pure beverage, and where the desire for fermented malt liquors is indicated by natural taste, few beverages would combine such nutritious value with mild stimulating properties.

In drinking a glass of porter (½ pint) similar to that analysed, the consumer takes in about 1¼ ounce of pabulum (including the alcohol) of easy digestibility. In stimulating property, a glass of Guiness's porter of the above quality is equivalent to one half its bulk of moselle or good claret, a wine-glass of sherry, or an ounce of brandy.

SCHOLARSHIPS AND EXHIBITIONS IN NATURAL SCIENCE AT CAMBRIDGE UNIVERSITY.

THE following is a list of the Scholarships and Exhibitions for proficiency in Natural Science which are likely to be offered at Cambridge during the ensuing year. This list is eminently valuable to *non* but *intending members* of the University, as presenting at once a comprehensive and concise account of the whole, free from the more precise and distributive detail necessarily entered into by the serial notices issued from time to time as vacancies occur.

TRINITY COLLEGE.—One of the value of about £80 per annum. The examination (in Chemistry, Physics, and Physical Geology, including Meteorology, and the elements of Mineralogy), will be in Easter week, and will be open to all Undergraduates of Cambridge and Oxford. Further information may be obtained from the Rev. E. Blose, Tutor of Trinity.

ST. JOHN'S COLLEGE.—One of the value of £50 per annum. The Examination (in Chemistry, Physics, and Physiology, with Geology, Anatomy, and Botany) will take place on the 29th and 30th of April, and will be open to all persons who are not entered at the University, as well as to all who have entered, and not completed one term of residence. In this College, moreover, Natural Science now is made one of the subjects of the regular College Examination of its students at the end of the academical year, in May; and Exhibitions and Foundation Scholarships will, in consequence, be awarded to students who show an amount of knowledge equivalent to that which in Classics or Mathematics usually gains an Exhibition or Scholarship in the College. In short, Natural Science is on the same footing as Classics and Mathematics, both as regards teaching and rewards.

CHRIST'S COLLEGE.—One to four, in value from £30 to £70, according to the number and merits of the candidates, tenable for three-and-a-half years, and three years longer by those who reside during that period at the College. The Examination will be in 1870, and will be open to the Undergraduates of Christ's College, to non-collegiate Undergraduates of Cambridge, to all Undergraduates of Oxford, and any students who are not members of either University. The Candidates may select their own subjects for examination. Besides these there are three other exhibitions, perfectly open, which are distributed annually among the most deserving students of the College.

CLARE COLLEGE.—One of the value of £50 per annum. The Examination (in Chemistry, Chemical Physics, Comparative Anatomy, and Physiology and Geology) will be on March 30, and will be open to students intending to begin residence in October. The candidates must show such acquaintance with Classics and Mathematics as will qualify them to pass the previous examination.

ST. PETER'S COLLEGE.—One of the value of £60 per annum. The Examination (in Chemistry, Botany, and Comparative Anatomy and Physiology) will be in June, and will be open to all students who are not members of the University, or who have not commenced residence in the University.

DOWNING COLLEGE.—One or more, according to the merits of the candidates, of the value of £40 per annum. The Examination (in Chemistry, and Comparative Anatomy and Physiology) will be in March and will be open to all students not members of the University, as well as to all Undergraduates in their first term.

SIDNEY COLLEGE.—Two, of the value of £40 per annum. The Examination (in Heat, Electricity, Chemistry, Geology, Physiology, and Botany) will be in October, and be open to all students who may enter on the College boards before October 1.

Although several subjects for examination are in each instance given, this rather to afford the option of one or more to the candidates than to induce them to present a superficial notice of several; indeed, it is expressly stated by the authorities of some of the Colleges, that good, clear, knowledge of one or two subjects will be more esteemed than a general knowledge of several.

Candidates, especially those who are not members of the University, will, in most instances, be required to show a fair knowledge of classics and mathematics, such, for example, as would enable them to pass their previous examination.

There is no restriction on the ground of religious denomination in the case of these, or any of the Scholarships or Exhibitions in the Colleges or the University.

Further necessary information may be obtained on application to the Tutors of the respective Colleges.

It may be added that Trinity College will give a Fellowship for Natural Science once, at least, in three years, and that the authorities of most of the Colleges are understood to be willing to award Fellowships for merit in Natural Science equivalent to that for which they are in the habit of giving them for Classics and Mathematics.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 15, 1869.

MEDICAL REFORM.

THE present position of Medical Reform deserves the serious consideration of every member of the Profession, and is not unworthy the attention of all who take an interest in the general welfare of society. That some change is necessary is admitted by all who think upon the subject. The Medical Council, which was to effect so much, has not given satisfaction; its own members admit the Acts by which it rules ought to be modified. It has demanded more extensive powers, but it has not exercised all those with which it is clothed. Its apologists tell us that it has published a Pharmacopœia and a Register, but the cost at which this has been accomplished is a public scandal. Nor do we admit that the Council was necessary for either. The Colleges of Physicians used to give us a Pharmacopœia without expense, and the Register does not supplant the Directory issued by private enterprise. Education is yet a moot question, and expensive inquiries are still going on. The Profession is robbed and the public imposed upon by unregistered persons. The corporations continue their opposition to justice, their competition downwards, their petty rivalries. Obstructions flourish—learning languishes. Yet we are paying thousands yearly for a Council which was to have been representative, but has refused to claim its birthright. What is the remedy? All true reformers have insisted that the Council should be a representative body. As such it might safely be intrusted with the whole control of the Profession. Some reformers, amongst whom Dr. Andrew Wood is conspicuous for his zeal, would create new constituencies, and have a certain number of Councillors elected by the registered practitioners residing in the three Kingdoms. Others, and, no doubt, a large majority, prefer the simpler plan originated by Dr. Prosser James, and frequently supported in this Journal. He would merely extend the franchise of the corporations, so that every Member, Licentiate, or Fellow of a College, and every Graduate of a University, should have a vote in the election of the Member of Council chosen by that body. This simple act of justice would transform the Council into a truly representative institution—a Medical Parliament of which we might be proud, and in which the public would have confidence.

The relative popularity of these two plans of reform was well illustrated at the meeting of the British Medical Association at Leeds. The ruling powers of that powerful Association, who usually carry everything before them, urged upon their members the former plan which they had for months been pushing with all their influence. Yet on Professor Haughton proposing the latter plan, it was carried, in spite of all official pressure, by an overwhelming majority of the assembled members. The next day, indeed, the managers contrived, *in a much smaller meeting,* to pass a resolution that Professor Haughton's amendment need not be insisted on in communications with the Government. It is but right, however, that everyone should know that the Association, in its largest meeting, unhesitatingly approved the plan of Dr. Prosser James, a scheme that has obtained the sanction of thousands of other practitioners, and that leading statesmen have declared the original Act of 1858 was intended to introduce. Why is it not now in operation? We are bound to reply solely because the Medical Council has neglected its duty. In a letter addressed to the President, read at the opening meeting of last Session (see report in MEDICAL PRESS AND CIRCULAR), Dr. Prosser James made a final appeal to that body. He asked it to recommend the several Colleges and Universities to extend their franchise in the election of its members. We know that six members of the Council were in favour of the suggestion, and yet they suffered it to be burked in a committee. By this one act the Council proved itself in disaccord with the Profession, and unworthy of confidence. But for this self-complacency and obstinacy we might never have heard the cry of "disestablish and disendow" it, which is now being raised. If the Council persist in being a mere petty oligarchy, what interest has any one in it? Why should any one resist the sentence "Cut it down; why cumbereth it the ground?" And this sentence, be it understood, has been pronounced by a powerful party.

Each of the corporations of which it is composed seem likely to be shortly engaged in a struggle for existence, and what will then become of this Council, which has proved itself too weak to control the bodies over which it was placed, too thoroughly embued with their spirit for independent action, too divided to be able to amend its own constitution, too self-opinionated to adopt the reforms proposed by those outside itself? A house thus divided against itself cannot stand, and the Council may, by its perversity, drag the whole Profession down in its fall.

That it is in imminent danger no one need any longer be ignorant. We have already mentioned the suggestion that has been mooted in some quarters to abolish the Council, and institute a small body of Crown-appointed nominees to govern the Profession. In such a case, farewell to all hope of self-government. The Profession would at once sink in the estimation of all honourable men, and might, henceforth, be abandoned as a calling which had no dignity. The proposer of such a scheme should be apprised that 20,000 professional men will not suffer their rights to be thus summarily taken away, and any member of the Profession who supported it should be ostracised by every one of his brethren. No! a thousand times rather the halting, weak Council we have, with its capacity of being easily transformed into a noble medical parliament, than such an abandonment to the tender mercies of a Government bureau

There are two notices on the books of the House of Commons. The one simply to enforce on the Council the gentle measure of reform which Dr. James asked it to adopt. The other, by Sir John Gray, who has taken up the question in earnest, is to introduce a Bill of which, we believe, that reform will form a part. We sincerely hope the Profession will not wait until too late before it unequivocally expresses its judgment. Procrastination is dangerous. As time wears on plans are being matured, and a surprise may in reality be effected. The medical Members of Parliament should not be left in the dark, and others should be made to feel how influential a section of any constituency the professional men may be. At any rate we must speak out, and denounce the monstrous notion of destroying our chance of self-government by subjecting us to a bureau of Government nominees. We cannot believe that a Liberal Government can be induced to support a scheme so manifestly opposed to all the traditions of its party; nor do we imagine the greatest admirers of centralisation would wish to extend it to a learned Profession, which has always occupied itself with advancing the interests of mankind, and the only fault of which is its patient endurance of the many disadvantages under which it labours.

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THE ALLIED UNIVERSITIES' CLUB.

This Journal numbers amongst its readers a large proportion of University graduates, so that the many subjects that interest University men as such are naturally discussed in our columns. That they have not been neglected by us is sufficiently obvious to all who have been accustomed to take up our paper. Oxford, Cambridge, Dublin, London, the Scotch Universities—all in turn have some great question at issue, and each is noticed by us as it comes forward. There are, too, many points in which all the Universities have an equal or a common interest, and others which embrace every seat of learning throughout the world. These larger questions have less chance of discussion than the smaller ones, but are in many instances of the highest importance. It would be well were they to obtain more general recognition. We are led into these remarks by the formation of the Allied Universities' Club, which offers a sort of centre around which the alumni of all Universities may rally, where they may meet and discuss the questions that concern them, and where they may cultivate that social intercourse with each other which it is not easy to attain elsewhere.

London contains worthy representatives of all the British, and many foreign, Universities—men, too, many of them, who would be glad to meet the graduates of sister seats of learning, and talk over what concerns each—men who can appreciate the idea of a Club of educated gentlemen, and who will be glad to join it. A Club is distinct from an Association, or we should at once be told that there is no room for any new organization. What with societies, associations, unions, and here and there a misnamed Club, there is plenty of opportunity for discussion of certain set questions. But this is a very different thing from the intercourse of a real Club. We think the Allied Universities' Club an excellent idea, and sincerely wish it success. This it ought to attain, as we observe it has already secured the adhesion of Graduates in Divinity, Medicine, Arts, and Law. It will, therefore, not belong to any one profession, but include all. As our Profession is not a rich one, it may be worth while to mention that the first list of names is not yet filled up; but that as soon as it is, according to the usual custom in such cases, the entrance fee will be considerably increased. The Allied Universities' Club is started on the proprietary principle, so that individual members incur no liability beyond their subscriptions (£5 5s. per annum). We have read over the rules, and find nothing in them to which to object. The Club-house is, to our mind, one of the best that could have been selected—12 Grafton street, W. The rooms have a full view of Albemarle street and St. James's street, down to Marlborough House, and in the season cannot fail to be appreciated.

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MR. GOSCHEN AND THE HOLBORN UNION.

Quid leges sine moribus? Pauperism in the metropolis, say the daily journals, continues to increase. In the fourth week of November 144,788 persons were receiving parochial relief, in the proportion of 36,265 indoor paupers, and 108,523 outdoor. The total number was more by 3,752 than the figures in the corresponding period of last year.

What are we to do with all these poor people? Are they to be considered as merely acute cases of distress, or shall we be likely to have as great a number of indigent persons on the workhouse lists for some years to come, or, perhaps, even more? Such are the questions we ask ourselves as we glance at the figures above quoted. There is, too, a question of great importance in addition to those we have put, and that is: has the system of workhouse relief broken down, as many say, and does it require remodelling to suit the altered circumstances of our time? It would seem that the Guardians of Holborn Union think that we must make great changes in the Act of 1834, since, in a Minute, apparently drawn up by Dr. Stallard, they have recently expressed their inability to comply with the requirements of that Act. They say, indeed, that they agree entirely with the general principles of the Act, but object to Mr. Goschen's recent letter, which professes to explain its clauses, inasmuch as they find that he has not entered sufficiently into the details of the subject. Mr. Goschen observes that the Guardians ought to confine their efforts to the relief of the destitute, and that they should not at all give relief in aid of wages, if possible. The Guardians further remark that, with the present state of destitution staring them in the face, the refusal on their part to give relief out of doors would lead to many cases of starvation. Of 6,374 persons recently relieved by them out of doors, the weekly sum of 1s. 2½d. was all that was, on an average, bestowed, and in most of the cases where this pittance was granted the persons were of the class legally entitled to it, namely, those suffering under acute diseases. If adequate relief were granted to all those aided, the rates would be enormously increased, they observe. The following case is cited to explain what they mean :—A tailor breaks his arm. He has a wife and five children, supported by him when in ordinary health. The man is now a patient in St. Bartholomew's Hospital, and the Guardians have ordered his family 5s. and five loaves weekly. This is, we may remark, a distinct infraction of the law, and, probably, an action at law lies against the Guardians of the Holborn Union, if any of the ratepayers choose to bring one, based on this case which they themselves have cited. The Guardians think it clearly unwise to order the man and his family into the workhouse; but we want to know what business the Guardians have to assert their views of things in opposition to the law, which was constructed by far abler men than any of them can be expected to be. For example, Dr. Stallard's views, put forward in a pamphlet last year, would, if acted upon, tend to pauperize the whole country; and, surely, we have enough pauperism alrrady, without running into new strata of the working classes. The Guardians, indeed, know well that the 5s. and five loaves are not sufficient for the family, so they express their opinion that they will "work the neighbouring charities" to obtain a supplement to this inadequate relief.

Surely the Guardians would be doing their duty much more certainly if they would either take in this unfortunate family, or, if not, if they would allow them to "work the neighbouring charities" for the 5s. and the five loaves, in addition to the other charitable doles they already "work" for. Of course, if the pauperism of the metropolis at present resembles in any way that of the cotton famine, there ought to be a cordial co-operation between the Poor-law and charitable agencies; but we don't for a moment believe that this is the case in London at present. There is nothing peculiarly exceptional in the case of the metropolis which should so destroy all the care which the Poor-law Guardians are bound to take; but they do not injure the poor more than they benefit them by their mode of relief, except, indeed, the absurd way in which the poorest parishes are compelled to relieve all the poor of London.

"It is illegal to administer relief so long as a person is in employment and wages are earned, even though such wages may be sufficient. The Poor-law authorities ought to hold aloof, and refuse to supplement the receipts of the family, actually offering, in preference, to take upon themselves the entire cost of their maintenance." Such is the language of the Act. And yet the Guardians, with their united wisdom, think that they know better than this. According to their reply, the language of the statute is indefinite, and it is even admitted that, "in the case of widows with families, where it is manifestly impossible that the earnings of the woman can support the family, the rule is frequently departed from." It appears, then, the case of widows is such a large one that it puts the statute to nought. Well! we don't see what right the Guardians have to break the law so constantly in favour of widows. It appears to us that when a widow and family are unable to earn their living, they ought, in almost every case, to be taken into the workhouse. The Guardians say it would be impossible to find workhouse accommodation for 20,000 widows in the metropolis, with their 60,000 children. Foolish Guardians! Do they not see that women are not mere imbeciles, and that it is this very conduct of theirs which causes women of the poorer classes to be so improvident in their married life, and to breed so fast as they do? Take them into the workhouse in all cases, and you will find that the supply of widows with three children will soon fall off! The Poor-law Board observes admirably, through Mr. Goschen, that "relief to able-bodied widows is liable to become an aid to wages, and that, as in the case of able-bodied men, the wages are commonly reduced in consideration of the allowance from the parish." The Guardians care for none of these things, so they seem to allow to every widow who applies a shilling and a loaf of bread for every child under the age of thirteen years. We really wish some ratepayer would bring an action against the Holborn Guardians to try the point whether they are to be allowed to go on systematically breaking the law in this way or no.

But it is not only with regard to widows that the Guardians find it impossible to avoid the practice of supplementing wages by relief, for it appears that more than 50 per cent. of the adult pauperism of London consists of persons more or less incapacitated from work by acute or chronic diseases, or old age.

Of 3,411 adults relieved in one week, 1,812 were more or less permanently disabled. It was found that numbers of this class were receiving small wages, such as 2s. a week. But the Guardians are obliged to confess that this illegal conduct on their part, in relieving more or less disabled poor persons, increases the competition in the lower forms of labour to such an extent as to reduce the wages paid for it. Hence, the price of various forms of needlework could not be maintained at the present starvation standard, were it not that so much is done by persons seeking parochial relief.

Seriously, we reiterate our desire that some of the working class ratepayers would bring an action against these Guardians for illegally disbursing the parish funds, and destroying the independence of the poor London workpeople. "The industrious ratepayers are taxed to maintain thousands, who, for want of sobriety and thrift, have become claimants on their savings." The Guardians, also, are in the habit of paying rents in many cases out of the rates. Here the Poor-law Board seem to sanction what we consider to be a great abuse. They also seem to *lend money* to destitute persons in some cases. In short, it appears to us that the Guardians of the Holborn Union are doing all they can to lower the independent character of the London poor; and that, unless Mr. Goschen, or some other person in power, insist on the carrying out of the law, we shall go on from bad to worse, and London will become a pauper warren.

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THE MUSCULAR LABOUR OF THE UTERUS IN PARTURITION.

THE Obstetrical Society of Dublin were the auditors, on Saturday evening last, of a most interesting and masterly communication on this subject from Professor Haughton, F.R.S., of which, not only were the details of the scientific investigation of the greatest interest, but the results obtained were of the highest practical value. The investigations were undertaken by Professor Haughton as part of the inquiry which he is about giving to the public in a work on Animal Mechanics. He applied himself to the testing of the relative mechanical power of the involuntary or uterine and voluntary or abdominal muscular system engaged in parturition; and by a variety of experiments and mathematical calculations, by ascertaining the weight of the muscles engaged, he has arrived at results which will, doubtless, astonish our readers.

He showed, with conclusiveness, that the expulsive force of the uterus, employed in dilating the os in the first stage of labour, amounted to 3·4 lbs. on the square inch; and he compared this result with the conclusion arrived at by Dr. Matthews Duncan, that the membranes required a force of 3·1 lbs. on the square inch for their rupture. Thus, he pointed out that the expulsive power of the uterus was just capable of rupturing the membranes and no more, and he illustrated by this comparison the beautiful and wonderful economy of labour evidenced in the human system. He found, however, that the expulsive force capable of being voluntarily exerted by the woman was enormously greater than that of the uterus, and was equivalent to 38 6 lbs. on the square inch, and he believed that it was by this force in the greatest measure that the expulsion of the fœtus was effected. He reduced his investigation to the following figures:—

Involuntary, or uterine force,	3·4	lbs. on square inch.
Voluntary, or abdominal force,	38·6	„ „
Maximum expulsive power	42	„ „

Which, calculating the fœtal head to have a diameter of 4½ inches, would represent the enormous force of 593, or about a quarter of a ton, which *might* be engaged in parturition. He, of course, was aware that only a small proportion of this power was usually exerted.

The obvious practical bearing of this investigation on the use of chloroform in labour was pointed out by Professor Haughton; and he suggested that while it might be found useful in the very earliest part of each expulsive effort, from its temporary power of stimulating muscular action, its use afterwards was obviously injudicious, inasmuch as it paralysed the voluntary power, on which the process of parturition so much depended.

In the course of his observations, Professor Haughton alluded to an unexpected literary discovery into which this investigation had led him. His recollection had been struck by a passage from Tristram Shandy, in which the hero, in his conversation with Dr. Slop, states, on the authority of Lithiopædus Stenonensis, that "the force of a woman's efforts in strong labour pains were equal, on an average, to the weight of 470 pounds acting perpendicularly on the head of the child." Dr. Haughton, with great raciness, explained that he believed that this statement, which had been always regarded as a satirical allusion, was not really so at all, and that inasmuch as the coincidence in numbers was too remarkable and too improbable for mere guess work, he could not help thinking that Lithiopædus Stenonensis was a veritable authority on the subject, whose writings had been lost to posterity.

The communication is reserved for presentation to the Royal Society, and will, no doubt, be published in their Transactions; and it was on this special proviso that Professor Haughton tendered its principal facts to the Obstetrical Society.

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We (*Nature*) understand that it is not the intention of the Government to fill up the vacancy in the curatorship of the Botanic Gardens at the Mauritius, caused by the death of Dr. Meller, but to promote the head gardener to the highest post of authority.

Notes on Current Topics.

The Surgeon in Ordinary to the Queen in Ireland.

Disapprobation has been unfortunately the vein in which journalists have usually been compelled to notice Governmental or Court medical appointments, and it has been but seldom that we have been allowed to vary our animadversions with a pæan on the selection to offices of honour of a person universally accepted by the Profession as deserving. The distinctions accorded by Royalty to the Profession have been lately of such a character as to render it dubious whether Court honours, Regal or Viceregal, would be ever again objects of ambition to the Profession; and the latest appointments of Mr. Oscar Clayton and Dr. Nedley, against both of which we raised our voice at the time, were not without their effect in depreciating the public value of such honours.

The selection of Mr. Porter for the honour of Surgeon in Ordinary to Her Majesty in Ireland is a pleasurable and unexpected departure from the system which has prevailed in such matters, and we welcome the promise which it gives the Profession that professional merit may henceforth be an element in the calculation of chances for such offices.

There is no man in Ireland more deserving of such a distinction than Mr. Porter; nor could there be a selection which, apart from political considerations, will be more universally approved in Ireland. He is all that the Queen's Surgeon in Ordinary should be—the bearer of a name honoured in Irish Surgery; the Senior Surgeon to one of the first Hospitals in Dublin; the ex-President of the Royal College of Surgeons in Ireland; a Surgeon who has enjoyed the complete confidence of the public; and a man of well-recognized private worth and professional rank. To such men, rather than to political tricksters or the amusers of Viceroyalty, should such honours be given; and when such a desirable rule is adopted in their allocation, the Surgeoncies to Her Majesty will be worthy of the aspiration of such men as Mr. Porter.

The Theory of Poisoning by Phosphorus and Pyrogallic Acid.

Dr. J. Emerson Reynolds gave a short account of some new experiments on this subject at the last meeting of the Dublin Scientific Club. The following were the chief points referred to:—

M. Personne recently communicated to the French Academy of Sciences the results of some experiments which he regarded as singularly corroborative of his chemical theory of the poisonous action of phosphorus on the animal system. He believes that absorbed phosphorus poisons by abstracting the oxygen from arterial blood, and so neutralizing the aerating functions of the lungs. If this be the true *modus operandi* of the poison, any substance capable of preventing the oxidation of phosphorus ought to prove an antidote. It has been long known that the vapour of oil of turpentine greatly interferes with the action of oxygen on phosphorus. This circumstance led M. Personne to administer turpentine in several cases of acute poisoning by phosphorus, with the happy result of saving human life. Desiring to obtain further proof of the truth of his theory,

M. Personne sought for some chemical substance capable of absorbing oxygen with as great avidity as phosphorus does. He speedily fixed upon pyrogallic acid as being most suitable for use in further experiments. This substance, *when present in a slightly alkaline fluid*, such as blood, has the power of absorbing oxygen with great energy. Two healthy dogs were taken, and into the stomach of one a dose of two grains of pure pyrogallic acid dissolved in water was injected, while twice this amount was administered to the second dog. The animals died after fifty and sixty hours respectively, presenting most of the symptoms generally attributed to phosphorus poisoning; and on *post-mortem* examination the muscular tissue of the heart was found in each case to have suffered the fatty degeneration well known to follow the administration of poisonous doses of phosphorus. The antidote to pyrogallic acid would appear to be an acid solution of chlorate of potassium.

As pyrogallic acid is largely employed in photography, and has been hitherto considered a perfectly harmless substance, the fact of its possessing powerful toxic properties cannot be too widely known; but increased interest attaches to this circumstance, since it strongly supports the chemical theory of phosphorus poisoning proposed by M. Personne; for we have here two bodies whose *only* point of similarity consists in the energy with which each is capable of combining with oxygen, and both these substances are stated to act in almost precisely the same way on the animal economy.

I may add here that the chemical relation of pyrogallic to gallic acid is a very simple one, and the connection of both with common carbolic acid and benzole a matter to which singularly little attention has been hitherto given. This relationship may be shown in the following way :—

Gallic acid	$C_6H_2\left\{\begin{matrix}(OH)_3\\ CO_2H\end{matrix}\right.$
Pyrogallic acid	$C_6H_3\left\{(OH)_3\right.$
Carbolic acid	$C_6H_5\left\{OH\right.$
Benzole, or benzine	$C_6H_5\left\{H\right.$

Taking *benzole* as the starting-point of the series, it is only necessary to replace one atom of hydrogen in it by the group OH, or hydroxyl, in order to produce *carbolic acid.* When this replacement of hydrogen is carried two steps further, we get *pyrogallic acid*; and when to this latter body CO_2 or carbonic anhydride is added, we have *gallic acid.*

Remarkable Injury of the Head,

PRODUCED BY THE DISCHARGE OF A PISTOL BALL WEIGHING ONLY FIFTY-FIVE GRAINS, AND PROPELLED BY SIX GRAINS OF POWDER FROM A SHARP'S PISTOL, THE SKULL BEING ONE-EIGHTH OF AN INCH THICK AT THE SEAT OF ENTRANCE.

A MAN, aged forty-six, in a fit of despondency, discharged the pistol close to his head. The ball entered the superior and anterior corner of the squamous portion of the right temporal bone, producing a stellated fracture, consisting of a superior fissure extending two inches, a posterior reaching quite to the occiput, and an inferior fissure running anteriorly across the greater wing of the sphenoid bone, to the orbital plate, producing a quadrangular-shaped fracture through the vault of the orbit, with sides from an inch to an inch and a fourth. From the greater wing, also, transversely across the body of the sphenoid bone, separating the anterior clinoid processes near their base, breaking up the ethmoid bone and loosening the vomer, continuing over to the opposite side, making a triangular fracture of the left orbital plate, and ending with a fracture of the greater wing of the sphenoid bone of the left side, running down two inches in depth in the temporal fossæ. The ball was found in the medullary substance of the left anterior lobe, just in front of the fissure of Sylvius. It was flattened on one side, and rounded on the other, with a slight dent or concavity on the convex surface. The ball carried before it a circular piece of bone three-eighths of an inch—the size of the opening it cut in piercing the skull. The extravasation of blood was confined to the temporal muscle of the right side, although a fracture and ecchymosis was observed on the left side on separating the scalp, before raising the calvarium.

The fracture was not simply a seam, but a "simple fracture with displacements ;" so that on raising the skull-cap, moderate force applied to the sections of the occipital and frontal bones readily separated the anterior and posterior portions of the skull through the course of the fracture, they being retained in position only by the attachment of the soft parts. This case is, in a measure, corroborative of the many facts accumulated by the earlier writers on surgery, to show that fractures on one side of the head occur from blows received on the other; for on exploring the skull, a fracture on the side opposite the wound was clearly observable. And also, creative of suspicion, that many recorded cases of this class of fracture were really continuous through the base of the skull.—*California Medical Gazette.*

The "Dry Earth" Method in Court.

AN American Jury have been called upon to decide the question as to whether the treatment of burns by "the dry earth system" amounts to malpraxis, or whether that line of practice is to be considered as a *bonâ fide* surgical proceeding, and defensible on scientific grounds. The *Philadelphia Reporter* furnishes us with the details :—

In June last a young woman, somewhat intoxicated, hurled a kerosene lamp at James Welsh, which struck the wall over his head, exploded, and covered him with burning oil. He was promptly removed to the Pennsylvanian Hospital, where, by the direction of Dr. Hewson, the wound was dressed with dry earth daily. The patient complained of a great deal of pain and irritation in the wound, which led to an examination. The earth was found crusted and baked over the surface, and beneath this crust it was discovered that a large number of maggots had found a nidus, keeping up a distressing irritation. The man was walked down stairs, and necessarily exposed to some draught of outside air. The wound was washed by a continuous stream of water. Shortly afterwards tetanus supervened, and he expired.

The medical witnesses differed in their opinions of the severity of the wounds, some maintaining that they were slight, others that they were severe. Dr. Hewson testified that he considered them mortal. Certainly, however, the man did not die from the direct effect of the burn. The question was, was not the treatment the exciting cause of the tetanus?

There was a large cross-examination in regard to the effect of the "Earth treatment," the result being that the witness—Dr. Hewson himself—deposed that the object in this case was to exclude the air, but other than this he was unable to tell the effect; that the pressure of this dressing did not affect the tissues beneath; and that the tendency of the earth dressing in a case of this kind is to assist nature.

Dr. Chapman, who was Dr. Hewson's assistant, testifies: "Dressed with dirt dressing right through, except glycerine and carbolic acid on one occasion; I think the dirt dressing increased the pain of the man; he complained to me about it, saying it pained him all the time except the first time I applied it, when he said it felt cool; he continued saying it pained him until the last time I spoke to him; I can't answer for what my chief did."

A number of other surgeons were called, but seemed to have no practical knowledge of the merits or demerits of the earth treatment. In opinion they seem to have disapproved of it.

Leaving aside all other questions in this case, Dr. Hewson appears to have granted on cross-examination that the only effect of the treatment at all sure is to exclude the air, and that it does so insufficiently both Dr. Chapman's testimony and the result prove. The charge of malpractice was virtually withdrawn by the defence.

It appears to have become a question of law how far a medical man may be justified in riding a hobby. There must be some limit where the vagaries of a surgeon must stop and where error of judgment verges on malpraxis, and in this particular direction the "dry earth system" seems to have reached the limit. We do not hesitate to say that it is almost criminal for a surgeon to adopt a line of treatment which he is himself unable to explain, and in favour of which no experience of success can be pleaded.

Immigrants into the States.

The Statistical Bureau at Washington informs us that in the twelve months ending June 30, 1869, there were 389,651 immigrants into the United States, of whom 240,477 were men, and 149,174 women. Germany sent the most, 132,537; Great Britain, 60,286; Ireland, 64,938; Norway and Sweden, 40,292; *France*, 3,879; China, 12,874; Switzerland, 36,500. It will be seen by this table that Germany now sends out larger numbers of emigrants than Britain and Ireland combined, while France sends out scarcely any of her almost stationary population. Such facts may well make us reflect.

Verdicts of Coroners' Juries.

Two inquests were published in the columns of the *Downpatrick Recorder* last week. One held upon the remains of a woman who, the journalist informs us, died when she was preparing to take her tea, without medical evidence, as we gather from the report of the case—for the Coroner is a non-medical one—and upon whom the jury recorded a verdict of "Died by the visitation of God." The other inquest is a more remarkable one. A hawker of fish went with his horse to dispose of a load of fish; the horse came home, but the remains of the unfortunate fishmonger was subsequently discovered drowned, after being missed eighteen days, in a brick-hole of water, with his legs tied with the belly-band of his horse. In this case the verdict returned was "Found drowned." It would be interesting to know if a medical man examined the deceased, and whether he died of drowning at all or not, and, if he were drowned, how to account for the "belly-band" being tied round the unfortunate deceased's legs, and whether the constabulary were directed to inquire still further into the case. Could it be possible for the man to tie together his own legs and then drown himself? The question has an important medical bearing, inasmuch as the ordinary run of coroners' inquests are little better than a farce, and the verdicts of the juries, returned at the dictation of the Coroner, incompatible with common sense; but this is to be accounted for by the fact that a non-medical Coroner is unable to see through the case in its several medico-legal bearings as a properly qualified and educated medical man is fitted by special training to do. We think in those cases of inquests presided over by non-medical coroners that medical evidence is an essential of great and indispensable moment; that justice be fairly and impartially administered. Our allusion to the two cases published in the journal alluded to is for the purpose of showing that the verdicts of the jury in either case were neither sufficient nor satisfactory. Suppose that the deceased was drunk, and had his legs tied together by some practical joker, who allowed him to wander home; or suppose that his legs were tied with wilful intent, and he was thrown into the hole wherein he was subsequently found. Surely such a verdict as that of simply "Found drowned" would be inadequate, and little better than a Coroner's inquest farce.

Causes of Mortality among the Children of the Poor.

In a recent inquest on the body of a child, aged nine years, Mr. Benjamin Lowne, jun., of Farringdon Dispensary, said, in evidence, "It was one of those cases in which the poor wished to get rid of their children. While they were living they wished them dead, and then they would get some one to bury them." A Juror.—"The poor are fond of their children." The Doctor.—"You do not see so much of them as I do. The poor have to support five children when they have not the means of supporting one. One half of the children of the poor die before they are three years old, while only 10 per cent. of the rich die before that age." It is clear that Mr. Lowne does not agree with the phrase, "Blessed are the poor;" and we daresay he would be found, on inquiry, to be an advocate for the small family system, so much recommended by some of our correspondents, as a cure for poverty.

Contagious Diseases Act of 1866.

We hear that an Association of Ladies has been formed to oppose the extension of this Act to the civil population, and that Mrs. H. Martineau and Miss Nightingale are favourable to this protest against the Act.

The Southampton Infirmary.

There seems to be something very far wrong in the way in which appointments are made to this charity. Thus, Mr. R. M. Watson writes to a local paper that "such a combination as at present exists in the government of the South Hants Infirmary ought not to be permitted." This gentleman became Governor in 1868, and he complains that he never had a copy of the laws, and that the members of the committee are not fairly elected by the Governors at large. Mr. Hearne, of Southampton, in a letter to the *Southampton Times*, seems much opposed to the Infirmary altogether, on account of the greater mortality which obtains in hospitals than in private houses. He complains that it was absurd to advertise, too, for candidates for the vacant offices, because the appointments had already been made virtually long before the advertisements appeared, by some body of persons in power. This is not as it should be. It is a disgrace that our public charities should be so mismanaged as they too often are; and we can see no way out of the difficulty save by employing the only fair test in such appointments, viz, that of competitive examinations.

Another Piece of "Medical Charity."

It appears that at Ruabon, in Wales, there is to be an accident ward kept up by a local magnate and his friends. Very good. But what follows? The "medical men shall not receive remuneration under any circumstances out of the funds of the hospital;" and, after this, we hear that these gentlemen have "agreed to provide gratuitously medical and surgical appliances, which will be a great saving to the institution." We are at a loss to say whether the conduct of the Governors or the medical men is the more astonishing. Are medical men slaves to do all the work of the country for nothing?

Gratuitous Services in Hospitals.

The inquiry recently instituted into the condition of St. Bartholomew's Hospital, and the results arrived at, suggest to many of us the idea that both the committee and the medical staff should consist of paid officials. In Paris there are now no unpaid persons connected with hospitals, and the same thing should, ere long, be brought about in London. Persons who are paid are, of course, liable to be removed if they do not fulfil their contract, whilst gratuitous services enable members of committees and medical men to neglect the interests of the hospital whenever they please.

Royal Institution.

The lecture arrangements of the above Institution have been announced, and the following addresses are promised:

CHRISTMAS LECTURES (ADAPTED TO A JUVENILE AUDITORY).

Prof. Tyndall.—Six lectures on "Light."

BEFORE EASTER.

Prof. Humphry.—Six lectures on "The Architecture of the Human Body."

Prof. Odling.—Twelve lectures on "The Chemistry of Vegetable Products."

Robert Scott, Esq., M.A., Director of the Meteorological Office.—Four lectures on "Meteorology."

Dr. Masters.—Two lectures on "Plant Life as contrasted with that of Animals."

Prof. Rolleston.—Four lectures, "Deductions from the Comparative Anatomy of the Nervous System."

Prof. Max Müller.—Four lectures, "An Introduction to the Science of Religion."

Joseph Norman Lockyer, Esq.—Four lectures on "The Sun."

AFTER EASTER.

Prof. Blackie.—Four lectures on "The Principles of Moral and Political Philosophy."

Prof. Tyndall.—Seven lectures on "Physics." On Thursdays.

Prof. Robert Grant.—Seven lectures on "Astronomy."

Prof. Seeley.—Three lectures on "History."

The Friday Evening Discourses will probably be given by Dr. Tyndall, Dr. Odling, Professor Ruskin, Dr. Carpenter, Mr. Clifford, Sir Henry James, Professor Sylvester, Mr. Peter W. Barlow, Dr. Rolleston, Professor Roscoe, and Professor Huxley.

The Visiting List.

Of all pocket-books for medical men, "The Visiting List," published by Messrs. Smith, Long Acre, is most popular. We have looked over our copy of V. L., 1870, as it is concisely lettered at back, and find it equal to its many predecessors. We think the publishers are entitled to ask why every practitioner in the three Kingdoms should not use their excellent diary. We have used it for some years—like it very much—and mean to go on using it.

The Doctor's Little Bill.

As Christmas draws near, the general practitioner is preparing to send in his account. Many a one is not a little annoyed by the process of making out his bill, and scarcely knows what form to adopt. Messrs. Merritt and Hatcher, of the Poultry, have sent us specimens of various lithographic accounts, some being facsimiles, of several sizes. From them anyone would be able to select the style that was most in accordance with his taste. The use of such a form would save both trouble and expense.

The Metropolitan Free Hospital.

The movement for the remuneration of the medical officers to our various hospitals and dispensaries is gaining ground. The committees of the hospitals should be paid also, and then we should have no more trashy sentimental expressions of gratitude to the medical men, in lieu of real substantial thanks. The Committee of the Metropolitan Free Hospital, though themselves unwilling to do anything towards helping on the cause of their medical staff, have promised to call a meeting of the Governors to consider the remuneration of the medical officers. We hope that the movement will be a general one.

A "Large Family."

A woman, says the *Wrexham Guardian*, in this neighbourhood has been delivered of four children at a birth. The Queen has sent her £7. She has had on two previous occasions three at a birth, all of which have lived. What would Malthus, Mill, and their school say to this? If all women were like this, we might double in ten years or less.

Relapsing Fever and the Jews.

Mr. D. H. Dyte, the able medical officer to the Jewish Board of Guardians, Devonshire-square, Bishopsgate, has arranged that a sanitary inspector should visit frequently the dwellings of the Jewish poor, to see that their dustbins are emptied, the closets clean, and that there is a sufficient supply of water. The amount of relief weekly is to be increased, as it was in the cholera epidemic of 1866.

Numbers of very poor German and other foreign Jews swarm over to this part of the metropolis, and make a great inroad into the funds provided by the charity of their richer co-religionists.

Imperforate Hymen.

A case of this uncommon malformation occurred recently in the practice of Dr. Charles Drysdale, at the Metropolitan Free Hospital, in a girl aged fifteen, whose abdomen was much enlarged from the retained menses. A very small puncture with the end of a fine bistoury was made, the fluid escaped, and the young woman is now well.

Relapsing Fever.

Dr. Broadbent, speaking of the recent epidemic of this complaint, mentions that the relapse takes place with the greatest regularity on the 14th day after the first rigor, and that the temperature rises frequently to 104° Fahr. The diagnosis between relapsing fever and the severer forms of typhus and typhoid is evident enough. Typhus comes on abruptly and causes severe suffering, and typhoid fever is characterised by a peculiar appearance of the countenance and by the rash.

Law Court Ventilation.

We are glad to see that attention is being called to the bad ventilation of some of our law courts. They are often almost as pestiferous as some of the theatres of our large cities, and require great alteration.

The Sharpey Memorial.

Up to July last, nearly £1,400 had been subscribed to this admirable fund, which is to be used, we believe, for the foundation of a Sharpey Physiological Scholarship at University College. Sir W. Jenner is the treasurer.

Hospital Nurses.

St. George's Hospital advertises for nurses. Head nurses to receive £30 a year, with board and lodging, &c.; night and assistant nurses £18, with board, lodging, and "no scrubbing." St. George's has 300 beds and 55 nurses, in addition to the head nurses. We are much opposed to the religious nurses of some of our hospitals. As Miss Nightingale says, the religious orders are all too solicitous about preparing patients for death to be good nurses.

Dr. Barnes on Uterine Hæmorrhage.

When compression, cold, and ergot of rye fail to produce stoppage of post-partum uterine hæmorrhage, owing to loss of nerve power, Dr. Barnes recommends the injection of the perchloride of iron before collapse sets in. Dr. Tyler Smith recommends a full dose of ergot of rye immediately after the birth of the child to prevent hæmorrhage.

It appears that a person called Henry Jacob Jordan opened an Anthropological Museum at Melbourne, Australia. This museum was similar, we suppose, to those seen in London. The Melbourne papers attacked the proprietor, and it seems he brought an action against them for it, which was given in favour of the defendants.

Repression of Contagious Disease.

In our impression of December 1st reference was made to the working of the Contagious Diseases Act in some garrison towns to which it has been extended. The question is, no doubt, of much importance to the community at large, and deserves careful consideration, more particularly as, in order to carry out the provisions of the Act, the liberty of the subject is liable to be interfered with, and the patient to be submitted to compulsory treatment. Whether we can limit or restrain the extension of disease, provided sufficient power was given to segregate the diseased and submit them to proper treatment till cured, is the great question of medical interest; and as we have been supplied by Dr. Burnside with some valuable practical information on the subject, the following account of a vigorously conducted limitation, under favourable circumstances, proves that not only can the disease be limited, but actually "stamped out" in a district:—

"When H.M.'s 51st Regiment was stationed at Moorshera, in the Punjaub, there being no other troops in garrison, the surgeon was happily enabled to eradicate venereal disease from amongst the men by having the following measures strictly carried into force:—

"1. The women in the Regimental Bazaar were registered. These varied in number, but the average was about twenty. A chief (Mildaree) was appointed, whose duty was to see that the orders were carried out as to extreme personal cleanliness of their persons and dwellings, &c.; each of them, except the Mildaree, paid a rupee a month. The fund thus formed was expended in renting a house for a Lock Hospital, and also went towards their sustenance when under treatment.

"2. Frequent and careful examinations of the women. On the least trace of disease being found, even abrasion of the mucous lining of the vagina, the patient was at once placed in hospital, and the Mildaree made arrangements for having her food purchased and cooked, so that she might have no communication with anyone else outside.

"3. The men were given distinctly to understand, by a regimental order, that if any one infected with venereal reported it at once he would be treated as an ordinary patient; but that if the disease was concealed for any time, or only discovered on the weekly 'health inspection' being made, he would be admitted as a prisoner, and have to make good the number of days he was under treatment on his discharge from hospital, by doing double duty, or punished in any other way the Colonel might see fit.

"4. The inspection was very carefully made in the following manner:—The men were marched up by companies, and passed singly through an upper door in one of the verandahs, the Assistant-Surgeon on duty being seated inside. After the examination they went out through a lower door; thus all exposure was avoided, the Sergeant-Major remaining within call during the inspection to take down any names."

Dr. Burnside assures us that at the expiration of four months from the date of the first application of these stringent regulations the disease had much abated, and at the end of six months had completely disappeared in the district under control. This fact is encouraging with regard to the conferring of greater powers as to compulsory treatment.

Mr. Acton will read a paper on the Contagious Diseases Act of 1866, on Saturday evening next, Dec. 18th, at 7·30, at Crane-court, Fleet-street, in the rooms of the Association of Officers of Health.

At the Clinical Society Dr. Oppert relates cases of syphilis treated by subcutaneous injection of mercury. This plan is not devoid of danger, is painful, and we question whether it is of any use.

Dr. Black has been appointed Physician Accoucheur to Charing-cross Hospital.

Fever is progressing at Holbeach Common. Six cases have been reported by the medical officer, Dr. Harper.

We hear that a resident surgeon has been temporarily appointed for the Highgate Infirmary.

We regret to hear that Miss Nightingale has been for years a prisoner in her room from ill-health.

Scarlet fever occasioned 245 deaths in London last week. Sheffield, Liverpool, and Hull are also suffering greatly from this fatal disease.

Dr. Playfair recommends nearly concentrated carbolic acid as an application to the interior of the inflamed cervix uteri in uterine catarrh.

Mr. Holmes Coote is opposed, in cases of amputation, unless where there is sloughing, to the carbolic acid treatment in any shape.

The Chatham Hospital for Women under the Contagious Diseases Act is soon to be opened. Surgeon-major Barden is the surgeon to it.

The symptoms characterising syphilitic brain disease are unilateral convulsions, double amaurosis from optic neuritis, palsies of several cranial nerves, and hempligia. Dr. Hughlings Jackson has several like cases under his care at present.

Dr. Charles Thompson says that he has found that warm baths at the outset of scarlet fever is the most curative of all therapeutic remedies. He has, he says, used them for fifteen years, and never has lost a patient when seen in time.

Dr. J. Senior Turner has been re-appointed medical officer to No. 5 District of the Mansfield Union, on the motion of Mr. Oscraft, seconded by Mr. Oates, and carried unanimously.

We are much pleased to hear that the teaching of natural science is now universal in Cambridge. At St. John's College, it appears, natural science is on the same footing with classics and mathematics. In our day it was nowhere.

It appears that at Southampton, a homœopathic medical man has applied as candidate for the appointment left vacant by the retirement of Drs. Palk and Griffin from the Southampton Dispensary. He did not, however, we believe, go to the poll with the other candidates.

A lodging-house keeper has been convicted and fined eight shillings for having failed to give notice that a little girl was lying ill of typhoid fever under his roof. Is typhoid fever contagious? We believe it is; but it is not *very* contagious.

Dr. Burzonjee, a Parsee gentleman, has resided in England for ten years past, and is now about to return to Bombay in order to superintend, with his wife and family, a school for the instruction of native girls in the higher elements of female education.

According to the Sanitary Commissioner of India, D. Cunningham, the mean mortality per thousand troops in the 10 years ending 1869, has been in Northern and Central India, 30. There are now only 31,560 British troops in Bengal. Of every 100 deaths 17 were due to liver disease, 14 to fever, 13 to heat apoplexy, 9 to cholera, 8 to consumption, &c. More than 365 English soldiers were daily sick from "contagious diseases," only 8 per cent. of the soldiers being married. The death-rate of 3,196 women was high—31·60 per 1,000—and of children excessive, 87 per thousand per annum. The sepoys live much more easily in their own climate, having a mortality of only 16·19 per thousand.

The papers just received from India contain several items of what may be called professional intelligence. The Sanitary Commissioner for Bengal having published his Statistical Report for 1868, the death-rate for that year among British troops throughout that Presidency appears to have been 20·11 per 1,000, the rate of invaliding 45·49, being about the smallest ratio of mortality yet recorded. This happy circumstance is attributable to the absence of cholera during that year. No "service" appears to have taxed the powers of the troops, and the hot season was unusually temperate; but, inasmuch as the figures only represent those struck down actually in India, they fail to indicate the real extent to which our troops did suffer during the period in question, as no account could be taken of those who have, since their arrival in Europe as "invalids," succumbed to diseases contracted in India. It is only by returns in which both these particulars are given that we learn the true rate of non-efficiency due to service in India. Any others are calculated to mislead, and hence the value of statistics prepared in India must necessarily be seriously impaired. Fortunately, however, the Report of the Medical Department of the Army for 1868 will soon appear, and in it we shall doubtless find that information which we cannot expect to obtain from India.

We learn that the Director of Military Gymnastics has reported to the Sanitary Commissioner for Bengal that the running drill lately introduced into our Army there is "a valuable agent of sanitation"—a fact very satisfactory in its way, only we fail to see how the first of these functionaries has obtained the professional knowledge necessary to enable him to judge regarding the effects of that exercise upon the great organs connected with circulation and respiration, while such things are known to have happened as men falling down during such drill from the sudden rupture of aortic aneurisms. Neither can we see what the Sanitary Commissioner has got to do with the matter, so long as we maintain a large staff of Army Surgeons in India to look after and attend upon our soldiers in health and in disease. There has been a great deal too much of so-called "sanitation," not only in India, but in our own country. The prevention of disease is as much a part of medical science as is its cure, and the absurdity of the late attempts to separate them is at last becoming so apparent that probably before long the Indian Government will see the practicability of looking to the officers of the Army, and to them alone, for information and suggestions regarding all departmental matters.

Unfortunately, we have reason to fear that the statistics of 1869 will show very much more unfavourable results than those for 1868. What with the extent to which the 58th Regiment suffered from cholera at Allahabad, and the 36th at Peshawur, the general rate of mortality will, no doubt, approximate more to its ordinary standard than it has done in the past year. Then we learn that the 85th have suffered severely from fever at Meeanchur, the 41st at Sobathoo, the 92nd at Jullundhur, and that sickness to a considerable extent prevailed at several other stations in the north-western provinces.

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SPECIAL CORRESPONDENCE.

Paris, Dec. 10, 1869.

Winter has come in earnest. The month of December had scarcely begun when old-fashioned Christmas weather set in. In the first few days we had a heavy snow and hard biting frost, and began to think we had mistaken our latitude and put up at some more northern city. In Italy I hear it has been just the same. Premature severity everywhere. Even favoured localities in the sunny South have already felt an unusual degree of cold, and it seems probable that many a bishop at Rome will remain in the eternal city a long time to recover from the effects of a sudden cooling of the air. As far South in France as Bayonne, the border town, which seems in appearance and language half Spanish, there is more snow than has been known for a number of years, and the inhabitants are accordingly suffering a good deal.

Piedmont is always cold, and, therefore, the accounts from Turin need disturb no one.

The great question of the day here is animal vaccination, on which the Academy has at last pronounced an opinion. The meeting was, however, a stormy one, the differences of opinion being very great. M. Depaul is the great champion of vaccination from the heifer, declaring the animal cannot have syphilis.

Others, however, were of a contrary opinion, and MM. Guérin and Ricard seemed to say, if they were bound to admit that the heifer was proof against syphilis, there were diseases of animals that had not been proved incapable of being transmitted to man. At last the Academy sanctions animal vaccination, but not its exclusive employment. Vaccination from child to child is still to be the recognised plan; that from the heifer being permitted also.

Last year I complained much of the post-office. It is stated that we are to have a reduction in the price to London. I hope other reforms will be included in the new agreement with St. Martin's le-Grand.

Belfast, December 7.

During the last four months a severe epidemic of scarlet fever has prevailed in Belfast and neighbourhood, principally confined, however, to the lower orders. This disease has been accompanied by a good deal of infiltration and swelling of the neck, in many cases ending in abscesses which have quickly suppurated. Two deaths of members of the Profession have occurred—viz., Dr. David Moore, one of the dispensary medical attendants, who died in June last from typhus contracted in the discharge of his duties, and more recently Dr. Stephenson, the senior member of the Profession in Belfast, and a consulting physician of this town. The latter gentleman died suddenly from apoplexy. As a mark of respect the Profession attended both funerals.

The Town Council last week elected one of their body, Dr. S. Browne, surgeon to the General and Ophthalmic Hospitals, to be mayor for the ensuing year. Dr. Browne has been for several years a member of the Council, and conferred great benefit on Belfast in connection with sanitary matters.

There is a large number of students attending the medical classes at the Queen's College, I believe over one hundred. Several interesting operations have been performed at the General Hospital, which contains 150 beds, and is the only recognised medical and surgical hospital in Belfast. This institution presents peculiar advantages for the study of operative surgery in all its branches, accidents being constantly admitted from the various factories, ship-building yards, &c. Also two exhibitions of considerable pecuniary value are connected with it—viz., the Malcolm and Charter's exhibitions. I have been informed that special classes are also in operation at the Ophthalmic Hospital and the Skin Hospital; indeed, to make Belfast complete in offering every attraction and more than ordinary advantages to gentlemen pursuing their medical studies, it only requires that the consent of the Governors of the County Antrim Lunatic Asylum be obtained to allow a limited number of students to attend the practice of that institution, mental diseases being a subject totally neglected at present, and it appears that at the last meeting of the Medical Teachers' Association a resolution making this study a compulsory subject was submitted. In addition to the above classes, a short course on the diseases of women and children, at the Lying-in Hospital, and also on the theory and practice of vaccination might be established with advantage.

The annual dinner of the Ulster Medical Society takes place to-day. The President for this year is Dr. J. Smith. Although the session has just commenced several important papers have been read. In conclusion I can only refer to the recent Poor-law investigation at the workhouse here, by Dr. Knox, into a charge brought by some of the Guardians about allowing medical students to attend dispensary midwifery cases, and which was only proved in one instance. The investigation is fully reported in the two last numbers of the Journal of the Irish Medical Association (*the Weekly Supplement to this Journal*).

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Correspondence.

"DR. BIRCH AND THE REVIEW OF HIS WORK ON OXYGEN."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—After perusing the admirable effusion (Review ! of the 2nd edition of my work "On the Action Use and Value of Oxygen" as a Therapeutic Agent), which you did me the favour to insert in your last week's issue — the question arose, whether to treat it with silent contempt as carrying its own condemnation to the mind of every *gentleman* among your readers, or whether to treat it as *libellous*, as well as low and unprofessional in its tone. I am duly advised on no account to permit it to pass with impunity. It may have escaped your editorial eye, I cannot but think. As a preliminary, then, I claim (even as a matter of courtesy) the *prompt* insertion of these few lines in your next week's number, with a suitable apology *satisfactory to myself and friends*.

The *ipse dixit* of a reviewer may be estimated at its exact value—the expression of an *individual* opinion, good or bad; and, in this instance, the very excess of personality and discourtesy of tone and style may defeat its own object by exciting the interest of many of my professional brethren in general practice, thus unintentionally promoting the object (which, as a London consulting physician, I must have at heart)—a more careful and extensive perusal, of which, experience has proved to me, I need not be afraid.

Your reviewer is compelled to admit the notoriously unsatisfactory state of therapeutics, and the difficulties which he himself feels; yet he makes no allowance *for me*, in his evident determination to "put him down." (Perhaps he may find in me a "Macduff" in more ways than one, though I am naturally a man of peace.) Evading the risks of an *open* and *detailed* attack upon my scientific ποῦ στῶ and its imperfections, he confines himself (with no lack of words) to the *logically easy* task of vague insinuations about physiology and pathology, coupled with cunningly-devised misrepresentation—selecting a few words of mine, separating them from the context, and fitting them into his own sentences as convenient for his purpose — while letting out his prejudice against, if not his ignorance of, that great fact of natural science, that the laws of "imponderable force" regulate, give life to, and render available all things in the material universe, and hence (as a logical sequence) that physiology, pathology, and therapeutics are subservient to those laws, and must ever remain imperfect and obscure without an improved knowledge of their application in medical study.

And now to the special point of unprofessional and *libellous* remarks, ignoring common courtesy—only equalled by the want of logical acumen — on the part of your reviewer. *Furor iraque mentem præcipitant.* *First*, he satirically calls my clinical selections "wonders," "miracles," and worthy of (if true) "from a grateful people some national recognition" —too good, in fact, for his limited apprehension and ignorance of oxygen in its therapeutic relations. *Next*, mark this! those very striking cases "are worthless as evidence," &c. Did any of our judges ever enunciate the law of libel? Where, again, are Medical Ethics? I am but too well aware, having suffered therefrom, that I have made some spiteful private enemies among the children of self-conceit (I regret, but cannot help it); in consequence of effecting cures with oxygen, where others have failed in difficult cases. Hence *malus animus* here and there; although I defy anyone to name a single instance during twenty years' practice, in which I have taken *the slightest* unfair advantage of a professional brother, notwithstanding that I have had plenty of provocation.

Obviously (were it not for some feeling in my own mind against a professional scandal, which the public in general so much enjoy) my own protection and *personal interests* would infinitely be best secured by a resort *at once* to a court of law, with the view to *prove legally*, through grateful witnesses and the inexorable logic of facts, many of my best "clinical selections;" while your reviewer's discomfiture (if compelled to emerge from his inglorious position as *anguis in herbâ*) would be complete, by means of a little (pleasant) cross-examination regarding his knowledge and writings about oxygen as a therapeutic, as well as touching *his age*, whether (*a*) he was at school when I first took up the subject, and then read my paper before the British Medical Association; or (*b*) whether, being as old as, or an older man than, myself, he winces under and attempts to ignore the facts contained in the Preface and other parts of my second edition, although (*now*, so late in the day) he has the cool assurance to add, "our own experience leads us to believe that oxygen may in some cases be used with much advantage." In the latter case (assuming mature years) "we" must have wonderfully changed "our" opinion.

In conclusion, I am prepared to vindicate my own views (as well as any apparent neglect in satisfying routine, wherever clinical minutiæ, as I explained by anticipation, would be tedious and useless) against all courteous critics and opponents who may afford tangible ground for reply.

I remain, Sir, your obedient servant,

S. B. Birch, M.D.

61 Harley street, December 3, 1869.

N.B.—I have retained a *duly certified* copy of the above, in case of emergency.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I feel that it is due to the readers of the Medical Press and Circular, to state, in reply to Dr. Birch's letter, that the review of which he complains was written by one who is a perfect stranger to that gentleman.

The opinions expressed in the review were formed after a careful perusal of every page of the work in question.

I fail to find in Dr. Birch's letter any reason for altering these opinions.

I am, Sir, your obedient servant,

The Reviewer.

⁎ Several letters, from want of space, are unavoidably postponed.

NOTICES TO CORRESPONDENTS.

J. D.—Any one may proceed before a magistrate against an unregistered person if he can prove the fact of his practising. Many cases have quite broken down owing to the clause in the Act not being sufficiently strict.

P. C. J.—A person who signs M.D. without possessing the degree, commits an impudent fraud on the public, though if registered as a medical practitioner, it would not be easy to take any step toward preventing him from so acting. Exposure would be the only course, but it is necessary to be quite sure the degree may not have been obtained since the registration.

Harveian.—The paper for to-morrow evening will be by Mr. Curgenven, on Quinsey.

ADMISSION OF PAUPER-PATIENTS INTO HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My attention has been drawn to a paragraph in your issue of the 8th inst., stating, "that the authorities of King's College Hospital cannot entertain the proposition made by the Poor Law Board to take in pauper patients. They believe that they have no more room than is required to accommodate patients sent by subscribers."

I beg to inform you that such is not the case, and that the committee of management have already made arrangements to receive as many pauper patients as their wards can accommodate.

I may also add that no sick person is refused admission into the Hospital for want of a subscriber's letter, and the vast majority of cases are admitted without such letters.

I am, Sir, your obedient servant,

King's College Hospital. J. W. Waldron, Secretary.

ERGOT OF RYE AS A THERAPEUTIC AGENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The members of the Medical Profession who have occasion to use ergot, and cannot rely on the preparations of the Pharmacopœia, will doubtless have recourse to some preparation, such as Dr. J. W. Curran has recommended in his able paper on "Ergot of Rye," which recently appeared in your columns. It would be interesting to know more about the way in which the new preparation is obtained, its dose, and its peculiarities. Will it be more effective than the simple infusion with borax, obtained from the same weight of the drug?

St. Thomas's Hospital. N. T. T.
London, Dec. 9, 1869.

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VACANCIES.

Royal Albert Hospital, Devonport.—Junior Surgeon.

Radcliffe Infirmary, Oxford.—House-Surgeon. Salary progressive from £105. See advertisement.

Westminster Hospital.—Resident House Physician. No Salary, board and residence free. See advertisement.

German Hospital, Dalston.—Physician, and Assistant-Surgeon. Honorary appointments. See advertisement in last week's Journal.

Downpatrick Lunatic Asylum.—Resident Medical Assistant. Salary £90, with board and residence. See advertisement.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS, &c, RECEIVED.

The Pathology and Therapeutics of Mental Diseases. By J. C. S. Van Der Kolk. Translated by J. T. Rudall. F.R.C.S. London: John Churchill and Sons.

Lectures on Surgery. By James Spence, F.R.S.E. Part II. Edinburgh: Adam and Charles Black.

A Treatise on Asiatic Cholera. By C. Macnamara. Surgeon to the Calcutta Ophthalmic Hospital. London: John Churchill and Sons.

The Cure of the Social Evil. By F. W. Newman.

Observations on the Contagious Diseases Act. By C. Bell Taylor, M.D., F.R.C.S.

An Historical View of Vaccination. By Vigorniensis. Cheltenham: J. S. Hadley.

A Manual of Tooth Extraction. By J. Gorham, M.R.C.S. London: Robert Hardwicke.

The Pathology of Bright's Disease. By W. B. Lewis, M.D., New York.

On the Temperature of Children in Phthisis. By James Finlayson, M.D. Glasgow: Dunn and Wright.

The Physician's and Surgeon's Visiting List for 1870. London: Smith and Co., Long Acre.

Professional Diaries. London: Letts, Son and Co.

Philadelphia Journal of Medicine; Boston Medical Journal; Hardwicke's Science Gossip; Nature; the American Journal of the Medical Sciences; the Monthly Microscopical Journal; the Practitioner; Australian Medical Gazette; Journal de Médicine de Bordeaux.

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Births.

Gelston.—On the 6th inst., at 62 George street, Limerick, the wife of Dr. Thomas Gelston, of a son.

Moffat.—On the 10th inst., at 6 D'Olier street, Dublin, the wife of Robert Y. Moffat, of a son stillborn.

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Deaths.

Adam.—On the 3rd inst., at Boulogne-sur-Mer, J. Adam, Surgeon, Madras Service, retired, aged 71.

Bowra.—On the 26th ult., at Jersey, Henry G. Bowra. M.R.C.S.E., late of Charterhouse square, and De Beauvoir road, Kingsland, aged 65.

Collier.—On the 4th inst., at Ripon, the infant daughter of T. Collier, M.R.C.S., aged 8 days.

Evans.—At Herne Bay, Geo. Wm. Evans, M.R.C.S.E., aged 66.

Folliott.—On the 25th ult., at Stapeley Cottage, near Nantwich, of paralysis, James Folliott, M.R.C.S., the beloved and only son of the Rev. James Folliott, aged 34. Friends will please accept this intimation.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 22, 1869.

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Introductory Lecture

DELIVERED AT THE

UNIVERSITY OF GLASGOW,

NOVEMBER 2ND, 1869,

By GEORGE H. B. MACLEOD, M.D., F.R.C.S.E.,

Surgeon to the Royal Infirmary and Lock Hospital; Regius Professor of Surgery.

(Continued from page 475.)

IT is true that a certain amount of systematic instruction can be acquired from Books, but I utterly deny that such information can equal that to be procured from well arranged and properly illustrated Lectures. The lecturer has the best opportunity of explaining and anatomising (as it were) his subject,—of repeating and elucidating any obscure topic when he sees, as he comes to do as by an electric flash over the faces of his audience, that the subject is not sufficiently understood. By reference to the candid countenance of that useful member to be found in every class to whom Sydney Smith would irreverently apply the term "Foolometer,"—in whose perturbed expression the faintest obscurity reveals itself, the lecturer can always know if he has made himself comprehended. It were indeed strange if by the use of diagrams, casts, and dry and recent preparations, and by the accumulated research of the whole literature of the subject, a lecturer cannot inculcate his subject infinitely better than any book however carefully constructed and read. And yet, mark! lectures do not preclude reading, but, on the contrary, if the utmost good is to be got from attendance on such prelections, careful and systematic reading must accompany them.

Before leaving this point I would make one further remark, that while all cannot obtain the opportunity of manipulating in the hospital they can in the class-room follow a complete course of surgical operations,—a course in which each member may himself repeat (after preliminary instruction) each operation, and apply all the usual bandages and apparatus. This I look upon as a most important part of my functions here, and I intend fully to develope it. I believe I was the first in the Glasgow School to give a complete course of instruction in Operative Surgery, and that I began when last I had the honour of teaching here. It is, to my humble mind, incomprehensible how Operative Surgery is not accounted a necessary part of the medical curriculum. How much anxiety would the practitioner avoid, and how many valuable lives would be saved, if a competent knowledge of Operative Surgery were possessed by all! No book can teach it, nor can it be learned in the hospital theatre. Many of the more usual operations are rarely seen at all in a hospital. Then how seldom are the details of such every day procedures as putting up a fracture, making a "scultitus," passing a catheter, or even adjusting a roller, explained during the stated visits in the hospital! Now I hope to teach you these essential things *here*.

I have a word or two to say regarding hospital attendance, which I beg of you to allow me to express. I hardly think a student can begin too soon to frequent the out-door department and even the wards of an hospital. It is true that for a time much that he sees and hears will be unintelligible to him, yet by degrees and insensibly he comes to recognize the features of disease, to employ his senses and get moulded to his work. I will not occupy your time by descanting on the well-worn theme of cultivating a habit of careful observation and recording of cases, though all must admit its extreme importance; but I feel convinced that nothing is of more consequence than concentrating your attention for a time on a few cases only, and not trying to grasp too many. A few cases, or even one general principle thoroughly mastered, would prove of much more value to you in every way than a multitude superficially observed and imperfectly comprehended. It is not, believe me, the rare or remarkable cases in a hospital which would be of real use to you to watch,—these, though curious, may never be encountered again,—but it is the apparently common and ever recurring ones just because they constitute those which you will have most to do with in practice.

It is by the educated and intelligent observation of facts, and the acute perception of their import and teaching, that progress in medical, as in other sciences, is chiefly to be made. Scientific observation, however, implies more than the mere objective perception of facts. It also includes the classification of them and the deducing of logical inferences therefrom. A man may *see* and yet not *observe*, and it demands a well-trained and orderly mind to reason clearly and logically from such observations. It is in giving one this power of inference that an acquaintance with Mathematics and Mental Philosophy is so essential.

It is a well known saying of Cullen that "there are more false facts than false theories in medicine," and if the power of estimating the value of evidence were more common in the profession those terrible scandals in courts of law regarding the discrepancy of medical opinion would more rarely occur. When fully prepared to observe one student may at a glance gain more information than another, not so well educated, can ever obtain. It is not too much to say that in many instances an educated observer can read the whole history of his patient and his complaint before the patient utters a word. From the face (which Coleridge used to say was always either a history or a prophecy) and the expression,—from the gait and manner,—from the attitude and mode of address,—from the tone of voice and respiration;—from the colour of the lips and face and from the hand and its grasp,—in short, from many seeming trifles which would pass unnoticed by the uneducated—a whole volume of knowledge is obtained, and the line for future investigation at once mapped out. But you are not to infer from this that in the investigation of disease so rapid a progress is usually made. To discover new facts long years of patient research are often required. Harvey worked for eight years at the proofs of the circulation before he made his views public, and it took twenty-five years more before his opinions were accepted. Jenner was twenty-three years maturing his views by patient and anxious "trying." It took even longer for Sir Charles Bell to complete his investigations on the nervous system. All of them met with bitter opposition and ridicule, but they did not falter.

In all education, medical or other, there is probably no principle so important as the encouragement of self-culture and self-reliance. The lives and opinions of our greatest men amply justify this assertion. "Self-activity," said Sir William Hamilton, "is the indispensable condition of improvement, and education is only education, *i.e.*, accomplishes its purpose only by affording objects and supplying incitements to this spontaneous exertion. Strictly speaking, he adds, "everyone must educate himself." Here is a truth of vast importance. A teacher best fulfils his duty when he guides, directs, suggests, aids and incites, and the student when he studies, reflects, engages in independent research, and recognises his individuality and self-responsibility. Think and judge for yourselves. "Think wrongly, if you please," said Lessing, "but think for yourselves."

It is in truth the knowledge that a man wins by his own labour that he values most. It does not stand outside of him, as it were, but becomes a part of his being and is ever ready at his hand. It continues, when much that he heard from others vanishes. Food taken into the body is only of benefit if it be assimilated, and the self-exertion by which the knowledge is acquired begets new power and energy. Alas! it is one of the great barriers to human progress that every man carries much of this information and incommunicable experience with him to his grave.

In reading connected with lectures it is of great consequence to confine your attention for the most part to the subject discussed, and to try thus and master it thoroughly. Read carefully and attentively everything you can lay your hands on regarding what you have heard described in the class-room or seen in the hospital and get *that* well fixed in your minds. It would save you much repetition and trouble afterwards. I would also encourage you greatly to cultivate, if possible, the older authors,—the Fathers and Classics of our Profession. Go thus as much as possible to the fountain-head, and you will be refreshed by the clear unadulterated stream,—the wisdom and thought of the past. With much possibly that is discarded and useless you will find many golden hints, unbiassed observations which are often mines of suggestive thought. The germs and more of recent "discoveries" will be there found by you, and thus you will be better able to appreciate the real advances of our science, and possibly to aid her in her march. We must surely know what has been already done before we can comprehend what remains to be accomplished. Much that is now laboriously pursued would be thus abandoned as having been already weighed and found wanting, and we would be spared the periodical resuscitation of not a few of those endless theories and methods of practice which distract men's minds, if a more thorough acquaintance with the past history of our art were possessed by its cultivators. Man, it is said, is the heir of all the ages, but he can only acquire his inheritance by assuming its possession. "All novelty," said Lord Bacon, "is but oblivion. Every phase, theory, and system comes round again as the wheel of time revolves, but he only is the well-prepared observer who can recognise such revolutions and pick out the good while he allows the bad and useless to flow away." This, after all, is but the modern version of the older declaration, "There is no remembrance of former things. The thing that hath been it is that which shall be, and there is no new thing under the sun." I counsel you, then, to read the ancient authors carefully, while you pay chief attention to more modern writers.

This point leads me to dwell for a moment on the inestimable advantage of general literature and a knowledge of the world to the practitioner of Medicine. To none more than he is that wide, liberal, broad grasp of thought and opinion more necessary which is best secured by an acquaintance with the great minds who have illuminated the world by their writings in prose and verse, and who have, thank God! done so much thereby to lighten the burden of that sore travail by which we are exercised here below. If you restrict your attention to your own professional literature your minds cannot fail to become contracted and dwarfed. You will be ever devoured by small and insignificant cares, and occupy yourselves with those petty rivalries and jealousies ("that fume of little hearts") which form the curse of our Profession. It would in a great measure put you above that spirit which is the demon of our day, which loves to speak evil of a brother, to attribute to him false motives, to detract from his success, and sneer at his abilities. This mean spirit comes much from a too sordid devotion to the little arts which promote professional advancement and the neglect of a liberal education. But to return.

By a neglect of general literature you deny yourselves much of the purest and most elevating enjoyment of which an intelligent human creature is capable, and much that would soothe and comfort you amidst the grave anxieties inseparable from your calling. It was a sentiment of Celsus that "the contemplation of nature, though it cannot make a man a Physician, yet may render him fitter for the practice of Medicine," and we may even with more truth affirm that a knowledge of general literature will greatly aid all of you in your calling. When Sydenham was at the height of his reputation, he was asked by Sir Richard Blackmore, what was the best course of study for a medical student, and he replied, "Let him read Don Quixote." I do not assert that the lively adventures of "the Knight of La Mancha" is still the most useful Manual for a surgical student (and I may as well say at once that I do not intend to use it in this class), yet in Sydenham's reply there is the assertion of the same thought I have just been trying to express—viz., not to be narrowed, cribbed, and chained, by a too exclusive devotion to mere Professional studies.

A knowledge of the world, too, and of the ways of men, is of much use to all of us. Richter puts it perhaps rather too strongly when he asserts that "a doctor should have one-third of knowledge and two-thirds '*Savoir faire!*' but it is unquestionable that "he who best fits his weapon to the mark speeds best." "You have a doctor," said the King one day to Molière, "what does he do for you?" "Sire," replied the wit, "we talk together, he prescribes medicines, I do not take them, and I get well." In our day, when the wear and tear of the mind plays such an important part in our corporeal ailments, when men's nervous organisation is strung to torture in the struggle for existence, it is not by gross drugs and the routine of the schools,—not by looking on and treating the sufferer as a mere disordered machine to be acted on by certain physical agents, that a cure is always to be attained; but, on the contrary, it is often by the perception and remedy of that "mind diseased" which lies beneath and beyond the more apparent bodily ailment. If the members of our Profession were better moral philosophers there would be less irregular practice and fewer adventurers among us than at present.

Gentlemen, I fear I have already outrun your patience; and yet I could say much on the future of our Profession, and on its claims on public estimation. It is in the prevention of disease that we hope to gain most in the time to come—in the tracing out and destroying those causes of sickness of which we have so vivid a proof in that great group of self-propagating diseases which of late have attracted so much attention. It is now well recognized that the most potent germs of death and sickness may be received from air and water, in which neither eye nor chemical test can discover any adulteration; and men are now fully alive to the necessity of most minute examinations of soils, climatic vicissitudes, &c., as bearing on the etiology of disease, and also of experimentally determining the physiological effects of drugs. In our own department of Surgery, as it seems to me, much remains to be done in determining more accurately the origin of surgical disease, in fathoming the influence of diathesis and hygienic surroundings, not only on the progress of such affections, but also on the results of operations, and in simplifying mechanical appliances. Surgery in our day does not hesitate to borrow from each and all of the accessory sciences whatever will throw light upon or aid her researches. Leaning on Physiology and Pathology and conversant with Natural Philosophy she pushes on to attain more precision and more usefulness.

Finally, I might say much as to the noble aim and exalted scope of our Profession. It is good sometimes to dwell on such a theme, just as the religious devotee finds his enthusiasm roused and his courage strengthened by the contemplation of a picture of Christian perfection. Some of you may fail in life possibly from no fault of your own, as the race is not always to the swift, but you will have the consolation of forming one of a noble corps which has been ever foremost in the fight waged with the great enemy Death. Unremunerative in a singular degree as Medicine is, and seldom crowned with social honour, it has yet the enviable claim of conferring the most inestimable service not on the individual only, but also on the nation, if it be true that "the real wealth of a nation is the health of her masses," and that "a damaged body is a moral disadvantage." It is, unfortunately, but for a comparatively short period of his life that the medical man can reap any pecuniary benefit from his toil, as neither in youth nor age can he greatly succeed, and, unlike the merchant, his business dies with him, and, in a great measure, his gains cease when sickness, to which his calling renders him so liable, comes upon him. Yet where is there a Profession (the Clerical perhaps excepted) in which scope is so largely given for the development of your whole being? To the very end of your career you can look upward and forward to new fields of research, and to renewed striving after improvement. Your Profession has been called "God-like," and so it is when rightly judged, as, after the creation of life, we must surely rank its preservation. The object of its solicitude, sympathy, and care is man himself, made after the image of God, and endowed with that nobler part which "owes no homage to the sun." We are fellow-workers with the Divine Physician who "went about healing all manner of sickness, and all manner of disease among the people," and who cheers the sufferer by the promise of a Home in which there will be "no more pain."

To give rest to the weary sufferer; to recall the lost senses and the manifold enjoyments they bring; to reseat the reason itself on its throne, and so restore man to his place in creation; nay, even to snatch a precious life from beneath the very shadow of death, are some of the triumphs to be secured by skill and perseverance; and truly they far surpass all other material conquests.

Viewed aright, then, and practised in a becoming spirit, your Profession cannot fail to evoke your utmost enthusiasm and your greatest energy. To be worthy of it you must strain every nerve and keep the heart pure. "Be assured," said Sir John Forbes, "and believe the words that come from a professional experience of more than half a century, that to be a successful and happy medical practitioner, virtue, a good character, and a kind heart are as necessary as knowledge and skill." A distinguished divine, preaching to young men about to choose a profession, thus spoke: "Surely the practice of a profession, almost every activity of which is a fresh corporal work of mercy, must have an increasing attraction for those who, in the moral sense of the expression, 'seek things above.' . . . . I venture to hope,—nay, to believe—that as public opinion becomes more Christian, a higher, nay, the very highest social consideration will be everywhere assigned to the members of that noble profession of Medicine which ministers with one hand to the progress of advancing science, and with the other daily lavishes its countless deeds of unknown, unacknowledged generosity and kindness on the sick and suffering poor." "He who gives himself," said the great and good Sydenham, "to the study and work of Medicine ought seriously to ponder four things: 1st, that he must one day give an account to the Supreme Judge of the lives of the sick committed to his care; 2nd, that whatsoever of art or of science he has by the Divine goodness attained to is to be directed mainly to the glory of the Almighty and the safety of mankind, and that it is a dishonour to himself and to them to make those celestial gifts subservient to the vile lusts of avarice and ambition; moreover, 3rd, that he has undertaken the charge of no mean or ignoble creature, and that in order to his appreciating the true worth of the human race he should not forget that the only begotten Son of God became a man, and thus far ennobled by His own dignity the nature He assumed; and, lastly, that as he is not himself exempted from the common lot, and is liable and exposed to the same laws of mortality, the same miseries and pains, as are all the rest—so he may endeavour the more diligently and with more tender affection, as being himself a fellow-sufferer, to help them who are sick." True, the claims of our social life demand strenuous labour for the bread that perisheth in the using; but let us ever remember that "a good name is better than precious ointment," and that to fulfil our highest destinies as men we must labour for that meat which endureth unto life eternal. "For," says old Clemens Alexandrinus, "the nourishment of the body is not the work we have to do, nor is sensual pleasure the object of our pursuit; but rather the entrance into those mansions of incorruption where the Divine Wisdom is guiding us."

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THE Dialectic Society of the University of Edinburgh has agreed to admit as members, on the usual conditions, all ladies who are matriculated students of the university.

CASE OF SLOUGHING ULCER.

By W. E. C. Nourse, F.R.C.S., Surgeon to the Brighton Hospital for Sick Children.

On the 7th of March, 18—, I was called at night to a gentleman with hæmorrhage from a sloughing ulcer on the dorsum of the foot. I found a triangular wound, nearly two inches across, covered with a dark green slough, from under the edges of which bright arterial blood was slowly oozing. The whole foot was painful. The patient was over fifty years of age, corpulent, highly nervous, feeble, and tremulous, with a weak pulse, and no appetite; altogether in a state not favourable to any reparative process. Thirteen months previously he had recovered with difficulty from an attack of erysipelas. The present wound had been caused by a blow from the heel of one of his boots, inflicted while pulling it off four weeks since. A lotion of sulphate of copper and opium was now applied beneath an elastic bandage, and he was ordered to take opium and dilute sulphuric acid every four hours.

March 9.—Foot easier; no bleeding; aspect of wound unchanged. To continue the mixture with one grain of quinine every four hours, and take an aperient pill with one grain of opium at night.

March 10.—Appetite *nil*. No improvement. Two grains of quinine every four hours. Wine, or brandy and egg, at intervals.

March 12.—No improvement. Continue mixture and lotion. One grain of opium with one of quinine every night. Aperient pill with one grain of opium every other night in addition.

March 17.—Foot red and painful. No appetite. A very little more sleep at night, but no other improvement. To apply a poultice, continue mixture, and take two grains of opium with five of colocynth at night. Stimulants continued, and all the nutriment possible.

March 19.—Foot less painful. No other improvement. To have three grains of quinine with opium, and nitro-muriatic acid every six hours, and two grains of opium with two of quinine each night. Colocynth pill every second or third night.

March 21.—Slight increase of appetite. Wound no better. Strong nitric acid applied.

March 24.—Improvement at one part of the wound. Acid reapplied to the other parts. Continue medicines and regimen.

March 31.—Very slight increase of appetite. Portions of slough have separated, showing a raw surface with a feeble granulation here and there. About an inch of three of the extensor tendons exposed. To be dressed daily with a solution of nitrate of silver. Continue medicines.

April 7.—Appetite very poor. Wound more sloughy. Acid reapplied. To have a mixture of gentian thrice daily.

April 10.—Appetite quite gone. Wound more sloughy, and with sharp everted edges. Acid again applied. To have five grains of quinine three times a day.

April 12.—Wound cleaner. Some slough removed. Appetite inclined to return, but very feeble. Wound dressed daily with nitrate of silver lotion.

April 17.—Less slough. More granulation. Appetite a little better. Applied a flannel roller with moderate tightness from toes to knee. Enjoined removal from a bed to a chair for an hour or two daily.

April 21.—Improving. Foot dressed every other day only.

April 26.—Wound inclined to close at one part. Feeble granulations elsewhere. Portions of the tendons separating. Applied strapping over the lotion. Moves daily into the next room.

May 2.—One part of the wound again sloughy, with sharp edges. The medicines have been steadily continued, also the stimuli and nourishment, varied as occasion requires. Applied acid to the sloughy part.

May 8.—The wound, which has been dressed daily with nitrate of silver lotion, is cleaner, but is disinclined to heal. Appetite somewhat better. The quinine, opiates, &c., are still continued. Dressed the wound with a lotion of the liquor calcis permanganatis.

Under the daily use of this lotion the discharge was observed to increase. In a few days better granulations sprung up, and more progress was made than under any other dressing. Still the progress was extremely slow. New skin tardily formed at the edges of the wound. Bits of tendon gradually came away, and the appetite required constant tempting, nor could stimuli be to any extent withdrawn. The opium and quinine were scarcely diminished until the healing of the sore, which took place in August, five months after I was first called to him, and six after the receipt of the injury. The foot and leg being well bandaged, he was encouraged, during the last fortnight, to try and walk. A troublesome attack of unhealthy balanitis annoyed the patient for several weeks at this time. By October he was as well as usual, and walking about.

The tendency of the constitution to low forms of inflammatory action will be noticed. Now, balanitis, following a sloughing wound; formerly, erysipelas. The ulcer, being not the centre of the disease, but rather an expression and a consequence of the unhealthy state of the constitution, and not extending rapidly, appeared to demand principally careful constitutional treatment (liberal support, quinine, opium, periodical clearance of the alimentary canal), and was not likely to be put in course of healing by one thorough application of acid. Several applications of it were made, and each was followed by cessation of sloughing, and by a feeble attempt at granulation. More acid would only have destroyed more tissue (for the repair of which there seemed scarcely power enough) and more of ths extensor tendons. This case is, therefore, a contrast to Mr. Adams's interesting case of supra-pubic ulcer (in a late number of the Medical Press and Circular), in which the general health was not much affected; in which a single thorough application of acid proved so effectual, and which responded at once to the action of remedies.

Out of about 307 cases of ulcer of the leg or foot (some of them sloughing, others of aggravated character) which have been treated by me during the last ten years, the case now related was among the few tedious and intractable ones, and was the only one that required a lengthened confinement to bed. The patient's system appeared to respond very slowly and unwillingly to any kind of medication. Small doses were as nothing; medium doses effected little; and it was only by large doses, and those constantly repeated, both of quinine, opium, and alcoholic stimulus, that any good could be done, and by persistence in which the case was brought to a successful termination.

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THE ANTIDOTE FOR HASCHISCH.

By Professor Polli of Milan.

As haschisch has been employed as an exhilarating agent, and even as a remedy against melancholia, it is useful to know the substances which can increase or destroy its action.

Experience has proved that infusions of coffee, of tea, and of cocoa, always increase the action of haschisch; so that if it is wished to accelerate or to augment its effect it should be taken or administered in an aqueous infusion of one or other of these vegetable substances.

Lemon-juice and vinegar, and, consequently, citric, malic, acetic, and tartaric acids, in aqueous solution, more or less diluted, arrest the effects of haschisch in a person who has taken it, and thus are competent to serve as real antidotes.

It will then be useful in making a trial of haschisch, and especially in the treatment of certain nervous maladies by haschisch, in cases where one does not as yet know the susceptibility of the subject, to know that one has in the lemonades of these acids, more or less concentrated, powerful, and at the same time innocent, moderators of the nervine action of haschisch.

I confess that it is not from my own personal experience that I have confidence in the preservative action of the vegetable acids against the injurious effects of haschisch; but solely from the experience of the Egyptians, who have assured me that it always succeeds with them, and from the testimony of Dr. Castelnuovo, who lived for a long time at Tunis, where he convinced himself of the antidotic value of lemon-juice and strong lemonades against haschisch.

Hospital Reports.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

On a recent visit to this hospital we saw a case of episclerotitis in a young woman, aged 30, a patient of Mr. Critchett's. A small red point was seen on the sclerotica of the left eye, reddish in hue, and of a hard consistence. Mr. Critchett observed that this affection of the sclerotic was peculiar to women, and was connected in them with some derangement of the menstrual function. He pointed out that in the patient before him there was a growth of hair on the upper lip, and on inquiry it was found that she was and had been suffering from amenorrhœa for some years past.

Case 2.—A woman, aged 30, came to Mr. Critchett with dilated sac and obstructed duct on the left side. She had been married six years, and had borne one child, which was healthy, and of the age of six. Since then she had not had any pregnancies. Mr. Critchett observed that there was ozæna, and that in specific cases, like the one before him, it was very difficult to produce much effect by means of operation. For the ozæna he prescribed gr. x. of iodide of potassium, *t.d.*

Case 3.—A young woman, aged 20, came under the care of Mr. Couper on Friday, the 10th inst., with interstitial keratitis of both eyes. There was a patch of exudation at the lower part of the left eye, and a general diffused haziness in the cornea of the right eye. The appearance of the teeth was most characteristic. The two middle upper incisors were thick and deeply notched at the free border; the four lower incisors were thin, and slightly notched also at the free edges. The sight was worse in the left eye than in the right. The patient, who looked otherwise in perfect health, and had a healthy bloom on her cheek, was in a draper's shop, and had never suffered from ill health during her life. Her mother, who had married two brothers, died when she (the patient) was two years old. She has a brother of the age of 23, who is in perfect health. Patient is not deaf, nor are there any other marks of inherited syphilis to be seen beyond the teeth and the corneitis. She had never suffered from dimness of sight until three months before. Mr. Couper said that the history of these cases was often easily made out, the mothers having almost always suffered from dead births, or some other syphilitic symptom about the date of the birth of the patients.

An American surgeon exhibited to Mr. Couper an ophthalmoscope devised by a New York practitioner, consisting of two rings of metal filled eccentrically, in one of which is placed the metal speculum, and in the other a revolving disk, containing a series of little + and — glasses, destined to be set opposite to the aperture in the mirror in cases where the refractive power of the eyes inspected requires the aid of such lenses. Mr. Couper expressed himself much pleased by the ingenuity of the instrument, and intended having one similar constructed by Messrs. Beck.

Case 4.—Mr. Bowman operated on a case of dislocated lens by extracting the lens. The patient, a man of about 55, had received a blow on the orbit of the right eye, and this had been followed by dislocation of the lens into the anterior chamber. Mr. Bowman, after the patient had been set asleep by chloroform, caused his body to be bent well forward, so that the head was in a dependent position, and the cataractous lens having fallen into the anterior chamber, he transfixed it with a needle, and then, bringing the man's back into the supine position, with his face opposite the light, he made an incision at the edge of the cornea large enough to let the lens through, and then extracted it without any prolapse of the iris, or without cutting away any of it.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

December 6, 1869.

Peter Marshall, Esq., President, in the chair.

Mr. **Haynes Walton** read the outlines of a case of sympathetic ophthalmitis following five weeks after injury to and disorganisation of the other eye. Two months later the injured eye was extirpated; nothing more was seen of the patient for two years, there was then no acute mischief, the pupil was closed by lymph, an artificial pupil was made, and the patient was able afterwards to gain his living as a messenger.

Mr. **Sampson Gamgee** then read a paper

ON COMPOUND FRACTURES.

He preferred to our own the French division into simple and complicated fractures, the latter including swelling and wound. A fracture with a penetrating wound may be and often is a less important injury than what is commonly called a simple fracture, though accompanied with much bruising of the soft parts, and consequent swelling. In all cases, if the limb is to be saved, the author recommends adherence to the same principle of treatment, immediate reduction, immobility and compression; soft pasteboard splints are the agents chiefly relied on, but to be efficient they must cover indeed the joint above as well as below the seat of fracture—a principle firmly inculcated by Percival Pott, who was erroneously held to be the advocate of position against splints. On the great value of pasteboard splints, the sound practical teaching of Jean Louis Petit was contrasted with the fanciful objection of Malgaigne. The fallacy of John Bell's objection, and the use of compressing bandages in fractures were fully exposed and a number of cases were adduced to illustrate the author's practice; amongst them one of compound fracture of the ankle joint, in which complete recovery followed excision of the astragalus and the application of a compressing pasteboard apparatus, only opened for the dressing of the wound once in nine days. Referring to Professor Lister's carbolic acid treatment, Mr. Gamgee said, "Until the distinguished surgeon whose intimate friendship during the whole of my studentship, I shall deem one of the greatest happinesses of my life, thinks well to publish his views and experience in a collected form, it will not be possible to examine them with that completeness and impartiality which his character and position, no less than the importance and difficulty of the subject deserve; but having read all that the Edinburgh Professor has hitherto published, and having seen his practice, with the advantage of his personal exposition in the Glasgow Infirmary, I do not hesitate to say that, so far as I am able to judge, the practice of introducing pure carbolic acid into the innermost recesses of a compound fracture is a mistake."

An interesting discussion followed, in which Messrs. Hunt, Haynes, Walton, de Meric, Carter, Wm. Adams, and Weeden Cooke took part.

A vote of thanks having been unanimously accorded to Mr. Gamgee, the meeting adjourned.

ARMY MEDICO-CHIRURGICAL SOCIETY OF PORTSMOUTH.

Deputy Inspector-General Dr. Gordon, C.B., in the chair.

Surgeon **Franklyn**, Royal Artillery, read some remarks

ON A CASE OF ANEURISM OF THE AORTA IN THE PERSON OF A SERGEANT OF THE 12TH BRIGADE.

The tumour connected with that vessel had extended downwards into the abdomen, pressing upon the bodies of the first and second lumbar vertebræ, and causing the absorption of a considerable portion of them, at the same time that it projected to such an extent backwards in the loins as to threaten to give way. The extent of the tumour where it thus projected was six and a half by five and a half inches, and a point of interest in the case was the circumstance that its subject had been able to continue at his work up to a comparatively short time before his death. Sketches illustrative of the disease were handed round. Assistant Surgeon O'Leary, honorary secretary, read a paper by Assistant Surgeon Murray, R.A., on the advances in surgery during the last quarter of a century. The author alluded to the benefits to surgery due to chloroform, contrasting not only the suffering of patients under operation, but their subsequent mortality prior to and after the introduction of that agent; to local anæsthesia, whether by the application of ether spray as introduced by Dr. Richardson, or congelation after the plan of Dr. Arnott. He proceeded to advert to the operation for ovarian dropsy, first performed in 1823 by Mr. Lizars, of Edinburgh, then for a time allowed to fall into disuse, but more recently revived and now practised by several surgeons of eminence, to the improved treatment of aneurism in accessible situations by pressure, to the resection of joints as a substitute in certain cases for amputation, especially with reference to the knee joint, and in gunshot injuries generally. He referred to the operation of crushing calculi so successfully performed by Sir H. Thompson as a great improvement in the method of treatment as compared to the more severe operation of lithotomy, to the introduction of silver wires in supercession of ordinary sutures; to acupressure as a substitute for ligatures to divided arteries, and to the treatment of wounds by water and other cleanly applications instead of by poultices and unguents as formerly. He remarked upon the injurious extent to which the administration of mercury had previously been pushed, and the improved system under which that drug is now administered, and concluded by observing that medicine as a science had not in his opinion made such advances as surgery.

A brief discussion followed the reading of the above, and the proceedings terminated.

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Inventions.

RICHARDSON'S SPLINT, FOR THE TREATMENT OF FRACTURES OF THE CLAVICLE, SCAPULA, AND NECK OF HUMERUS.

Dr. Haynes L. Richardson, of this city, reports the *New York Medical Record*, has devised a very useful and valuable apparatus for the treatment of fractures in the neighbourhood of the shoulder. It is composed of three parts, and has three points of attachment, viz., to the side, axilla, and arm. The arm and body pieces are semi-cylindrical in shape, and are composed of some flexible but moderately stiff material like leather covering a pasteboard foundation, hard rubber, or papier maché, and are fastened together by means of rivets, with sufficient space being left between them to allow the passage of strips of adhesive plaister. The crescentic pad is received as a crutch in the axilla.

For fracture of the clavicle the crutch is crowded firmly in the axilla, the arm piece secured to the arm by circles of adhesive strap; the shoulder is then raised and the arm carried backwards until the fragments are brought into position, when the body splint and crutch are secured alike by straps of plaister.

For fracture of the scapula the arm is carried forward instead of backwards, before the splint is secured to the side. For fracture of the *humerus* the arm is secured in its most natural and easy position. In all other respects the splint is adjusted the same for fracture of either of the above-mentioned bones. After the splint has been applied, the arm may or may not be flexed at a right angle on the chest, and supported by a sling from the neck.

This apparatus is simple in its construction and application, and differing from all other appliances in not interfering with the opposite shoulder. It is adjusted with great ease and dispatch (*neither rings, pads, nor bandages being required*), and will retain fractures of the above-mentioned bones on either side in position better, and with much greater comfort to the patient, than any other apparatus now in use, and does not need to be readjusted during treatment. It has been used in several cases with entire satisfaction to the surgeon and the patient.

A NEW FRACTURE APPARATUS.

A new dressing for fractures of the leg has been devised, according to the *Chicago Medical Examiner*, by Dr. E. D. Kittoe, of Galena, late medical inspector U. S. A., which, on account of its convenience and capability of being made by an ordinary mechanic, is deserving of commendation. It consists of two steel or iron rods, a quarter of an inch in diameter and thirty inches in length. These are connected by a cross-bar at one end, and by two sliding semicircles intended to go over the front of the leg.

A foot-piece of wood sits between the rods, and is suspended to a steel semicircle by a clamp screw, so as to allow of its being turned in any direction, and also drawn to and fro on the rods, which are loosely clasped by the semicircle. The foot of the patient is attached to the board by adhesive straps either passed around the foot itself, or up the sides of the leg. Through the cross-bar at the end of the rods passes a screw ten inches long, which is attached to the foot-piece by a swivel joint. By these means the foot-piece is drawn down, making extension with any desired force. The counter-extension is made by two broad thick pads, attached near the upper extremities of the side rods by clamp screws, so that they can be adjusted to any necessary length. These pads press against the bulge of the tibia on each side, just below the knee, and may be fitted to variable sizes by extemporized pads placed under them, thus making effectual counter-extension. The limb is supported between the rods by passing a bandage to and fro beneath it exactly in the manner of Smith's Anterior Splint; and the whole is then suspended by a branched cord to a hook in the ceiling, or to a wire arch under the bed-clothes. The branched cord is of course attached to the two sliding arcs which attach to the rods.

The only cases where this splint cannot be used would seem to be those in which there has been contusion about the knee, so that the patient cannot tolerate the pressure of the counter-extension pads; but even in these cases it would have all the advantages of Smith's Anterior Splint, while in all other cases it adds to the merits of Smith's apparatus the benefits of perfect extension and counter-extension. It is a great comfort to a patient to have the free motion of the limb allowed by suspension, without losing the advantage of extension, or risking the displacement of the bones. Both these objects are gained by Dr. Kittoe's apparatus.

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Literature.

THE CONTAGIOUS DISEASES ACT.*

There is great interest evinced by a large section of the Medical Profession in the extension of the Act called the Contagious Diseases Act of 1866 to the civil population. Only a few in our ranks have as yet protested against this experiment; and among the few we have to notice the name of Dr. Chas. Bell Taylor, of Nottingham, who, in a pamphlet of sixteen pages, wages battle against the ideas of Mr. Skey and the Admiralty Commission in a very telling manner. Dr. Taylor quotes from the Blue Book to show that women are sometimes falsely accused of being prostitutes. Thus, Mr. Parsons, one of the Surgeons under the Act, is asked by Dr. Brewer how he knows that women not prostitutes have been brought to him, and replies, "I know one instance of my own knowledge, by my happening to know that the woman was a respectable married woman." The women, it appears, sometimes keep coming up for examination, in order to avoid losing their character by being brought up before a magistrate; and it seems that the police, when they see a woman out at night, are very apt to suspect that she is a prostitute. Mr. Parsons adds that he has not had *many* cases of virtuous women thus insulted. Bravo! Mr. Parsons, and bravo! the law-givers, who only make felons of *all* the prostitutes, and don't insult many other women. It certainly is an advantage to be born a man. One fact mentioned by Dr. Taylor is worthy of note, and that is, that last Session a Bill to extend the provisions of the Act of 1866 was quietly passed through the House at the fag end of the Session. This was certainly a shabby proceeding. A rather telling argument against the wholesale examinations carried on at Woolwich and elsewhere is the fact that syphilis has been more than once communicated by drinking vessels, and, *à fortiori*, it may be certainly conveyed by the female speculum in such examinations, as 150 women are sometimes examined in two hours in Paris. Then Dr. Taylor truly says that true syphilis is sometimes communicated by persons who have very few traces of the disease in their own persons, and at the Dreadnought Hospital this has been found to be the case. Some discharges are contagious, others not; and are we to keep a woman in hospital for months because she has a uterine catarrh, which may not be infectious, or, if so, would only communicate gonorrhœa? The most telling of all arguments against the Contagious Diseases Act extension is quoted from Dr. C. Drysdale's remarks in the MEDICAL PRESS AND CIRCULAR, where that gentleman asserts that there seemed to him to be rather more cases of syphilis in Paris than he was accustomed to see in London Hospitals. Dr. Taylor also points to the fact that the police of Paris often insult ladies and other women by taking them for prostitutes. "Many a time (he says, with indignation), when I have witnessed the arbitrary interference of the Agents de Mœurs, in Paris, with all classes of females, have I said with honest pride, 'Such a villianous system would not be tolerated in England for a day.'" A couple of drunken sailors, says Sneller, of Utrecht, will infect twenty women in a week. Gonorrhœa, pseudo-syphilis, and syphilis are three diseases of very different gravity; and Balfour is reported to have said he was quite prepared to say that the Act was not successful in reducing the amount of true syphilis, which is the great thing we wish to do. Dr. Taylor shows that, if free hospitals had been opened, quite as much good would have been effected without any tyrannical dealing with women's liberty. Finally, Dr. Taylor shows that the amount of *contagious diseases* is slightly on the increase again in Woolwich, Aldershot, Chatham, Sheerness, Portsmouth, and Devonport. Hence he asks a verdict against the Act on several counts. He also adds that many married men, who before had been contented with home indulgences, have now, trusting to the illusory powers of the State to secure "clean prostitutes" for all-comers, gone astray and contracted syphilis.

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* Observations on the Contagious Diseases Act, showing how the new law debases women, debauches men, destroys the liberty of the subject, and tends to increase disease. By Charles Bell Taylor, M.D. F.R.C.S.E. Nottingham: Banks. 1869.

The Cure of the Great Social Evil. By F. W. Newman, Emeritus Professor of University College. London: Trübner.

Mr. F. W. Newman is well known as a vigorous, although rather intemperate, writer—often right, but not unfrequently wrong, after the manner of clergymen and literary men, in the object of his invectives. In this case, however, as he is on the same side as Dr. Taylor, we quote his ideas with pleasure. He quotes, with approbation, from a paper by Dr. Gourley, read at the Social Science Meeting at Bradford, where he showed that the soldier is entrapped into the army by making him drunk, then kept in artificial idleness, in wretched ennui for eight hours a day. Mr. Newman protests against the idea that prostitution must be accepted as an English institution. Alluding to the stealthy way in which the Act passed through Parliament last Session, he says there is great danger lest, by such stealthy extension, they gradually get into their grasp the women of the whole country. He has not heard the name of a woman who does not regard the Act with intense aversion. "No plebeian Parliament would ever have passed (says Mr. Newman) so disgraceful a law." If a woman whom the chief of the police tells the justice he "has good cause to believe" is a prostitute, refuse to submit, or to reappear statedly, she is liable to prison with hard labour, first for a month. She has no jury, no counsel. She shall *not* nourish the hope of getting back into honourable ranks. If you accustom her to it, do you expect her ever to recover modesty? Will not this tend to extend disease? The Parisian women become very abandoned, every one knows; and prostitution is far more extended in Paris than in London, because of this brutalizing law.

It appears that a private International Society of Ladies is rising on the Continent to put down the Continental system. Speaking of soldiers, Mr. Newman remarks that, once enlisted, the kidnapped men forfeit every vestige of English liberty. They are kept in constrained idleness, and turned into boys and puppets; few of them are allowed to marry. Prostitutes are regarded by many commanding officers as the natural and necessary complement to the camp and barrack. The great mass of men in the ranks here and on foreign stations are periodically examined. But the Act is silent with regard to male civilians. "No epithet of scorn and hatred can be too strong for the dastardly favouritism of the male sex. . . . Set the spies on *men*; take evidence from the harlots themselves against *men*. They would quickly point out grey-headed fathers of families, surgeons, or now and then a clergyman, who frequent brothels and seek their company. . . . Legislators are tender over their own sex. . . . We should need female magistrates to hinder such a law from being a dead letter." Despotism is sometimes necessary, as in the case of battle or of pestilence; but it should be impartial. He points with scorn to the argument that women should be kept clean, because married men frequent them. This should be a reason to arrest, cleanse, and punish the family men, rather than the prostitutes. Finally, he quotes from the Report of Mr. Simon, that this Bill should be called by its correct name—"A Bill for warranting a woman clean to those who wish to use her."

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Summary of Science.

BY C. R. C. TICHBORNE, F.C.S., M.R.I.A., ETC.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

NAPHTHALINE.

NAPHTHALINE was, at one time, a source of trouble to some manufacturers. It has, however, lately been applied to dyeing and other puposes; and the following information obtained from the *Journal of Applied Chemistry* and the *American Journal of Pharmacy* is of considerable interest. The pure naphthaline when fused is similar to alabaster in appearance, it becomes negatively electric on being rubbed with silk. It melts at 174°, and boils at 452°. Melted naphthaline has the curious property of absorbing a large quantity of atmospheric air, which is given off on cooling. The expulsion is so turbulent, that the naphthaline appears to be boiling. Vohl states that the air so absorbed is very rich in oxygen, and the editor of the *American Journal of Pharmacy* suggests that it is pure oxygen. Indigo is dissolved in this substance with great facility, and forms a dark blue liquid, from which the indigo is deposited on cooling in fine streaks, shining like copper. It dissolves phosphorus, sulphur, iodine, chloride of mercury, arsenious, succinic, benzoic and oxalic acids; also the sulphides of arsenic, tin, and antimony.

Benzoic acid and benzol are thus produced artificially from naphthaline.

The first stage is the production of naphthalic acid. This is accomplished by dissolving 12 parts of naphthaline in 90 parts of sulphuric acid, and carefully adding 80 parts of black oxide of manganese. After the reaction is over, it is boiled with four or five times its volume of water, as long as carbonic acid is given off, the liquid is again diluted with its volume of water, this liquid yields by evaporation sulphate of manganese and naphthalic acid.

When naphthalic acid is mixed with an excess of lime and is submitted to a temperature of 625 to 660° Fahr. it is converted into benzoate of lime. This operation must be performed in vacuo.

Naphthalate of lime (old notation). Benzoate of lime.

$$C_{16}H_4\,O_6\,CaO + 2\,CaOHO = C_{14}H_5\,O_3\,CaO + 2\,(CaO,CO_2)$$

To successfully accomplish this operation requires considerable skill and practice. The benzoic acid is separated from the benzoate of lime by hydrochloric acid, and with respect to the benzol it can be obtained by subjecting benzoate of lime to distillation with lime. This benzol may serve for the production of nitrobenzol and aniline. (The Editor of this Summary has seen specimens of benzoic acid procured from naphthaline in which the smell of nitrobenzole, or artificial oil of bitter almonds, was very strong.)

TRANSFORMATION OF HYDRATE OF CHLORAL INTO CHLOROFORM IN THE ANIMAL BODY.

According to M. Liebreich, the hydrate of chloral should be transformed into chloroform when coming into contact with the alkali of the blood. The following formula represents the reaction :—

$$C_2 HCl_3 O_2, H_2O = \underset{\text{Chloroform.}}{CHCl_3} + \underset{\text{Formic acid.}}{CH_2 O}$$

This statement of M. Liebreich has been disputed by several of the French chemists, and in order to set the question at rest, the author of this paper has instituted a series of experiments—partly with fresh blood and partially with live animals, and has also made other experiments. He comes to the conclusion that hydrate of choral is really split up into chloroform and formic acid, which, however, ultimately becomes converted into chloride of sodium and formate of sodium. (As regards the first part of the decomposition the Editor of the Summary has very little doubt, but he considers the latter questionable.)

CHLOROFORM.

M. Hager states that the chloroform of commerce contains, besides the terchloride of formyle, other chlorinated compounds which are not readily separated therefrom. After the separation of alcohol and water which is invariably present in commercial chloroform, a fluid is obtained which begins to boil at 60° to 61°, and ultimately at 65°. By fractional distillation, it is possible to obtain pure chloroform, which can only be tested by its boiling point and specific gravity. When chloroform is exposed to the direct action of the sun's rays, it becomes decomposed and exhibits an acid reaction. Its principal products of decomposition are hydrochloric acid, chloroxycarbonic acid, formic acid, and free chlorine. Chloroform is decomposed even in the dark, when air has access to it, but this reaction is very slow. A quantity of from ·75 to 1 per cent. of alcohol is sufficient to act as a preservation for keeping chloroform for years, even when exposed to daylight. Chloroform, although it does not exhibit an acid reaction, may still be in a state of decomposition. This decomposition can only be detected by ammonia—which yields a vapour of chloride of ammonium, when brought in contact with it. The boiling point and specific gravity are variously determined by different authors. The Phar. Austriaca boiling point 63·5° ; sp. gravity, 1·49 to 1·5. Dr. Strecker, boiling point, 61° ; M. Limpricht, 62° ; M. Biltz, 62·05, sp. gravity at 10·2 C = 1·5085 at 15° C = 1·5020 at 20° = 1·493. The British Pharmacopœia gives no boiling point, but gives 1·49 as the specific gravity.

ON THE ECONOMICAL PRODUCTION OF OXYGEN GAS.

Five hundred pounds of manganate of soda are placed in a retort, and superheated steam passed over it, in five minutes all the oxygen is extracted from this salt. This quantity yields two and a half cubic yards of oxygen every hour. Hot air passed over the residue for five minutes restores all the oxygen given up. Six hours' work in this manner, or six extractions of oxygen, and six reoxidations, give 15 cubic yards of oxygen. This oxygen as it issues from the gasometers contains about 15 per cent. of nitrogen, but by letting the first portion escape, the quantity of this mixture can be reduced to 2½ per cent. M. Tesseis du Mothary affirms that one ton of manganate will yield 100 cubic yards of oxygen daily for a year without removing the salt once.—*For. Corres. Chemical News.*

LITHARGE.

Dr. Wittstein has found as much as 1·25 to 3·10 per cent. of lead in litharge in a finely divided state. Pure litharge dissolves freely in acetic acid, the lead being insoluble.

EATABLE CLAY FROM JAVA.

The following is the analysis of this clay procured from Berbek Kedirie. It is sold in the market for edible purposes. Silica 39·711, peroxide of iron 9·806, alumina 25·939, lime 3·029, magnesia 1·352, protoxide of manganese ·591, potash ·572, soda 3·858, water and volatile matter including ·506 per cent. of ammonia 14·801 ; of this material 72·79 per cent. is insoluble in hydrochloric acid. It is a pity that the information is not more explicit as regards the 14·801 per cent. of organic matter, in which, no doubt, the dietic value, small as it is, mainly resides.

ON PRODUCING A HIGHER TEMPERATURE IN SOLUTION BY STEAM AT 212° FAHR.

Mr. Spence in a long communication to the *Chemical News*, points out the following curious fact : In a solution of nitrate of soda placed in a vessel surrounded by a jacket, steam was let into the intervening space, until a temperature of 212° Fahr. was obtained. The steam was then shut off, and an open pipe immersed in the solution, and steam from the same source thrown directly into the liquor. In a few seconds the thermometer slowly but steadily rose, until it reached 250° Fahr. The explanation of this apparent paradox is, that the temperatures of the solutions are in exact ratio of their specific gravities, and have no connection with the temperature of the steam, which never exceeds 212°. The greater the specific gravity, the higher the boiling point, and to that boiling point will ordinary steam raise it.

NEW FEBRIFUGE.

Quino-picric acid is the term applied by MM. Duguet and Perret to a golden yellow substance with a bitter taste, insoluble in water, but soluble in ammonia and alkaline solutions without decomposition. When thrown on burning coals this substance burns off like lycopodium, but does not detonate. It is formed by acting with picric acid upon the alkaloids of the cinchona bark—viz., quinioline, cinchonine, cinchonicine, &c. It is said in round numbers to contain 58 parts of alkaloid to 42 of picric acid. *Cosmos* in speaking of this substance says, that it is of considerable value from a therapeutic point of view, and enables us to economize (by the formation of a definite compound), the quina alkaloids, at present lost in the manufacturing of quinia.

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SCOTLAND.

EDINBURGH.

THE annual meeting of the Association for the Better Endowment of Edinburgh University was held on Friday last, under the Presidency of the Lord Justice-Clerk. From the Committee's Report it appears that £52,000 had been accumulated for the purpose of endowing Fellowships in the University. Sir Alexander Grant, in his capacity as Principal of the University, stated that, in his opinion, the Fellowships which the Association had been largely instrumental in obtaining have had the effect of raising the tone of scholarship. Professor Lorrimer called attention to the fact that as yet there was not a Fellowship connected with the Faculty of Law. Professor Laycock was sorry to observe that Medicine received only £40. Natural science and physical science received £260, so that, with the £40 given to the Medical Faculty, those three applied sciences got only £300, against £1,000 bestowed on learning. He trusted a little generosity would flow in the direction of science.

MR. JOHN MILLER, M.P., has withdrawn the unpaid portion (£750) of his subscription to the Royal Infirmary, Edinburgh, on the ground that he disapproves of the Watson's Hospital site.

BENJAMIN BELL, Esq., F.R.C.S.E., has been presented by the inmates of the Edinburgh Blind Asylum with a gold watch on the occasion of his retiring from active duties as Surgeon to that Institution.

GLASGOW.

JOHN WILLIAM WALKER, Esq., F.R.C.S.E., has been appointed Surgeon-Oculist in Ordinary to Her Majesty in Scotland, in room of the late Dr. Mackenzie, of Glasgow.

AYR.

W. J. NAISMITH, M.B., C.M., L.R.C.S.E, has been appointed Consulting Surgeon to the Ayr Fever Hospital and Dispensary, in room of Dr. Mason.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 22, 1869.

MEDICAL TOLERATION.

IN a former number we had occasion to comment with sincere approval on the intended action of the College of Physicians of London in the matter of Examinations. We gladly hail this step as one of the many "signs of the times" in the direction of medical progress and liberality, and we are incited by it to address a few words to our readers to-day on the much more comprehensive and important subject of Medical Toleration. Speaking in the most general manner, in all the intercourse of man with man—in every sphere of society and life—there is no more becoming quality, none more befitting a civilized being, than toleration. And if we were called on to select, among all the virtues, one which should, more than the rest, speak for the truth of that which has often been denied by philosophers—the real progress of mankind in civilization—toleration is, perhaps, the very one we should be most disposed to fix on. For, turn in what direction we will, do we not find progress and toleration absolutely coincident—nay, more, that the proportion of the one bears the closest of relations to the practical extent of the other? Within certain well-established limits, we hold this to be an indisputable fact. And examples are at hand in abundance. If we turn to the side of Theology, and seek an illustration in such an instance as that of the Roman Catholic Church, at present occupying a large share of public attention, it is quite certain that that communion has never taken toleration for its especial motto. Much rather, and most persistently, has it acted on Bishop Warburton's celebrated dictum, "Orthodoxy, Sir, is my doxy—heterodoxy is every other man's doxy." Still, no one will say that the Church of Rome is not more tolerant now than in the days of Loyola and the Inquisition; yet, notwithstanding, there will be few to doubt that the Catholic public is any the less religious on that account, or less sincerely devoted to its own Church and ritual. No. But one thing has happened to it and to all of us, and it explains the phenomenon at once. We live in the 19th, not the 16th century; and the spirit of the modern world is breathed, more or less, on all men and all institutions. That spirit is absolutely irresistible, and one of its very best fruits is seen in the quality of toleration.

We turn now to our own province of Medicine; and if the virtue for which we are contending be a token of advancement in the more certain walk of Theology, what shall we say of its importance in reference to an art not only so difficult, but so constantly shifting as ours? In Medicine, be it remembered, we have not to do with an "exact science;" and medical proof, as we all know, is not mathematical in character, but dependent on the experience of individual observers. It is true, indeed, that this experience is cumulative, and that medical theory and practice, to be authoritative, should and does proceed upon a large induction of facts. But, with all this, let us be candid with ourselves and fair towards the noble Profession to which we belong. It can well afford to be tried in open court—to be dealt with without flattery. And when we glance at its past history, what kind of picture is it that meets our eyes? From the days of Hippocrates down to our own, we behold a continuous succession of changes in opinion and changes in practice. The fierce wrangles of the dogmatists and empirics, the humouralists, the vitalists, and other doctrinaires without end, are fresh in the memory of all students of the early history of the Profession, in the course of which, as they were all alike egregiously mistaken, it is to be presumed the *odium medicum* would be proportionately violent. We pass through all those phases of opinion from the Greeks to the Romans, and, following the course of the art in the hands of the Arabian physicians, and noting the birth of alchemy and its fruits in the doings, centuries afterwards, of Paracelsus and his school, we arrive in fine, with the development of Physiology, at the really scientific era of Medicine.

These things are noted, in passing, to demonstrate the constant changes of the Profession in the distant past. Have these changes been less in our own modern times? Not less, but a hundred-fold greater—changes vast and ceaseless, yet so familiar to every one that we dare not on this occasion do more than allude to them. And this is the Profession in which, for every one of its legitimate members alike, we are claiming the boon of toleration! A superfluous task, one might think, did not much painful experience demonstrate its necessity. In the first place, it must be plain, we should imagine, to every right-minded man, that in such a Profession as ours, of all others, unanimity is impossible; and, moreover, it is just as undesirable as impossible. Where so much is to be done, and from so many sides, absolute identity of view is so far from the thing to be wished, that, on the contrary, every phase of individual opinion, down to the minutest, according to each competent observer's own point of view, is pre-eminently that which the best interests of medical truth require. And hence the vital necessity for toleration as a fundamental axiom in Medicine, if the Profession is to flourish in the future. Toleration absolutely; but, over and above this, the highest and most constant encouragement to every genuine individual effort, however counter it may run to the usually received opinions of the time. That is what we desiderate for the Profession's good—that, in our opinion, should be the recognized creed of the Profession at large. We would seek to regard this subject from a lofty and generous point of view, and, laying aside egotism and self-esteem, we would welcome every true workman whatever, and honour him for every particle of fresh truth it might be his lot to bring into the common stock, however it should clash with our previous convictions. That, we are persuaded, is the true spirit to advance the Profession of Medicine. At the very outset, let us release our students from the Schools, not as believers in us and our particular teachings, but simply as soldiers of the truth; and let us rather impress on them the motto as they depart, "*Nullius addictus jurare in verba magistri!*" We do not make the faintest pretensions to prophecy, but every one must feel that we have entered on a period of amazing progress in all the sciences, Medicine among the number, and that, great as this has already been, "the greatest is behind." In surveying this vast intellectual country, with all its mighty monuments, we seem to hear the advancing tramp of mightier achievements still, attended, most assuredly, with the overthrow of many venerable dogmas in Medicine as elsewhere; and, in thinking of this, we smile to find ourselves pleading for Medical Toleration.

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Notes on Current Topics.

French Hospital and Dispensary.

The anniversary festival of this charity was held last week at Willis's Rooms, Lord Napier of Magdala in the chair. The Hospital is in the French quarter—Lisle street, Leicester square—and was founded two years ago. Since then it has had 282 in-patients, and 7,643 out-patients. The institution is cordially supported by the King of the Belgians. Mr. Rimmel, the Secretary said the institution had expended £1,000 a year, and that the inmates of the Hospital included patients of eighteen different nationalities. £1,200 were subscribed in the course of the evening. *The medical officers receive, as usual, no remuneration.* In Paris they would be paid.

Highgate Workhouse Infirmary.

The Guardians of St. Pancras have appointed Mr. D. H. Dyte, who has for several years held the office of Surgeon to the Jewish Board of Guardians at Bishopsgate, to the post of temporary Surgeon to the new Hospital, under the recent Act, at Highgate. We are sure that no more zealous or more efficient officer could have been elected to this important post than Mr. Dyte. His testimonials are of the very highest kind, and he bears with him to his new and important duties the best wishes of his many friends and his former teachers of the London Hospital. We trust that his appointment may be a permanent one.

Abolition of University Tests.

Two deputations in favour of abolishing University tests waited on Mr. Gladstone last week—one from the Universities of Oxford and Cambridge, and the other comprising representatives of various nonconformist bodies.

Blackheath Mendicity Society.

The system of mendicity tickets, it appears, has almost entirely freed Blackheath from professional mendicants. Tramps and professional beggars will not have anything to do with such tickets. The ladies of Blackheath, however, are fain to give money in some cases instead of tickets, in order to escape from the importunity of some of the more sturdy mendicants. The remedy for the latter state of things would be, of course, as has been suggested, the appointment of a certain number of policemen in plain clothes to take up such cases.

The Surgeon in Ordinary to the Queen in Ireland.

By a printer's error, the correction of which was overlooked last week, the official rank to which Her Majesty has been pleased to appoint Mr. Porter was incorrectly stated. For the first time the appointment of a second Surgeon in Ordinary to the Queen in Ireland has been made, and, in the person of Mr. Porter, the compliment has been paid to Ireland of placing its Medical Profession on a level in this respect with Scotland.

In the absence of those substantial honours which it is almost the exclusive privilege of the Law to enjoy, it is, we think, to be regretted that professional rank and merit do not more frequently receive even the unrewarded recognition which they deserve. The public mind is being rapidly educated up to appreciation of medical services, and in the future, we venture to hope, to the conferring on the Profession of some share in the emoluments with which lawyers and soldiers are absolutely burthened.

Unlicensed Doctoring in America.

An inquiry which has been recently held into a case of poisoning reveals a condition of medical morality in America from which, we would hope, we may claim exemption on this side of the Atlantic:—

> "The 'Galler Mystery,' as it is called by the daily newspapers, is developing some remarkable circumstances concerning the qualifications of irregular practitioners in this enlightened city. First we had the accused Wedekind, whose claims to a medical title were founded upon a certificate from a dispensary somewhere in Germany, and sundry 'essays' on medical subjects, 'written since he was thirteen years old;' and now appears upon the scene the regular (!) attendant of the deceased Galler, one 'Dr.' Martin Dupuis, who follows his sworn assertion, 'I am a physician,' with the frank admission, 'I have not graduated,' and who appends his mark to his affidavit, being *unable to write his name!* This sagacious individual, it seems, has been practising in New York for nearly eleven years.
>
> "When will the community open its eyes to the fact that dealing with human life is at least as important a business as dealing in merchandise, and learn that its own safety depends on demanding legal protection against ignorance and imposture?"

Spiritualism.

In reply to a correspondent, the Editor of the *Philadelphia Reporter* recounts his experience of spiritualism, and his reasons for refusing any credence to its *soi-disant* phenomena. He says:—

> "We believe that every one of the so-called 'spiritualistic phenomena' is a trick and a deception, or the result of nervous disease. We have belonged to a 'circle' and seen some wonderful manifestations, and after we were completely puzzled, and, like Festus, almost persuaded, the medium has kindly explained some of his most startling

'manifestations.' Last year we agreed to pay the expenses of a medium from Chicago to this city, and add a *douceur* to boot, if he would perform in the Pennsylvania Hospital, before several eminent physicians of this city, what he wrote us he could perform. He came, tried, and—*failed*, in several separate trials. We kept our money, and he—his peace We here and now make the same offer to any medium in America. But there must be no under-the-table or in-the-dark manœuvres. A fair field, no favours, and expenses paid are what we offer. Who'll try his (or her) hand?"

The New Military Barracks in India.

According to accounts received from India, an impression seems to be entertained that the recently erected barracks, according to plans approved by the Sanitary Commissioners in this country and at Calcutta, by no means possess the sanitary advantages that were anticipated from them. They are said to be needlessly capacious, to be hot in summer and cold in winter, and, moreover, to be uncomfortable as quarters for the soldiers, and to altogether fail in adding to the health standard of their occupants. The vast cost of their erection is by one set of financiers considered to have contributed in no small degree to the present deficit in the Indian Treasury, and it is understood that orders have been issued to suspend the further construction of such buildings.

We wait for further particulars. Meantime, we would express a hope that the reports which have reached us are premature, as every person who has spent any considerable time in India must be well aware of the evils to health that arose from the miserable barracks in which, until lately, our troops there were accommodated, as contrasted with such lofty and airy barracks as exist, for example, at Fort William, Chinsurah, and Birhampore.

Death of Dr. A. Bryson.

We have to announce the death of Dr. A. Bryson, which took place on the 12th inst. at the Heritage, Barnes. This eminent officer, who was a Physician Extraordinary to the Queen, entered the Royal Navy in 1827, and served on the north coast of Spain during the Carlist insurrection, and gained considerable credit from the late Lord John Hay and from Sir Sydney Dacres, to the latter of whom he was specially attached. Dr. Bryson's death was very sudden: he was struck down by a fit of apoplexy on the 10th inst., and lingered until the 12th, on the morning of which he expired. He obtained the position of Deputy Medical Inspector of Hospitals and Fleets 1st March, 1854; and, from his zeal in the service and remarkable energy, he became Inspector-General in June, 1855. His thoroughly energetic habits led him to be appointed Director-General of the Medical Department of the Navy on the death of Sir John Liddell, K.C.B. He retained that appointment until a few months back, when he was succeeded by Dr. Alexander Armstong, C.B. The late Dr. Bryson, for his civil services to the Navy, was nominated a Companion of the Order of the Bath in June, 1865. He was a Fellow of the Royal Society, to which body he was elected 1st June, 1854. There is no doubt that, through over-anxiety in his official position, he overtaxed his mental capacity. He was much beloved by his friends. The deceased gentleman began his studies in Edinburgh. He also studied in Glasgow, where he took his M.D. degree, and was admitted a Member of the Faculty of Physicians and Surgeons, Glasgow. He was also a Fellow of the Royal College of Physicians, London. Dr. Bryson had seen a great deal of active service, and was well known as the author of works, "On the Climate and Diseases of the African Station;" "Epidemics of Sierra Leone;" "Statistical Reports on the Health of the Navy," &c.

Health of Napoleon III.

'The editor of the New York *Spirit of the Times*, in writing from Paris, gives the particulars of a professional interview with Dr. Brown Sequard. In the course of the conversation, Dr. Brown Sequard directed Mr. Wilkes' attention to a series of articles which had recently appeared in a French paper on the subject of the Emperor Napoleon's health, and which had created considerable sensation. Dr. Brown Sequard stated that the articles to his knowledge had been written by a man who had once been the Emperor's physician, a man of great ability, but dissolute habits, who had lost his standing in society and his official employment, but who nevertheless knew the Emperor's constitution well. This unworthy physician has violated all professional obligations, but, as Sequard insists, has nevertheless told the truth in disclosing the secret that the Emperor Napoleon is suffering from an incurable disease, fungus of the bladder, which must soon, and certainly within six months, put an end to his life. The Emperor, according to Sequard, has doubtless been made acquainted with his fate, and is preparing for it as well as he can. It is further stated that the reason why these articles have not affected the Bourse is that they appear in a bitterly Radical paper, and are not believed, and that the opportunities for observation possessed by the author are not generally known.

Liability of Consulters for the Fees of Consultees.

The City and County of Cork Medical Protective Association have held an important meeting with the view of deciding the custom of the profession in this matter. Dr. Armstrong, the Honorary Secretary, received the following requisition:—

To Charles Armstrong, M.D., Honorary Secretary Cork Medical Protective Association.

Dear Sir,—We, the undersigned, request that you will be so good as to convene a *special* meeting of the Association for Saturday, the 27th inst., at four o'clock, to receive from Dr. Townsend a communication of importance to the profession.

(Signed) Edward R. Townsend, M.D.
J. R. Harvey, M.D.
Thomas Gregg, M.D.
Wm. Jackson Cummins, M.D.
E. R. Townsend, Jun., M.D.
Nicholas Grattan, M.D.

Cork, November 23, 1869.

A *large* meeting, consisting of medical gentlemen, not only from the City but also the County, was accordingly held, which was opened by the President of the Association, Dr. Harvey, calling on the Secretary to read the requisition convening the meeting, whereupon—

Dr. Townsend stood forward, and mentioned the fact of his having, by request of a family, by one of whom he was professionally engaged, telegraphed for the immediate attendance of Dr. ——, the latter holding him, Dr. Townsend, responsible for the payment of his fee. Dr. Townsend now sought the opinion of the Association as to his liability for the fee, and considered it a question about which the Profession should have a clear understanding, and observed that the fee was of no importance to the patient's friends, who were only ready to pay it.

Dr. Beamish quite agreed that this subject should be distinctly understood from the fact that he, under similar circumstances, had telegraphed for the attendance of Dr. ———, who, on visiting Dr. Beamish in his study, at once asked if Dr. Beamish had made arrangements for his fee, the latter replying that the family were able and willing to remunerate him, and that he, Dr. Beamish, left Dr. ——— to settle the matter of his fee with the patient or his friends.

Drs. O'Flynn, jun. and Cummins argued that the question was too important to be decided by the Association, and suggested that a medical meeting of the entire City and County should be convened to consider it. It was, however, proposed by Dr. Beamish, seconded by Dr. Wm. C. Townsend, and carried,—

"That it is the deliberate opinion of this Association that this meeting is perfectly competent to decide the question now brought forward by Dr. Townsend."

It was subsequently moved by Dr. Shinkwin, seconded by Dr. Gregg, and unanimously carried,—

"That it appears to this meeting that the establishment of a precedent, which would render the physician or surgeon, who may call in another in consultation, responsible to the consultee for his fee, would not only be unjust, but injurious to the interests both of the Profession and the public."

Instructions were given that this resolution be published in the advertising columns of the MEDICAL PRESS AND CIRCULAR.

Dr. Johnston, of Midleton, Co. Cork, mentioned similar cases of telegraphing with which he, from time to time, had to do, and proposed,—

"That the thanks of the meeting be given to Dr. Townsend for bringing this subject before the Association."

Which was seconded by Dr. Purcell, and passed by acclamation.

The proceedings then terminated.

A Cheap Way of Doing the Doctor.

THE "*lene tormentum*"—the gentle violence of railway travelling—appears still to cause disease, and, we suppose, always will. The following advertisement, clipped from the *Times* of Wednesday, seems a cheap move to obtain gratuitous advice.

TO RAILWAY TRAVELLERS.—A gentleman, having suffered some inconvenience to the nervous system by continuous railway travelling, is desirous of ascertaining of any railway traveller having been similarly affected, if any remedy has been found, so that travelling may be resumed with impunity.—Address, &c., &c., &c.

A great deal depends upon the nature of "the inconvenience to the nervous system." Still, granting that X. Y. Z. will receive numerous replies and methods of treatment, from the application of sliced white lily roots to the spine to other forms *ad infinitum*, we would suggest to the advertiser that, although it may be a cheap way of doing the doctor, it may be the dearest in the end to the patient. We hope that X. Y. Z. will confide his case to a physician of repute.

The Welsh Fasting Girl.

THIS case has concluded as every rational man must have foreseen. Medical men know well enough that similar cases often crop up, which belong either to that class of impostors who, by artful contrivances, supply themselves with food while protesting their fast; and those who, from mental or physical disease, take but little food, and that at long intervals, eventually succumbing to nature.

In the present instance, the head nurse (sister Naaman) insisted upon the following conditions, before undertaking the task of watching:—To be allowed to choose her own assistant nurses; the girl's bed to be re-made in her presence before taking charge; her relations not to approach beyond ordinary speaking distance at the bedside; no one to be allowed to kiss her, lest a chance might be given to convey food by the mouth. The watching was carried out with commendable zeal, and yet kindness to the sufferer. Clearly, any watch to be worthy of absolute credence, must be rigidly enforced, and the conditions executed were just and sensible. The result the profession and the public already know.

THE East London Children's Hospital has received a donation of £1,000 from "H. G."

IT is said that four men have died of Asiatic cholera almost suddenly at the Moscow Railway Station.

THERE is to be a Workman's International Exhibition in July, 1870, at the Agricultural Hall, Islington. We wish it every success.

Two new wards have been erected in the rear of the Fever Hospital, Islington, capable of holding 60 patients, with an allowance of 2,000 cubic feet of air to each.

SIR JAMES SIMPSON has been summoned from Edinburgh to attend the Duchess of Argyll at Inverary. The Duchess seems to have had an attack of an "apoplectic" nature.

THE *American Journal of Syphilography and Dermatology* is the title of a new quarterly journal to be issued on the 1st of January, 1870, and devoted, as its name implies, to the consideration of all venereal and skin diseases. It is to be edited by Dr. M. H. Henry.

SCARLATINA MALIGNA is at the present time epidemic at Eastfield Forest, a populous village between the towns of Mansfield and Sutton. Four deaths are registered this week from it, and a great number are at the present time under treatment for it. Typhoid fever, which has been so prevalent at Sutton, appears in abeyance, only two deaths being returned last week.

THE *Daily News* of the 15th inst. reports another case of death from starvation. A poor woman, aged sixty-nine, a needlewoman, received 2s. 6d. a week from the parish, and 2s. 6d. a week from a relation. She paid 2s. a week for rent. She had died from want of sufficient food. Why was she not taken into the workhouse, according to the law?

The new Government Lock Hospital erected at Chatham for the use of patients from that garrison, Sheerness, Maidstone, &c., is now completed, and it is expected that it will soon be brought into use, when the Lock patients will be removed there. The hospital has been erected to carry out the provisions of the Contagious Diseases Prevention Act. The chief medical officer for this hospital is Surgeon-Major T. H. H. Baxter.

We are informed that Dr. Elizabeth Blackwell is established in London with the view to the practice of medicine. Miss Blackwell, we believe, is the first Englishwoman who has taken a degree in medicine. Her diploma, was derived from the College of Geneva, in the State of New York. She studied in Paris, and in London at St. Bartholomew's Hospital. We hear, too, that Miss Garrett's time is fully occupied as a successful practitioner of medicine.

The *Edinburgh Medical Journal* says that the prospects of the Medical Schools of Edinburgh for this session are better than usual, the number of students already entered being greater than the whole number registered at the commencement of last session, the increase in those matriculated for the first time at the University alone amounting to about forty to the present date (20th November).

We hear that Dr. Constantin James, a Paris physician, has been nearly murdered in a train on the Paris and Mediterranean Railway. The assassin entered the carriage when the doctor was sleeping, and struck him several blows on the head with a life-preserver. The train, by good luck, stopped at a station where it was not expected to do. The murderous ruffian escaped. Dr. James was much hurt, but his wounds are not considered to be dangerous. He returned to Paris.

Medical journals would appear to enjoy no special privileges in France preferential to the general press. The *Gazette Hebdomadaire*, published last week a warning which it had received from the Government, relative to articles published in its columns on the discussion relative to infant mortality—these articles touching, according to the views of the Government, on matters of political and social economy, forbidden to be discussed in unstamped periodicals. The *Union Médicale* congratulates the *Gazette* on having escaped with a warning, for it had itself been less fortunate—six weeks ago a fine of 52 francs was inflicted on it for the publication of an article by M. Briesse de Boismont in reference to the law of lunatics.

Readers may thus understand and excuse the reserve and timidity of these journals on questions which are the subject of universal discussion.

The *Army and Navy Gazette* says that "It is currently reported that the Royal Hospital, Kilmainham, Dublin, will, after the 1st of April next, be converted into barracks for a brigade of Artillery, and that the in-pensioners will be treated after the same manner as their naval brethren at Greenwich this year. Of course, if Kilmainham goes, Chelsea may be expected to go also." The *Gazette* thinks, there is every probability of the rumour proving true, and adds:—"Although we are strongly opposed to the idea of the reductions being allowed to interfere with our old and time-honoured associations, still, in the case of Chelsea and Kilmainham, the country is called upon to provide for an expensive staff of officials, whereas, no doubt, the greater part of the veterans would be better looked after and far more happy and comfortable were they allowed to spend the remainder of their lives amongst their friends or where they pleased."

The *Philadelphia Reporter* publishes the particulars of a most extraordinary accident, which, coming from a less reliable source, we should have discredited. The Editor writes:—

"Yesterday we went on board the English ship *Tyril*, now loading with cotton here, to see a piece of human bone, two inches in length, which had been driven into the solid oak deck.

"About a month since a sailor fell from the topsail yard, at a height of 120 feet, struck his thigh on the capstan in his descent, fractured his thigh at the middle third, thrust the lower extremity of the upper fragment through the muscles, and immediately afterwards into the deck. After penetrating the oak plank two inches, the bone was again snapped off about an inch above the deck. The bone has been cut off even with the deck, and is now protected by a brass plate and exhibited as a curiosity.

"The most remarkable fact is, that the man is a patient in hospital, and is apparently recovering without other defect than shortening of the thigh about three inches."

Indian Transport Service.—The Indian Transport Service, which is kept up at great expense, does not seem, if we may judge by the complaints brought under our notice, to give much satisfaction to the military officers whose lot it was to pass a fortnight on board between Suez and Bombay. It is credibly reported to us, for instance, that an officer, on seeking his berth, found the slops had not been removed for many days; that he had to make the best of a cabin having a borrowed light; and that the thermometer in this delightful asylum rose to 108 deg. We learn that an officer may sleep on deck, but that no bedding whatever is allowed to be transported to that airy and sacred place. Another, and no slight annoyance, is caused by the regulations respecting the morning cup of tea, so refreshing and so needful. It seems that rigid orders prohibit tea in the cabins. Although the services of the ship's stewards are monopolized by the naval officers, yet the soldier's servants might, without any infraction of the dignity of the royal navy, be allowed to carry tea to their masters. Perhaps it is good for the health of the officers that they are allowed only one glass of beer and one pint of sherry, although they may have more beer at the rate of sevenpence a glass; but it is a vexatious rule which compels a man to drink his pint of sherry at dinner, or not at all. The grievance involved in the disposal of quarters rests on more solid grounds. It appears that the first persons considered on board—at least, one of the transports, after the ladies, are the officers of the ship. Gallantry not being quite extinct, the ladies come first, but when they are provided for, the naval gentlemen next look after themselves, and allot to the military men what are concisely described as "leavings." And this in transports, kept up not for the navy, but the army! One thing we are glad to know—that the soldiers, their wives and their children, are made really comfortable. —*Bombay Gazette.*

Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—There appeared no less than five letters in your impression of December 1st on this topic, which evinces, I am delighted to see, much interest in it among my learned brethren. The subject is so fundamental in the scientific treatment of hygienic topics, that no person, I conceive, ignorant of the question, is fit to treat of the theory of epidemics, &c., without reading it up. I fear I have not been very explicit in my remarks, or have been wanting in rhetorical art in some of my expressions, for I find some of your esteemed correspondents asking me all sorts of curious questions, which I should never have thought it necessary to import into this matter. For instance, had it not been for a Liverpool correspondent, and for Mr. Nourse, I never should have thought of speaking about the dogmatic utterances of any creed. My sole wish has been to examine scientifically whether Mr. Malthus, Mr. J. S. Mill, Dr. Chalmers, and the school of political economists of this time, were or were not correct in attributing the terrible mass of poverty which surrounds us to the over-rapid multiplication (*i. e.*, large families) so commonly witnessed in this country and in Germany. I don't think any of the writers on the subject in the Medical Press and Circular have point blank denied my assertion that the race of which we are members has a tendency to double itself in considerably less than thirty years. Just let us suppose that women did in this conutry as they do in Hindostan—marry at the age of puberty. From puberty to the menopause there are thirty years of child-bearing, and it is easy to see how very rapidly our race *tends* to increase if supplied abundantly with food, by considerations of such a nature as this. Giving two years to childbirth and lactation, a healthy woman might easily have at least fifteen children; and we know as a fact that some women who marry early have as many as from twenty to twenty-five children. After this it will not require much evidence to show that in some new countries, such as the United States, the population *has* doubled in some cases in less than twenty-five years—*e. g.*, from 1790 to 1815, not counting immigrants at all. And if this be conceded—and I really wish some one of your correspondents would try to deny it before he goes further—is it not a logical sequence that, unless we take some miracle into account, the population of this country would also double in twenty-five years if it were not kept down by want of food, &c.?

I believe almost all of your correspondents are more or less convinced that we *can* breed very rapidly, and that we must either increase slowly or not at all, like the French, or be half-starved because of the pressure of population on subsistence. Well, if this be admitted, I cannot see why we should not look the matter fairly in the face, and ask, What is the *least disagreeable* of all the ways in which population can be prevented from increasing too fast? And if this aim were kept steadfastly in view, I do think we should not find persons any longer using such hard words in speaking of the views of any writer who tells us what he thinks best. I may at once say that it would have evidently been far better for us had Nature been so arranged as to allow of us doing as we pleased in this matter. But Nature in this case, as in many others, is not studious of our happiness. The fact is, I apprehend, we have only a choice of evils if we remain in Europe. If persons here marry early, and have large families, on an average they must suffer from poor living, which causes many diseases, or their unfortunate children will be cut off by rickets or exanthemata, &c. If Mr. Malthus's plan of late marriage is resorted to, many other evils will arise—for example, prostitution will be common, and wide-spread melancholy, resulting in both sexes, although more especially in the male, in perverted habits which are so frequently—as we learn from our friends who attend to the insane—seen in lunatic asylums, and are certainly in many cases the causes of fatuity. I cannot help thinking, on considering all these things, that any person of sense must be tempted to consider the French plan of small families as much preferable to these. The thoughtful will, of course, understand that it is their *duty* not to lower wages by breeding too fast; the rest may be persuaded, by considering that a small family is less of a burden to them, and more likely to conduce to the happiness of the parents.

I remain, Sir, yours, &c.,
Charles R. Drysdale, M.D., M.R.C.P., F.R.C.S.
99 Southampton row, London, W.C.,
Dec. 17, 1869.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me to take a retrospective glance at some of the things that have been said in your columns on this subject.

"A Layman" argues that, as "sexual intercourse must have been designed for the exclusive purpose of procreation," it ought never to be indulged in except for that object, and that when it is, the result is no better than self-pollution, and leads the way to the procuring of abortion, and even to infanticide. This may well be called the large family doctrine, since it would proscribe copulation in all circumstances adverse to procreation, such as during the whole of the interval between conception and delivery, as well as during the ten days preceding the menstrual period, during which intercourse is, it seems, unfruitful. I would beg to be allowed to ask "A Layman" whether he practises what he preaches, and if not, whether he thinks it honest to attempt to lay a burden on others which neither he nor they are able to bear.

"Physiologist" quotes a passage from a medical work in order to show that it is possible to subdue the sexual instinct, and to do without indulging it, or with only a very moderate indulgence of it. But the former alternative, implying, as it does, abstaining from marriage, has nothing to do with the question of large families, which is one that relates exclusively to married people. The latter alternative—namely, moderate sexual indulgence—unless the moderation were of that special kind which would limit intercourse to a particular period, when it is said to be unfruitful—could have no influence in limiting the number of children in a family, but rather, perhaps, the very contrary effect.

Mr. Nourse's genial utterances would seem to me to be directed rather to the subject of the rational exercise of the sexual organs than to that of the regulation of the number of births in families. The moderation which he inculcates, and the restraints which he shows to be incidental to normal married life, must be admitted to be beneficial to the welfare of married people, but appear to me, from his own showing, to be calculated rather to secure the procreation, in full number, of strong children than to affect the size of families. I would venture to address one reproach to Mr. Nourse. He has been somewhat hasty in taunting those of your correspondents who may, I presume, be called his opponents, without daring openly to explain the practices to which they allude. If he will take the trouble to refer to the letter signed A. G. L, he will see that this taunt was entirely undeserved.

Dr. Drysdale, in my humble opinion, has, in his communication, regarded the question too exclusively from a political economy point of view, and as depending on the doctrine of Malthus. The call that there is in certain circumstances for the voluntary regulation of the number of offspring is quite independent of the Malthusian doctrines, for it is of importance not only in over-peopled countries, and those tending towards over-population, but in particular families in all countries. The mere sparseness of population in a country will never secure in each and every family located in all parts thereof that accordance between the number of births and the financial means of the parents on the one hand, and the ability of the wife satisfactorily to bear and rear offspring on the other hand, which is often so desirable for the welfare both of parents and such children as are born. Even in a country like Australia, it must occasionally happen that the comfort and prospects of a household are materially diminished by an undue number of births. The voluntary regulation of the size of families is thus a matter of domestic ethics, the adoption of which must be left to the judgment of each several couple, without respect to the state of population of the whole country in which they may happen to be resident. It will never be put in practice except for the sake of the advantages expected to accrue to the particular family in which it is adopted. To look for the self-imposition of any such restraints for the benefit of the community at large would be absurd. But the Malthusian doctrine would require its general adoption by populations which are outrunning the means of subsistence. Hence, to inculcate it in connection with that doctrine is futile. What is really wanted is to place before the public in this country correct and unprejudiced statements of the actual practical results procured to individual families, as they are to be observed on all hands—for instance, in France, by voluntarily subordinating the number of births to the financial means of the parents and the physical capacity of the wife for satisfactorily bearing and rearing offspring. If these ascertained facts were woven into popular tales illustrative of the working of the system when judiciously carried into practice, the effect would be all the greater on the public mind.

"A Dispensary Doctor" asks, "Will Dr. Charles Drysdale and those who think with him, allow me respectfully to inquire whether they believe the Christian Scriptures?" Following the example of a supereminent Bible personage, the questioned might very well answer this query with another question, and inquire of the questioner whether he believes in the ordeal of jealousy as an institution worthy of having been communicated to man by Divine revelation (Num. v. 14—17, 24—27), or in that article of the Mosaic code by which it was enjoined to put to death the bride whose virginity could not be proved by certain appearances on the Jewish hymeneal napkin? (Deut. xxii. 20—21.) To ask whether a person believes in a complex collection of writings such as the Scriptures, is about as unmeaning and misleading as to inquire whether one believes in Latin literature.

Yours obediently,

AN M.A., F.R.C.S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you inserted the extract from the Paris correspondent of the *Times*, I send you another from the same writer, which appeared in the leading journal last Thursday. He now writes as follows:—

"A much esteemed French friend has kindly taken the trouble to read what I recently wrote about child-farming in France, and to send me a few lines of comment on my remarks. He assures me that the sending of children to nurses in the country is no argument against the paternal and maternal affection for them, and that families in easy circumstances usually make the nurse go to them and keep her in the house, instead of sending the infant to her. This is no doubt true, but, unfortunately, the easy-circumstanced parents constitute, it is to be feared, only a minority. It, of course, would be excessively difficult to change a long-established practice of this kind, the more so as the usual association of women in their husbands' business too often prevents them from giving up their time to nursing their children. But the pith of my friend's observations is to be found in the following passage. He says:—

"'As to the number of children, and your model family of *six*, be assured that, if the two firstborn of the family had lived and prospered, the four others would never have been called into existence. They were merely supplementary children, and the number of six was never seriously intended.'

"I have no doubt that my correspondent is perfectly right in this, and, that much being admitted, we need not trouble ourselves to seek in the neglect and cruelty of peasant nurses a cause of the very slow increase of the population of France. In the interest of humanity and of the unfortunate infants we may regret the system, but it is not that which keeps the French nation stationary in numbers, since, if some of the children did not die, others would never be born."

This I consider a most important contribution to the debate.

I am &c.,

T. C. D.

Dublin, December 11, 1869.

NITROUS OXIDE AS AN ANÆSTHETIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The introduction of the nitrous oxide gas as an anæsthetic has created so much interest in the medical world, that I am anxious to give the Profession the benefit of my limited experience, as far as I am enabled to do it. I therefore send you an account of the first ten cases in dental practice in which I administered the gas in Dublin. Seven of the cases were painless; two experienced a sensation of extraction, but not amounting to actual pain; and one felt the extraction in consequence of not being under the influence of the gas. In all the pulse was accelerated at first, and afterwards became feeble as the gas took full effect. In none of them was the breathing entirely suspended. Two showed the extreme lividity of features; in the rest but very little change appeared. No sickness was observed, and no headache was complained of by any patient; the recovery was extremely rapid, and all were ready to leave within four minutes after each operation had been performed. It appears to me that the nitrous oxide offers considerable advantages over other anæsthetics, viz.:—1st. Its rapidity of effects. 2nd. Rapidity of recovery. 3rd. There were apparently fewer disagreeable effects resulting from its administration when contrasting with chloroform, ether, or any of the recently introduced agents. 4th. The tastelessness of the anæsthetic. The disadvantages were in some cases the very rapid recovery, and, second, the trouble of preparing this agent, and the difficulties of applying it compared with chloroform or ether; but I have no doubt that these faults will be much decreased when the necessity of its use becomes more generally felt. All authorities are agreed as to the great importance of care in the preparation of the gas. My patients breathe it direct from the gasometer, and I adjoin below a record of cases for the benefit of your readers.

Mr. C., aged twenty-seven. Anæsthesia produced in three minutes. Extracted first upper molar. No pain.

E. D., aged twenty-three. Anæsthesia produced in two minutes. Extracted three stumps—upper. No pain.

Mr. C., aged nineteen. Anæsthesia produced in two minutes. Extracted lower first molar. Slight sensation of its extraction.

Mr. S., aged twenty. Anæsthesia produced in two and a half minutes. Extracted second lower molar. Painless. This tooth was excessively tender, and the patient could scarcely bear it touched.

Mr. P., aged thirty-two. Anæsthesia produced in three minutes. Extracted three fangs of upper molar. No pain.

M. D., aged twenty-two. Anæsthesia produced in two minutes. Extracted lower wisdom tooth. Patient has slight sensations of pain.

Mrs. P., aged twenty-three. Anæsthesia produced in five minutes. Extracted upper molar tooth—highly sensitive—and lower bicuspid. No pain.

Mr. A., aged twenty-two. Anæsthesia produced in two and a half minutes. Extracted second bicuspid—upper. No pain.

Mrs. P., aged twenty-three. Anæsthesia produced in one and three-quarter minutes. Extracted first bicuspid—lower. Slight twinge of pain.

Mrs. M., aged thirty-two. Anæsthesia produced in two minutes. Extracted lower molar tooth. No pain.

I am, Sir,

Yours obediently,

MAURICE L. DAVIES.

10 Lower Sackville street, Dublin, Nov. 25.

[We think it right to say that our observation of nitrous oxide administration by no means confirms that of our correspondent. The anæsthesia is so transitory as to unfit it for any operation of importance; the appearances of the patient are absolutely frightful, and closely resemble those of the last stage of asphyxia, and the agent is by no means free from the objectionable reflex and after results of chloroform.

The best that can be said of it is that as yet it has not been publicly stated to have killed any one.—ED. MED. PRESS & CIRC.]

DETERIORATED VACCINE LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I received a practical lesson some weeks ago, which I wish to send for the benefit of my junior brethren.

I always insert the vaccine lymph in three spots on each patient, and, transferring it generally from arm to arm, I seldom fail in having true and perfect vesicles. A child was brought to the dispensary having two good and perfect vesicles, but the third having been on the way coarsely rubbed, exuded from the raw surface a quantity of transparent lymph. Thinking to utilize this, I inserted some of it in the arms of four children. On that day week I found each spot of insertion occupied by a festered surface, but no appearance in any of the twelve spots of true vaccine.

I desired the children to be brought after a fortnight, and having re-vaccinated them in the usual manner they attended last Wednesday at the dispensary, each having good and true vaccine vesicles.

Had I been satisfied with the imperfect vesicles in the first case, not one of these four children would have been properly protected.

Portlaw, Nov. 29. JAS. MARTIN.

CONSUMPTION IN ICELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Nothing more forcibly illustrates the difficulties attendant on the propagation of new views, assuming my own to be new and true, than that any one could take up with the vulgar prejudice of which Drs. Hjaltelin and Leared have made themselves the mouth-pieces, as to the imagined immunity of Icelanders from tubercular phthisis. What could be more glaringly inconsistent and self-contradictory than the comments of Dr. Hjaltelin? What logician could lend them his assent? In 30,000 cases, he does not say of what, a single tubercle was not to be encountered. Ten per cent. of the deaths in Iceland, avers Dr. Schleisner, are owing to phthisis. No deaths whatever, according to Dr. Hjaltelin, ensue from this cause. Are we to side with Schleisner and common sense, or with Hjaltelin and what really is no sense at all? In 30,000 cases the latter affirms there was not an example of tubercle. Who can lend credence to such a sentiment, unless, indeed, Dr. Hjaltelin's piercing vision could penetrate the bodies of his subjects, or, *mirabile dictu*, he has performed 30,000 autopsies? Such, then, is the halt and insufficing testimony on which Dr. Leared relies for his all too confident assertion, and which he ushers in with a pomp and circumstance that might move a smile but for the very serious issues which are at stake.

The advocates of human interests are none too many. Let Dr. Leared, instead of bolstering up pernicious popular delusions, urge the introduction of sound sanitary views and practices. Let him ask the Danish Government to make Iceland a free port, to remit the taxes on salt, timber, and other necessaries, as well as to reconstruct the dwellings of the people in accordance with the dictates of science and humanity. These, with open windows by night—Whymper slept in the open air while in Alaska with the thermometer 60° below zero—would at once set free the Icelanders from tubercle and tubercle-induced maladies. Let him further advise them to get rid of their dogs, cats, and swine, and bury their own daily excreta deep in the soil; so should they get rid of the cysticercous scourge which, coupled with tubercle, now so sadly preys on their poor vitals. Remove the cause, and you remove the effect. Remove cysticerci, and you get rid of the hydatid disease, *hydatids sygdomer*. Avoid rebreathed, and consequently irrespirable air, and you free the suffering Icelanders not only from *ginklofi trismus nascentium*, but also from the yet worse inflictions of phthisis and scrofula. Consumption is a perfectly artificial and, as I hold, absolutely avoidable malady—one only to be put down, as I believe, by the means which for years I have so strenuously and persistently pointed out.

I am, Sir, yours truly,

H. MACCORMAC, M.D.

Belfast, November 29, 1869.

FEMALE PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With great regret and astonishment I am informed that a new and rather extraordinary phase is now trying to insinuate itself into our profession—it is nothing more nor less than a phenomenon in these parts of the world; its followers and supporters will, I hope, excuse my want of gallantry when I say that such a revolutionary scheme having for its object the admission of females to the Medical Profession will, if successful, be fraught with the most baneful results to the profession and the public in general. I am aware that for many years some of the fair sex on the other side of the Atlantic have been permitted to graduate in medicine in that country, but with no very marked use to society; this announcement is not at all very wonderful, the ladies there try to be go-a-headers not alone in physic, but in every other branch of mental and physical labour, even to our peculiar masculine accomplishments *in limine*. I may state, as an opponent to this masculine and unsexing system of female education, I consider myself their champion, but some of our savants north of the Tweed are about endeavouring to introduce a most pernicious innovation, having for its object the propriety of admitting ladies to graduate in medicine, indeed, I expected better from the chivalrous Scot; but I know full well such a project will be scouted from the classic and venerated halls of its time-honoured University.

I candidly admit that ladies might be educated separately for the diploma of accoucheuse, because none of us can question the utility of having scientifically trained female midwifery practitioners, which can only be accomplished by having a distinct school, courses of lectures, and lying-in-hospital attached to same for female students only; beyond this branch I would respectfully ask ladies not to proceed. Females should confine themselves entirely to the practice of midwifery, and, *à là* Nightingale, as trained nurses. There are many objections against ladies studying the profession of medicine and surgery, they are not at all befitting the female mind. All who had studied practical anatomy, dissections, surgery, medicine, and the diseases of the human mind, know right well that a woman is not fit to go through those subjects without seriously destroying the finest qualities of her delicate nature, subjects that require the great strength of intellect, and the stern wisdom of our own sex. As to surgery and anatomy, how on earth could she stand over and dissect dead bodies, or sweep the amputating knife through living limbs? Impossible! Our own feelings are very often taxed to the utmost in such cases, therefore, the study of this profound, philosophical, and very arduous profession, ought not to be undertaken by females. It is tacitly understood by all the members of the profession how repulsive its studies and practice would be to the elegant and refined mind of a highly cultivated woman. We are all aware if ladies attended the medical schools and dissecting rooms how matters would end. She must be a very strong-minded woman indeed, who would venture to dissect and attend medical lectures, &c., amongst a large body of male students; the poor professor would also be in a rather uncomfortable position, when speaking on subjects of a very delicate nature. God forbid I should be such a professor, for I am afraid my teaching would not be a "labour of love."

I cannot understand for the life of me how the softer sex could even think of making themselves doctors. Let me canvass the entire opinion of the enlightened women of these realms, and I venture to say they would at once ignore and repudiate the idea as repugnant to the feelings of their sex, entirely out of their sphere, and prejudicial to those qualities which highly adorn woman. So I hope, then, this move will be futile and ephemeral, that the "women of the period" will recognise the advantage that will accrue to society by their maintaining that status which God has ordained and destined for them, and which the customs of ages has so grandly, and so chivalrously kept sacred. It is not by attending science-congresses, scientific debates, studying this ology, and that ology, or studying for the degree of Medicinæ Doctor!! Providence has left her plenty of other useful occupations more becoming her sex, subjects pregnant with all the lofty sentiments of refined thought, well adapted for the female student, viz., poetry, music, painting, and the study and culture of languages and literature, &c. All these are most suitable to her form of intellect, as we are aware she has in every age, both in literature and the fine arts, left marvellous works of her genius. Far be it from that I should undervalue the capabilities of the female intellect, I merely state that the peculiarities and nature of the studies of our profession, the mode of acquiring medical and surgical education, the study of anatomy, and attendance with large numbers of our own sex at medical lectures, would pervert the mind of the female student, deprive it of its natural modest tone, to assume only a masculine air, which I may safely assert very few women aspire to.

It was Cato I remember who said before the Senators in a debate on the Appian law, "that if they made women their equals, they would soon be their superiors." The truthfulness of this statement is rather questionable, and which I cannot at all endorse. From the remotest ages of chivalry up to our own days, woman was always respected by the sterner sex, and respectfully kept in her own proud dignity, fulfilling the important duties of her own sphere without infringing or encroaching on man's domain. Unhappily, things are now taking a different turn. Many ladies are now taking very active parts and dabbling in the affairs of gentlemen. Some are even seeking to be dubbed Doctors.

"*Tempora mutantur et nos mutamur cum illos.*"

If matters go on so in future, paterfamilias must also send the ladies to the university, and, with quadrangular cap and flowing gown, smoke cutty pipes with Jones in the quadrangle, dilate upon rowing-clubs, chaff the old tutor, play chess and smack bitter beer with Tom Browne, soon her terms unconsciously come to close, and she now goes to grind for B.A. But before such an anomalous state of things takes place, I hope our medical authorities will, in rather a gallant spirit, issue a courteous mandate, forbidding ladies from taking medical degrees, because their attainment cannot be consistently carried out, without spoiling and masculating their delicate minds, subverting those exquisite traits and tender feelings that are naturally inherent in the fair sex.

I am, yours very faithfully,

Turloughmore, Co. Galway. JOSEPH DUGGAN.

THE COLLEGE OF PHYSICIANS OF LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your very able article of December 8th, on the recent changes made in the College of Physicians, you ask why the College does not confer its Fellowship by a system of examination, after the manner of the College of Surgeons? But I would go a step farther and ask, why are these Members as distinguished from Fellows? Is the division of the English Physicians into two grades necessary? Is it even useful? In what does the distinction consist? There is an examination to test a man's fitness for Membership, but none for Fellowship; the Fellows' election being altogether dependant on chance introduction, or, it may be, favouritism. I do not mean to question the propriety of the selections already made, although I could name a goodly number who could show, at least, equal claims to the distinction, whose names are passed over year after year in the selection of the annual batch of new Fellows which the usage of the College calls up for creation.

In a system of self-election nepotism and its allies must inevitably be in the ascendant. But the days of self-elected bodies are numbered, and the Fellowship of the College is one of the few that remain. The division into Fellows and Members is an example of the old system of distinction without difference, and cannot continue to exist in the present matter-of-fact age. The movement just made by the College can only be accepted as an instalment of justice and right. Let it be completed by the abolition of a useless division, or at all events, let it be a real distinction, and not, as it is now, a doubtful honour.

I am, Sir, your obedient servant,

OH! EXCLAMANTIS.

◆

ON THE CAUSATIVE AGENCY OF THE SKIN AND LIVER IN THE INDUCTION OF PHTHISIS AND OTHER SCROFULOUS MALADIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to Dr. Mulvany's letter in your issue of December the 1st, permit me to say, that I am quite ready to admit that "it is not on the influence of oxygen in its ordinary condition, but of oxygen in its more active allotropic state, ozone, that he relies;" but I am surprised that a scientific scholar as he evidently is, should prescribe the permanganate of potash with sugar as a vehicle for ozone, and maintain that it is not decomposed thereby.

As to the experiment which he adduces in support of this assertion, namely, of "dropping a portion of sugar into a solution of the salt without in the least altering its beautiful colour;" the explanation is simply this, either the portion of sugar was very small, or the solution very strong, and sugar will only decompose a certain quantity.

However, in order to convince Dr. Mulvany of the impropriety of the combination, I will quote a letter from Mr. Condy (and surely he may be regarded as an authority beyond dispute), to the late Sir Joseph Olliffe, an eminent Parisian practitioner, who prescribed for fœtor of the breath, a gargle composed of thirty-six grains of permanganate of potash in eight ounces of water, flavoured with half an ounce of syrup of orange:—

COPY OF MR. CONDY'S LETTER.

"To the Editor of the *Paris Journal of Practical Medicine and Surgery*.

"SIR,—Your number for April last contains an article (6425), giving an account of the efficacy of permanganate of potash for the removal of fœtor of the breath, in the hands of Sir Joseph Olliffe, and setting forth the formula prescribed by that gentleman, in which syr. flor. aurant. is combined with the permanganate. This was a most unfortunate combination in which to prescribe the remedy, since organic substances of all kinds, and particularly saccharine matter, are most destructive of the salts of permanganic acid. I have no hesitation in saying that thirty-six grains of permanganate of potash would be entirely decomposed by ʒ iv. of syrup of orange-flowers, and reduced to the inert state of binoxide of manganese. The alkaline permanganates being compatible with very few other substances, are best prescribed extended simply in pure water. In the character of the recognised discoverer of the purifying, deodorising, and disinfecting properties of the alkaline manganates and permanganates, with which my name has publicly been associated in this country, since the year 1856, you will, perhaps, be good enough to allow me space in your valuable journal, to point out the above source of error in prescribing them.

"H. B. CONDY."

Batterses Chemical Works,
May 14, 1863.

LETTER FROM SIR JOSEPH OLLIFFE.

To the Editor of the *Paris Journal of Practical Medicine and Surgery*.

"SIR,—Mr. Condy is perfectly right as to the incompatibility of saccharine and other organic matter with the permanganate of potash; since the publication of the April number of the *Journal of Practical Medicine and Surgery*, I have had occasion to prescribe the permanganate of potash in four cases of fœtor of the mouth, and about a fortnight since, on entering the room of one of the patients, he showed me the bottle containing the mixture, in which I was surprised to find a black precipitate with complete discolouration of the supernatant liquid. Supposing this to proceed from the syrup, *I substituted for the latter, a little powdered sugar, when the same discolouration and precipitation occurred.* I thenceforth resolved to employ simply the aqueous solution (as in the injection for ozena), containing gr. thirty-six, in ℥vi. of water, or thirty drops in water, of Condy's solution for each dose.

"The deodorising effects were very apparent in the case of the patient above alluded to, notwithstanding the decomposition of the salt; a question may, therefore, arise, as to whether the binoxide of manganese itself may not be considered as an efficient antiseptic? I am quite ready to acknowledge that the Medical Profession ought to feel much indebted to Mr. Condy for the introduction into therapeutics of the permanganates, that of potash especially, than which I believe there exists no more powerful deodorising agent, nor any safer in its mode of administration.

"J. F. OLLIFFE, M.D."

Dr. Mulvany says, "Manganese is a capital tonic, little inferior to iron." I quite agree with him, and have often prescribed the sulphate as a cholagogue, if one may be permitted to use the term, nowadays, when it has been so clearly proved that mercurials do not (in healthy animals at least), increase the secretion of bile. Manganese at all events, like mercury, hurries bile through the intestines, thus preventing its resorption and so lightening the work of the lungs and kidneys.

Many preparations are in use in France, but I believe the binoxide is considered inert, to which condition the permanganates are reduced by admixture with oil or sugar.

One would not have expected the result of Dr. Mulvany's observations as to the effect of atmospherical conditions upon phthisical patients—viz., that the patient improves when the air is charged with ozone, since we have been taught to believe that an excess of ozone produced catarrh or influenza from which we endeavour to shield our poor phthisical sufferers. Schönbein in a letter to Faraday quoted at page 14 of Condy's pamphlet 'Disinfection,' says, "By means of the ozone so produced, I have rapidly oxidized silver at the temperature of 20° C, and by inhaling it produced a capital catarrh."

This consideration probably weighed with Dr. Mulvany when he prescribed doses of the permanganates, rather than ozonize the air to be breathed by his patients, and so allowing it to enter the system by its accustomed channel, and, at the same time, to act directly on the diseased organ.

Facts, however, are valuable, though often fallacious, and Dr. Mulvany deserves credit for his experiments, whether the theory he has built up be true or not, and it is worth knowing that the condition of a phthisical patient improves when the air contains ozone.

I am not sufficiently acquainted with the laws of electricity to suggest another excitant than alcohol, which the doctor prescribes "to supplement the enfeebled nerve power by the generation of thermo-electric currents."

If positive electricity be serviceable, as I cannot doubt after Dr. Mulvany's statement, cannot the atmosphere about the patient, or the patient's body, be positively electrified, following Nature as closely as possible ?

As to the benefits derived from residence in elevated localities where there is an increase of ozone, I may remark that the monks of St. Gothard fall victims to phthisis in great numbers. The purity of the atmosphere does not save them.

I am inclined to think the production of tubercle is analogous to that of furuncle, and that, at the time when both are formed, the blood is acid.

The interlobular connective tissue of the lung is, however, very delicate, and when its meshes are clogged with lymph no great pressure is exercised upon it, seeing that it is bounded by empty air-vesicles, so that we don't have actual sloughs, as in subcutaneous furuncle, but an imperfectly vitalized product rapidly degenerating.

To remove and neutralize this hypothetical acidity, I would prescribe emetics, purgatives, and hot-air baths followed by alkaline douches, and I dare say inhalation of oxygen would aid, but I think I have shown that the permanganate in small doses combined with oil or sugar, is useless.

The production of fatty liver in artificial phthisis (result of inoculation) is very singular. It was alluded to by Dr. Charlton Bastian, at a meeting of the British Medical Association.

Can it be shown, is the liver affected before the lungs or after ?

Why are the apices of the lungs first affected in phthisical human patients ?

Is it so with cats and cows ?

I cannot believe with Dr. Mulvany that the bird with its head under its wings breathes a purer air than if its head was uncovered. If I did, I would not reprehend a dispensary patient as I did lately, for sleeping with a blanket thrown over his head ; neither the bird's wing nor the blanket, in my mind, serve as a respirator, except by warming the respired air.

The bird's instinct may teach it, certainly, to adopt this method to exclude light and also exclude cold, but I don't think the flexion of its neck is to produce "cerebral venous engorgement," since, though such a condition obtains in coma, the brain contains less blood than usual during natural sleep.

I am, Sir, yours faithfully,
FRANCIS M. LUTHER, M.D. Q.U.I.
Cappoquin, Dec. 7, 1869.

THE DEATH OF MR. JUSTICE HAYES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—We have heard of but one physician that can abolish death, though some men of learning have been bold enough to affirm that scientific investigation discovers no absolute cause why men should die ; and I remember a travelling lecturer who undertook to convince credulous hearers that we have really nothing to do but go on living for ever. It must, however, be conceded to the practice of medicine that, within certain bounds, it diminishes deaths, puts it off, at least, and, in short, lengthens the average duration of mortal existence.

As a non-professional reader of your interesting pages, I compliment the country practitioners, and through them the whole faculty, on the promising recovery of the Archbishop of Canterbury, under the almost exclusive care of the two gentlemen at Broadstairs first called in. Special circumstances would, if named, very probably account for the adverse termination of a somewhat analogous and simultaneous case, that, I mean of the late Mr. Justice Hayes. But, at least, while the Judge has succumbed in town, the Primate survives in the country.

The many instances in which those hardest-worked of working men who work with the head, and wield a heavier manual implement than a Mitchell or a Perry, fall suddenly ill and quickly die, naturally put others, in like circumstances as to employment, upon the anxious inquiry whether you physicians have not some guard or check, some *prophylactic*, as the learned have it, against such alarming and dangerous seizures. You have chairs of medical jurisprudence and forensic medicine, some of which, as I know, are admirably filled ; but why have you not chairs of medical strategy ? Though the Archbishop seems to be fighting his way through, and though the ex-Bishop of Winchester has not yielded to the first attack, yet we remember that the late Bishop of Lichfield was killed by over-work, and that his energetic successor had scarcely got into the See before he also was knocked up. For the second time within a few years a Judge has been struck down almost upon the very bench. We shall never have another tale from Thackeray, because the strong body in which his strong mind was lodged gave way at its weakest point in the depth of the night. I need scarcely remind you of Bransby Cooper falling dead in the vestibule of the Athenæum.

Take care of yourselves, then ; but also kindly tell us how we, who are, perhaps, upon the verge of brain-bursting and of palsy, may understand and answer to the very first intimations of the functions on which we are trespassing, and not go on till they can only convey their faint whispers into dead ears.

I enclose a letter cut out of my morning paper : may I ask you for an opinion upon the points which it starts ? What do you think of the old gentleman's remarks on the subject of cupping ? Take, for example, myself. "One medical attendant" tells me, for reasons assigned, never to take a purgative without prescription. When, therefore, constipation and brain-work come together, what am I to do ? I am but one, our name is legion. To me it seems as if "cupping" were made for these head dangers, being so quick and also so serviceable. What have your more recent men to say to Copland, Wardrop, Cooper, and such authorities ? Do you vote the restriction of the *sicua*, as well as the exhibition of a swift cathartic ? But *when* ? for the quickest rescue may come too late.

CEREBROSUS.

"TO THE EDITOR OF THE DAILY NEWS.

"SIR,—In reporting the sudden decease of Mr. Justice Hayes you emphatically ask, 'Is there no prophylactic for these sudden seizures ? Do they come on without a premonitory sign ?' I answer at once and deliberately Yes ! to the first, and No ! to the second interrogation. Under nature's laws there is no such a thing as sudden death without a warning. Mr. Justice Talfourd had had his warning before the delivery of his charge at Stafford. So had Horace Twiss, who died sitting at a Board of his co-directors : as had also the stalwart and witty author of 'Vanity Fair,' when he woke in the night, was heard to make some bustle in his bedroom, and was found dead in the morning. Nor had the awfully sudden death of Bransby Cooper in the hall of the Athenæum been without warning. They all had the premonitory warnings, not immediately before their fate, but long before, and more than once, no doubt, which probably were ignored, or not understood—perhaps pooh-poohed by 'our medical attendant.' All the premonitory signs you inquire for are correlative with the state of the *venous* circulation in the brain, but principally in the *cerebellum*, where stagnation of blood in the larger veins occasions immediate loss of muscular power, impairment of sight and hearing. a great confusion and noise in the ears, generally on one side only, a perpetual dazzle or quivering in the eyesight, followed soon by oppression in breathing, a tumultuous action of the heart, at first to be followed by a great rapidity of its motions, subsiding after, in a few or more hours, into an almost imperceptible action till death supervenes. Such premonitory symptoms indicate immediate danger, but one or two of them may have occurred at irregular (and sometimes regular) periods in the life of the sufferer without exciting anxiety, or were suffered to subside of their own accord, to return again at some future period. It would be interesting to know whether such has been the case with the lamented

Justice Hayes. Where a large arterial rupture takes place in the brain, the death may be so instantaneous, from the sudden interruption of its circulation, as to leave no time for any premonitory sign; but persons liable to such *foudroyantes* seizures, as the French call them, depend on it, have had their warning at times, when the same remedial agent would prevent the attack as it does effectually in the case of venous congestion in the cerebellum, the more frequent cause of paralysis. And what is the remedy? The removal of blood by cupping in moderate quantity, but never by general bleeding. But cupping is out of fashion now, and any loss of blood is deprecated by the new generation of physicians. Hence the list of sudden deaths, so called, of apoplexy and paralysis is increasing fast, as the Registrar-General has been telling us for the last twenty years, and of those prominent members in society of whom we hear, through the journals, that they have been struck with either palsy or apoplexy, how many survive their attack for the want of the proper treatment? I ask that question in return for yours. After exercising my Profession for a period of fifty years in London, and which I have now completely relinquished, and, considering that the book is out of print, I shall not be charged with self-motives if I venture to recommend to your notice the doctrine I have clearly laid down in my work on 'Sudden Death.' In my eighty-seventh year of life, I may boldly aver that, under Providence, I have saved myself from more than one such attack as I described in the early part of this letter, and have prolonged my life thereby, saving at the same time my eyesight and my hearing intact, thanks to the timely application of the cupping glasses (not the absurd dry-cupping to the back of the head, *Experto credo*). I regret to see that branch of surgery completely abandoned, there being only two cuppers at present on the Post-office list, one of whom is a lady, the widow of one who performed that operation more than once on your obedient servant, "A. B. G., M.D., F.R.S.

"November 26."

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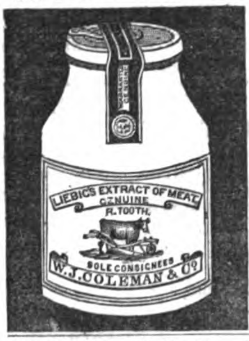

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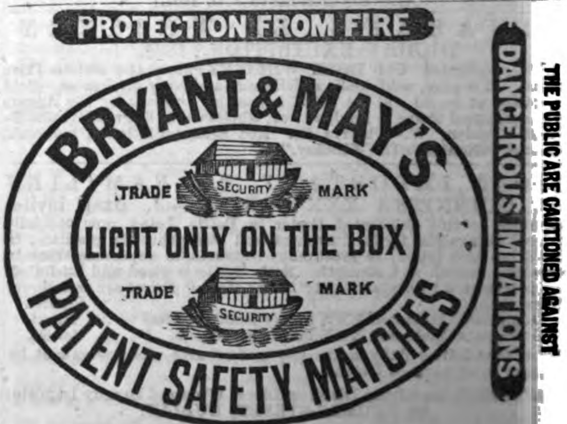

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 29, 1869.

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SOME CASES IN WHICH THE HYPODERMIC INJECTION OF MORPHIA WAS EMPLOYED WITH GOOD RESULTS.

By John Barclay, M.D., C.M., Banff.

(Continued from page 434.)

II.—*Case of large umbilical hernia, reducible; but obstruction of the bowels, pain, and obstinate vomiting.*

July 4th, 1868.—Mrs. J., aged sixty-four, has had an umbilical hernia for twenty-two years. She has had six children, the youngest of whom is now twenty-three years of age. She says the rupture began one year after her last labour without any known cause, and from being at first of the size of a marble, the tumour gradually increased in bulk until it is now as large as an adult head. It has often caused her much pain and sickness. It is always easily reduced when in the supine position; but immediately on resuming the erect posture, or withdrawing pressure, the mass of intestine again protrudes. On July 2nd she had been vomiting all day, but had no pain. Yesterday, July 3rd, she experienced a sudden and severe pain in the swelling, followed by sickness and persistent vomiting. For three days before this her bowels had not been moved. Pulse small and quick; urine scanty and high-coloured; great thirst; tongue dry and brown. Dr. Manson saw her to-day, and ordered sulphate of magnesia with magnesia mixture every two hours till the bowels should be freely opened, and pills, containing each a grain and a half of opium, every four hours, if necessary, to relieve the pain; mustard also to be applied smartly over the stomach, and warm fomentations. But neither the mixture nor the pills remained on the stomach.

July 5th.—Ordered copious purgative enemata, which were twice given without relief to the symptoms. On the evening of this day eighteen minims of the solution of morphia were injected under the skin over the stomach, and an ounce and a half of castor-oil ordered to be given half an hour after.

July 6th.—The castor-oil was taken at half-past seven yesterday evening, and was not vomited. All pains disappeared in twenty minutes after the morphia was injected, and there was no more vomiting till about half-past two this morning, and even then all that came up was a mouthful of mucus. The oil operated at nine o'clock this morning freely, and the dejecta were very offensive.

10 p.m.—Since the purging began she has been once or twice somewhat sick, but has not vomited anything unless a mouthful of ginger beer, part of a too free draught of that beverage. Pulse 72, regular; skin warm and moist; feels much better, but weak; no pain; the edges of the tongue cleaning, its centre still covered with a brown fur. Has a good deal of thirst; urine copious and clear. Ordered ice and effervescing drink, and perfect rest.

July 7th.—Has some pain to-day, but no vomiting; bowels have been once freely opened; urine copious and clear. I, however, injected twenty minims of the morphia solution.

July 8th.—Feels much better to-day; no pain; has slept well; no vomiting; bowels have been freely opened. Pulse 72; skin cool and moist; urine clear; tongue much cleaner; appetite returning. As there is some thirst, to continue the effervescing mixture.

July 9th.—Feels quite recovered.

The above case shows how rapidly and completely successful the hypodermic treatment was in subduing the pain and vomiting, and allowing a full dose of castor-oil to remain on the stomach and exert its laxative effect. Previous to injecting the morphia it was impossible to get anything to remain on the stomach in the shape either of food or medicine. In the greater number of cases of obstinate vomiting either the calomel and opium pill or the magnesia and sulphate of magnesia mixture, acts as a charm in combating this symptom. Here, however, they failed.

III.—*Obstructed bowels; great pain; constant vomiting; failure of various remedies for six days; success of the morphia injection.*

Sept. 23, 1867.—E. W., unmarried, aged twenty-four had, on the evening of the 21st, taken a smart dose of senna and salts, which had operated powerfully during that night and all next day down to six o'clock p.m. On the afternoon of the 23rd she was suddenly seized with severe pain in the abdomen, a little above the navel, accompanied with retching and vomiting. She seemed in great agony; her pulse small, and 96 per minute. I ordered a pill, containing a grain and a half of opium, every four hours till relieved, and a plaister, composed of extract of opium and mercurial ointment, a drachm to the ounce, to be applied over the belly, and a light poultice over all.

Sept. 24th.—Vomiting continues as severe as before; pain very little relieved; pulse 120, small; great thirst; urine scanty and red; no movement of the bowels since the evening of the 22nd. Ordered ice to be swallowed, the ointment plaister to be renewed on the belly, laudanum enemata, and nourishment to be given in small but frequent quantities.

Sept. 25th.—Symptoms remain as observed yesterday; pulse 125, small; pain very little relieved; vomiting as severe as before; urine scanty. Ordered a calomel and opium pill every four hours, and laudanum enemata.

Sept. 26th.—Symptoms very urgent, indeed; patient seems much worse; tongue and teeth covered with sordes; pulse 130, small; no movement of the bowels; great pain in the abdomen; vomiting of green bile incessant. Ordered the calomel and opium pills to be continued, strong purgative enemata to be administered, and repeated at intervals, and a blister to be applied over the belly.

Sept. 27th.—Patient much in the same state as yesterday; pain very severe; vomiting still the same; nothing was brought away by the enemata. At a consultation today, Dr. Manson recommended a trial of the sulphate of magnesia and magnesia mixture, which was accordingly ordered.

9 p.m.—No improvement; the blister, which had risen well, did not relieve the pain or vomiting. The mixture was vomited every time. No movement of the bowels. To persevere with the purgative enemata, iced champagne, and jelly of beef.

Sept. 28th.—Much in the same state as yesterday.

Sept. 29th.—Still no improvement; seems in a hopeless state; pulse 130, and very small; countenance pinched and anxious; intense thirst; great pain in the belly; no movement of the bowels; vomiting as severe as ever; has kept nothing whatever on the stomach; urine very small in quantity, and red. It now occurred to me to try the effect of the hypodermic injection of morphia in the skin over the stomach, fancying it might produce not only a general sedative effect and relief from pain, but perhaps a local one, also, on the muscles concerned in the act of vomiting, and on the peristaltic action of the intestines. Accordingly, I sent for the syringe and injected fifteen minims of the solution over the stomach, and gave orders that in about three-quarters of an hour after, when probably the full effect of the morphia would be set up, a draught of warm castor-oil and laudanum, an ounce of the one and fifteen drops of the other, should be given, and if vomited to be repeated immediately.

10 p.m.—To my great surprise, I was told that the hypodermic injection had had the desired effect. The pain was relieved in a few minutes, and there was no vomiting; the castor-oil was given at the proper time, and it also had stayed on the stomach, and had operated twice easily. There had been no vomiting since. She feels better in every way, only extremely weak. Pulse 120. To continue the iced champagne, beef-tea, and milk, to observe perfect quiet, and to have a repetition of the morphia injection if either the pain or vomiting should return.

Sept. 30th.—Still improving; the pain has ceased almost entirely, and there has been no vomiting. To inject the morphia at bed-time to-night, as she said she did not last night sleep very well.

Oct. 1st.—Going on well.

From this time she recovered slowly, but steadily. The morphia after last report was injected twice at bed-time, and then it was omitted, and bromide of potassium given instead. She enjoyed good health up to the present time (May, 1869), never having had any return of the attacks. Now, however, she complains of cough, accompanied with slight hæmoptysis, and on examination tubercular deposit is easily detected at the apices of the lungs.

Now, as in the case first detailed, so in this, nothing could have been more marked than its extreme urgency, and the inefficacy of all the remedies prescribed; and nothing could have been more apparent than the immediate improvement after the injection of the morphia. The two most urgent symptoms, the pain and the vomiting, were almost instantaneously relieved, and the stomach was, as it were, compelled to tolerate the presence of the castor-oil until it passed into the bowels and produced its laxative effect.

IV.—*Obstructed bowels, accompanied with intense pain and vomiting.*

This case, which I shall describe shortly, was pretty much like that just detailed. I was called up at midnight on the 27th April, 1868, to go and see Mrs. B., aged thirty-three, who was said to be dying. I went, and found her in a state of perfect collapse; no pulse could be felt at the wrist; the skin cold and pale. She complained of intense pain, which had come on suddenly, all over the belly, and she had vomited once. Bowels had not been opened for three days. Being six miles from any apothecary, and finding a phial of chlorodyne in the house, I gave her twenty-five drops in a little water, and ordered it to be repeated if vomited immediately, and in two hours if the pain should be unrelieved. I ordered, also, calomel and opium pills, which were to be given, if necessary, when they were procured, one every four hours; an opium plaister to be spread over the belly, and a poultice over it; also, plenty of external warmth.

April 28th.—Has rallied a good deal, but has vomited everything, and complains of the pain being severe, especially so in the hypogastric region. Pulse 115, pretty full; bowels have not been opened; urine scanty and high-coloured; tongue dry and glazed; great thirst; severe headache. I injected fifteen minims of the morphia solution over the part where the pain was complained of, and ordered a black draught to be given an hour after.

April 29th.—The pain, which was immediately relieved on the injecting of the morphia, has not returned, and there has been no vomiting since the draught operated twice, bringing away copious offensive dejecta. Feels much better. Pulse has fallen to 72. Ordered the morphia to be injected again if the pain or vomiting should return.

May 1st.—Has not required the morphia; feels pretty well, but weaker, and has no appetite. Has not slept well during the last two nights, and still complains of some headache. Ordered bromide of potassium and tincture of hops before dinner and at bed-time.

May 10th.—Feels now quite well.

This case also showed symptoms of great severity, which were very speedily relieved by the hypodermic injection. During the past six years I have employed this method many hundred times, and almost always with the best results. The above cases show how valuable it is in angina pectoris, and in obstruction of the bowels, accompanied with severe abdominal pain and vomiting. And every day experience shows how good results can be obtained from its employment in rheumatism, both acute and chronic, lumbago, sciatica, insomnia, mania, melancholia, neuralgia, delirium tremens, threatened abortion, in various departments of midwifery, &c. The only remedies I have used hypodermically have been morphia, atropia, and caffeine. Atropia is a powerful and effective remedy in many cases, but not so safe nor so pleasant as morphia, which possesses nearly all the advantages of the other. I tried caffeine in one or two cases, but was disappointed in it. In one patient, suffering from insomnia, it produced intense sickness, and had no effect in relieving the sleeplessness. In another I gave it where much pain was complained of, without affording any marked relief. The dose I gave in both cases was one grain, as recommended by Dr. Anstie, in a paper published by him in the *Practitioner* for July, 1868.

◆

REPORT OF A CASE OF "INTUSSUSCEPTION."

Read at the Meeting of the Medical Society of the College of Physicians.

By S. M. MacSwiney, M.D.

It is well known to the practical physician that diseases of the organs contained in the abdominal cavity are frequently marked by an obscurity which renders their diagnosis difficult at all times, and sometimes not possible. So much so is this the case, that many physicians hold the opinion that—contrary to what at first would appear likely—it is easier to arrive at a correct knowledge of the actual morbid state of an organ contained within the cranium or the thorax than of one located in the abdomen. I need only recal to the recollection of members some of the affections met with in this region to render the justice of this opinion apparent. Amongst the solid swellings which may present themselves, *cancer* and other malignant growths, fibrous tumours, and the several varieties of mild hypertrophy, and those cases—often too full of difficulty—where impacted fæces constitute the enlargement, may be cited as notoriously surrounded with much obscurity in regard of their diagnostic discrimination. Abdominal aneurisms, hydatids, ovarian and other dropsies, are good examples of fluid-containing tumours whose diagnosis is frequently impossible, or, at least, perplexing. I will only glance at the insuperable difficulty of arriving at a positive diagnosis between disease and pregnancy in those cases presented to the physician where the latter may be only in the early stage.

The differential diagnosis of the acute inflammations of the different tissues and organs contained within the abdomen is also—not seldom—difficult to make, and of all those dangerous states, accompanied with peritonitis, and tending to a rapidly fatal conclusion, which we meet with in practice, there is, perhaps, no one so obscure as the affection known as *intussusception.* The following case affords an instance in proof of this statement:—

A man, aged thirty-two years, presented himself at midnight, September 24th, 1869, at Jervis-street Hospital, urgently seeking to be admitted. He complained of suffering from an attack of most severe abdominal pain. He was at once received by the "Resident," and I visited him at an early hour on the following morning, when he gave me the following:—

History.—He was a van-driver by occupation. He was of temperate habits, and had enjoyed moderate good health all his life. About three weeks ago he had an attack of diarrhœa, accompanied with a good deal of pain in the bowels. He was a patient of Dr. Mapother at this time, in St. Vincent's Hospital, where he remained for a fortnight. He then left, feeling nearly quite well, but still suffering some abdominal pain. He remained better for four or five days, when an aggravation of his intestinal distress occurred, and reached to such a degree of severity that he was compelled to seek admission, as described, into Jervis-street Hospital.

Present state.—He has a worn, haggard, and anxious expression of countenance. His decubitus is on the back, with the legs extended. He has a basin beside him, into which he occasionally vomits a thin, brownish-coloured fluid, scanty in quantity, without odour, and having, he says, a *bitter* taste. His tongue is dry, and covered with a greenish-brown encrustation. His pulse is 100; small—compressible. In reply to inquiries, he says that nothing will remain on his stomach, that he suffers from thirst, but above all that he has great pain in the belly. He describes this pain as "coming and going;" when it is absent he is, comparatively, at ease; when a paroxysm occurs he grinds his teeth and writhes in agony. He says that in the commencement of this attack *he passed pure blood,* that his bowels are now *costive,* but not *confined,* as he occasionally passes an evacuation, and that he does not make much water. Upon proceeding to examine the seat of pain the following may be stated to be the condition in which I found it. There was nothing remarkable—neither increase nor diminution in size—in the appearance of the abdomen when pain was absent, but on the approach of a paroxysm a series of *waves* might be seen to pass over its surface, the intestines, in their peristaltic movement, rising into prominence at one point, then subsiding there, and proceeding, in a vermicular manner, in a succession of undulations over the entire abdominal area.

Digital percussion demonstrated the presence of some—not much—tympanitis, and palpitation, carefully applied and carried out, failed to detect any solid tumour in any part of the affected region. It is deserving of notice that the examination of the abdomen, made by pressure of the fingers, was of negative effect so far as pain was concerned; it neither relieved nor aggravated the suffering.

It is not necessary that I should fatigue members by a dry recital of the daily progress of this case, which presented no circumstances needing special record. In like manner I pass over all detail of "treatment;" the case was regarded as hopeless from the commencement, and I had but one principal object in prescribing for him, namely, to relieve his sufferings and produce some sleep. During the entire course of his illness he had some vomiting daily, which was never stercoraceous; and the bowels occasionally acted spontaneously.

He daily wasted and grew weaker and weaker: towards the close of his life he was almost free from pain. He died, October 18, a little more than three weeks after he came under my care, and about six weeks after he first complained of diarrhœa.

Twenty hours after death I made the autopsy; and, confining myself to what I observed in the abdominal cavity, the following was the condition presented. There were slight adhesions, easily separated, between several contiguous portions of the contents of the abdomen. These adhesions were due to lymphy exudation, which, of a whitish colour, was present in small quantity. There was air, but not in very considerable quantity, contained in some portions of the small intestines.

Two solid masses were to be felt, one in the epigastric region, and running to the right side; the other in the right iliac locality. These tumours were bound down and attached by lymphy adhesions to the neighbouring intestines. Upon carefully examining these tumours it was found that they were due in each instance to *intestinal intussusception.* Looked at externally, the first started from about the commencement of the *jejunum,* and consisted of a large extent of ileum involved and adherent, and the origin of the second swelling would appear to be at the middle portion of the ileum, from which point it extended to the *caput coli* including all the intervening small intestines in a dense mass matted together. Inasmuch, however, as the process of intussusception is one which takes place from *above downwards,* a portion of intestine becoming contracted, and dropping into the more expanded part beneath it, the point in those two instances respectively where the strangulation seems to commence, is in reality the point at which the process of involution was arrested.

In the case which I have just related, the diagnosis was not made during life. That there was partial intestinal obstruction was but too apparent, but I failed to detect the precise obstructing agent. The difficulties I had to contend against in arriving at a correct diagnosis may, perhaps, be indicated under the following heads:—

1. *The character of the vomiting.*—During the entire progress of this case the matter ejected from the stomach was at no time considerable in quantity, and was never fæculent. In complete occlusion of the intestine, from any cause, accompanied by vomiting, and continuing for any time, the ejected matter contains some portion of fæces. But,—

2. *There never was complete occlusion of the bowels.*—Sometimes the bowels were very much confined, and then enemas brought away masses of hardened fæces in large quantity, and at other times there was a form of diarrhœa present, and small, loose, alvine discharges would be frequently passed.

3. *The intestinal distension with air was never considerable.*—But usually, in those cases there is great, sometimes enormous tympanitis from this condition of intestine. Finally—

4. *This affection occurs with comparative rarity in the adult.*—As is well known, children suffer from attacks of intussusception much more frequently than grown up people.

With these remarks I draw the report of this case to a conclusion.

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REMARKS UPON THE CONTAGIOUS DISEASES ACT.

By Thomas Worth, M.R.C.S., Nottingham.

In the office of a newspaper editor the other day, my attention was called to an article on the above subject in the *Pall Mall Gazette* of the 19th ult., which, from beginning to end, was so full of mis-statements and inaccuracies that, for public reasons, I shall be glad if you will allow me space for a few observations on the subject. Experience teaches me that the journal referred to will not be candid enough to publish a letter which exposes its blunders, nor just enough towards the public to admit anything about the Contagious Diseases Act, except from those who favour that measure, or—judging by the article in question—from those who do not mind distorting facts to suit their own particular crotchets. I regard this subject as of such unspeakable importance that I am anxious in some measure to undo the mischief done by the spreading of erroneous doctrines by the *Pall Mall Gazette* and other journals, the editors of which most unfairly exclude from their columns anything adverse to this abominable law, whilst they are eager enough to give entire columns in its favour. This partiality is, to my mind, not only unwise, but unjust to the people.

The *Pall Mall Gazette* states that under the operation of the Contagious Diseases Act venereal disease has been reduced at certain military stations. This is not true. At every one, as you will see by the accompanying table, the disease has increased.

Stations where the Act is in full force.	Average per cent. of soldiers affected with venereal disease from Oct. 1866 to March 1868.	Average per cent. of soldiers affected with venereal disease from April 1868 to March 1869
Chatham	22·58	24·00
Sheerness	12·34	13·57
Portsmouth ...	20·65	24·67
Devonport	10·54	15·67
Woolwich	17·99	18·45
Aldershott	18·77	20·35
General average ...	17·52	19·59

At one station, specially omitted from the table, you will see it has nearly doubled. Thus, at Shorncliffe, the percentage of syphilis was 42· in 1867, but was increased to 79· in 1868, although the Act had been most stringently enforced. Again, the only disease that it is desirable for the public benefit to reduce is the constitutional disease, the only contagious disease of venereal origin of importance. On this point Dr. Balfour, the head of the statistical branch of the Medical Board, says, in his evidence before the Commons Committee, "I am quite prepared to say that it is not successful in reducing the amount of secondary disease, which is the great thing that we have to endeavour to reduce!" Mr. Simon also observes in his report to the Privy Council, that "he has vainly looked for evidence to show that the amount of true syphilis has been diminished by the Act." In fact, the evidence altogether is *dead against* the beneficial character of the iniquitous measure.

The *Pall Mall Gazette* says, that "the health of the Army is decidedly improved." This is also false, as you will find on referring to the last annual report issued by the Medical Department of the Army, in which it is stated that venereal diseases are not only unabating but *increasing* in the Army; the *increase* having been 33 per 1,000 of the force. Remarks at the close of the Report, commenting on this increase, say,—"It is surely time that the *inefficiency* of the Contagious Diseases Act should be recognized." Further, the *Pall Mall Gazette's* quotation from Mr. Swain's pamphlet, as to the reduction of disease among the men at Devonport, is not correct. He states that 44 per cent. of contagious diseases (not true syphilis only, but all four lumped together) existed among the men in the Royal Navy prior to the Act of 1864, and that in the return ending March 31, 1866, the percentage was reduced to 19·529. Now, the Act of 1866, which unhesitatingly introduces the Continental system, did not come into force until *after* the period up to which those statistics were compiled, so that the reduction of disease was effected under a law which existed when the hospitals were crowded with *voluntary patients*, and when only *known* prostitutes *known* to be diseased were interfered with. In fact, interference was necessary. The statement, however, as to the reduction is not borne out by the Parliamentary statistical tables, and the Admiralty are specially dissatisfied with Devonport. The *Lancet* observes that they have it on the best authority, that disease is on the *increase* there, and the civil surgeons *have consequently been removed from their charge of the Lock Hospital beds.*

In estimating the number of diseased persons applying to the London Hospitals for relief, the *Pall Mall Gazette* commits another error by counting the *same person*, in many instances, as often as *fifty-two times over!* Thus, if one patient was ill for a year, he would figure as fifty-two persons suffering from disease. To form a correct conclusion, the *increment* only should be multiplied by 52. For instance, out of 300 or 400 patients, probably 20 would be discharged weekly, and be replaced by about the same number of fresh patients. Instead, therefore, of multiplying 370 by 52, 20 should be multiplied by 52, which, as you will doubtless perceive, gives about 1,000 instead of 19,240 which is the total stated in the romantic calculations of the *Pall Mall Gazette.*

Further, that journal observes that the Committee of the House of Commons approved of this measure. But the *Pall Mall Gazette* declines to tell the public that some of the members of that Committee were active and energetic members of the Association for extending this Act to the civil population; that others were previously strongly disposed to favour legislation of this kind; that, with but one exception, all the witnesses examined were in favour of the Act, and most of them pecuniarily interested in its continuance; that for some reason or other best known to the promoters of the Act, not a single medical man of eminence and experience known to be opposed to the measure was examined, with the exception of Mr. Simon, and that even he was told by Dr. Brewer, the Chairman of the Committee, that his opinion, "whether it would be advisable or not advisable, or possible or not possible to extend this Act," was not required. In fact, Mr. Simon, on his second examination, was deliberately snubbed. Now, Sir, before that Committee the Contagious Diseases Act *was on its trial*, and a more unfair and unsatisfactory trial of a matter so serious was never heard of. With evidence on that side only, and with professional and other evidence against the Act deliberately excluded, it is impossible that the country can respect or rely satisfactorily on any decision expressed by that Committee.

Finally, the *Pall Mall Gazette* expresses an opinion that evidence from foreign countries is necessary. Permit me then to add that if this evidence is fairly collected by *disinterested persons* the Contagious Diseases Act, as a compulsory measure, would be wiped off the Statute book. The people of England would not accept nor pay for the working of a law which foreign experience proves to be a farce. Allow me to quote from Dr. C. R. Drysdale, who, after a very recent medical trip to Paris, writes as follows :—

"I am much interested in seeing that plague of modern days (syphilis) abated in its ravages, and were this plan of our *confrères* likely to accomplish this end, I would support it ; but, is it likely to do so ? Let us see : I told you that I had visited frequently the two hospitals in Paris, Lourcine and the Midi, each of which was full, and each of which contained 300 beds, and that 100 out-patients daily came to the Midi for advice. But I found at the Hospital St. Louis that an immense proportion *both of the in and out patients* were *venereal cases* ; at the other *hospitals* also I found the *same thing*. So that I asked myself, is it true that the Parisian system, so much talked about, has really the effect in large towns of lessening the spread of venereal contagion ? and, Sir, I had *no hesitation in replying in the negative* to this question. Well, then, if it does not lessen venereal contagion, has it no evils of itself ? It has. The women of the Dispensaire may be compared to *white slaves*. They have no liberty ; but are as completely under the espionage of the police as a galley slave is. The Habeas Corpus Act, of which we justly boast, can have no meaning for these women. They can be shut up in a gloomy prison, St. Lazare (which I have visited in company with my friend Mr. Dunn), at any moment for any length of time the physician pleases. I would not like to be that physician. If you call that *equality of rights*, what is inequality ?"

In conclusion, permit me to say that the sense of justice and right, which should in all cases reign paramount in an editor's mind, must in the case of the Editor of the *Pall Mall Gazette* be considerably warped, else he surely would not lend his advocacy to a measure which degrades women, debauches men, destroys the liberty of the subject, and, as I can prove, *increases disease*, without considering the subject most carefully from every point of view, and when proved to be in error *candidly saying so*, that the public may not be deceived.

Hospital Reports.

ROYAL FREE HOSPITAL.

On a visit to this Hospital lately, we witnessed the extraction of a fibro-plastic tumour from the neck by Mr. John Hill. The patient was a man of the age of thirty, and the tumour, which was, when excised, found to be of the size of a very large walnut, was fortunately free from connection with any of the numerous vessels of the region. The nature of the tumour was similar to that described as fibro-plastic by Lebert. It was hard, and when cut reminded one in a great degree of the appearance of scirrhus, except that it was not quite so dense, and that it did not cry under the knife.

Mr. Hill has now under his care a young woman, sent by Dr. C. Drysdale, who presents on the right side of the scalp a pulsating tumour, connected with the temporal artery, and also with the occipital artery, and probably with the internal carotid artery, by means of the supra-orbital branch of the ophthalmic. This case presents many difficulties, and Mr. Hill was not decided as to what operation would be most likely to prove adequate to its cure. In the first place, there was considerable dilatation of the temporal artery, and this pointed to the possible disease of several of the vessels, rendering the tying of some of them likely to be followed only by temporary benefit to the patient's tumour. Possibly the only operation likely to effect the cure of the case would be, he remarked, the ligature of the common carotid artery, just at the point of bifurcation of the internal and external carotids ; but the danger of this operation made him pause to consider the matter more leisurely, and possibly to make trial first of the ligature of the smaller supplying arteries before having recourse to the more important trunks.

Mr. Hill has under his care at the present time a case of stricture which he has successfully treated by Holt's plan of forcible dilatation. The patient, a man, aged 56, has suffered from stricture for ten years, after a gonorrhœa contracted some years before, which had not quite left him. When he entered on December 12th, he complained of acute pain in right lumbar region, and frequent and urgent desire to pass water. This was not, however, caused by retention, as but little urine was in the bladder. A very tight stricture was ascertained to exist, and catheter No. 2 was passed with some difficulty into the bladder, drawing off a small quantity of urine. This urine was albuminous. Patient had a powder, gr. x. of pulv. Doveri at night, and was cupped to four ounces in the loins. The pain disappeared after this, and the urine lost the albumen. On the 15th, Mr. Hill passed Holt's dilator, and at once split up the stricture to admit of No. 10 being passed. The pain was sharp, but merely momentary. The stricture was situated just in front of the triangular ligament. No blood was lost by the operation. Patient is now perfectly well, Dec. 16th, and No. 10 can be passed with perfect ease into the bladder.

UNIVERSITY COLLEGE HOSPITAL.

Last week, in the out-patient department, we saw the following cases under the care of Dr. Ringer :—

Case 1.—A man, with attack of catarrh and rheumatism. Dr. Ringer ascertained the temperature under the tongue. This being 102, he prescribed the tincture of aconite in doses of one drop every hour. Dr. Ringer informs us that this remedy lessens very soon the abnormal heat of the patient in cases of acute bronchitis and other states accompanied by præternatural heat.

Case 2.—A woman, aged 40, suffering from pyrosis of an acid fluid, was treated by means of tincture of nux vomica. Dr. Ringer is much in favour of the use of sulphurous acid in the treatment of pyrosis ; but thinks it most effectual in cases where the fluid brought up is neutral in taste.

Case 3.—A child with catarrh was treated with tartar emetic wine. Dr. Ringer is much in favour of antimony in the treatment of bronchitis in children where much spasm is present.

Case 4.—A man, aged 35, with severe frontal headache, the result of over application to desk work, was treated by the application of Dr. Richardson's freezing process to the skin of the forehead. This was used until the parts were quite frozen.

We remarked that Dr. Ringer pursues an admirable plan of always prescribing in hospital practice but one remedy at a time. Of course, it is only in this way that therapeutics can ever be expected to make any great advances.

Case 5.—A child with ascarides was treated with gr. iv. of santonine in the morning. Dr. Ringer thinks very well indeed of this remedy in ascarides.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. Charles R. Drysdale.)

Dr. C. Drysdale has lately had four cases under his care of absence of spermatozoa, accompanied by sterility, and in all probability the cause of the sterility.

Case 1.—A gentleman, of great scientific acquirements, contracted gonorrhœa, September, 1865. In December, 1865, he had orchitis in left testicle. In March, 1866, orchitis of right testis. Both of the epididymes were indurated, and remained so after the gonorrhœa ceased. This gentleman, an excellent microscopist, examined his seminal fluid frequently since that period, and found it invariably without spermatozoids. Married February, 1867, to a lady with two children; she has since then remained unimpregnated, and the gentleman reports that spermatozoids are still absent from his semen.

Case 2.—John D., 44, seen 1st February, 1867. Had been married 16 years to a second wife, after having been formerly married to another woman, by whom he had one child. His second wife was 33 when he married her. He has not had children by her. Both epididymes indurated. He had 16 years ago, before marriage with his second wife, gonorrhœa and double orchitis. 4th February seminal fluid examined. No spermatozoids seen. Sexual appetite not impaired.

Case 3.—John M., 25, came to the Metropolitan Free Hospital, April 3, 1867, complaining of impotence. Had been a great masturbator, from age of 13 to 21, twice or thrice a day. Married at 22; has not had children. Strongly built, and no appearance of delicate health, 11 stone 2 lbs. in weight. Complains of rapid ejaculation in coition, and subsequent depression, pulse 75. Diarrhœa when excited. Slight tingling is felt in perineum when micturating. "Dreadfully nervous, cannot go along streets without thinking he is beheld by everyone; agitated and exhausted at mere trifles." Is a draper's assistant, and "this has been the cause of his dismissal, through being so agitated and nervous, sometimes obliging him to leave the customers to be served by some one else." May 10, sent his wife to the Farringdon Dispensary, who says he is almost out of his mind at times, and is very desponding. The seminal fluid of this patient was examined several times, and no spermatozoids were discovered. Had not had gonorrhœa; but the epididymes felt hard. Dr. C. Drysdale remarked on the ignorance of such topics, common to himself, with many of the members of the Profession in this country. He was persuaded that many interesting and useful ends might be attained if such cases as the above were studied and frequently discussed in medical societies. Such cases were better understood in Paris.

Case 4.—A medical student contracted syphilis in 1867. A year afterwards he had syphilitic sarcocele of both testes, which rapidly disappeared under gr. xx. doses of iodide of potassium. At present, December, 1869, no trace of spermatozoids is seen in his seminal fluid.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

December 13, 1869.

P. Marshall, Esq., President.

Mr. R. **Dunn** related a case of poisoning by aconite, death appearing imminent; but by the vigorous administration of sal volatile, brandy, and chloric æther, besides strong coffee and beef-tea, a successful termination was effected.

Dr. **Greenhaegh** mentioned the case of a patient who had come under his care for supposed prolapsus uteri, but which, on examination, proved to be a thickened urethra surrounded by a spongy growth, the nature of which growth had not yet been ascertained.

Mr. **de Meric** mentioned a case of retention of urine in a patient suffering from stricture, in which puncture of the bladder through the rectum had been resorted to with the best results. He wished to have the opinion of Messrs. Lee and Bryant upon the case.

Mr. **Lee** considered the case one of perineal section, which he considered an easier and more natural operation than puncture of the bladder through the rectum. He mentioned that a fistulous opening through the rectum was more serious than through the urethra.

Mr. **Bryant**, on the other hand, approved of Mr. de Méric's operation, considering the perineal section more difficult, and he never had any fistulous openings follow his operations.

Mr. **Bryant** then read the paper of the evening on the treatment of disease of the knee-joint, more particularly in reference to operative interference. He began by stating as a rule, no operative interference was necessary in inflammatory disease of knee-joint without disorganization. When suppuration has taken place of diseased synovial tissue a cure by natural processes assisted by art is generally to be secured. When the disease begins in the bone, operative measures are demanded. A cure by ankylosis is by no means uncommon in the former case. During the acute stage, danger to life is great; the question arises, then, whether to amputate or no in order to save life; as a rule, amputation or excision for acute suppurative disease generally is fatal. Mr. Bryant preferred making free incisions into the joint, and washing out with warm water, he considers this ought to precede other operations. Mr. Bryant then read three cases of diseased bone in the knee-joint, resulting from articular ostitis, in which he had removed the sequestra; and the patient recovered with ankylosed joints, and one similar case in which amputation had to be performed. In disorganized joint, the question is, amputation or excision. In amputation of thigh for chronic disease of the knee-joint, taking patients of all ages from his own tables, Mr. Bryant found 188, from Dr. Cormack's 137, total, 325; of these 66 died, 259 recovered, mortality being 20 per cent., or 1 in 5. In Dr. Hodges' work Mr. Bryant found 178 cases of excision of the knee for chronic disease, 70 died, and 100 recovered, mortality 39 per cent., or 1 in 2½. Mr. Swain has given the following up to 1865: 316 cases of excision had been performed, 85 died, or 27·2 per cent., 9 of these having died after amputation, which had been deemed necessary in 39 cases. Since 1865, 74 cases are given, 25 of which died, or 33·7 per cent.; 4 also died out of 11 that underwent amputation; 29 out of 74 dying, or 39 per cent. Mr. Swain gives also a select list of 82, 15 died, 4 others recovered after amputation. We thus have 472 cases of excision of knee-joint, and 129 deaths, or 27·3 per cent., 13 of these being after amputation. If, however, the results of both operations are considered at different periods of life (a point of immense importance), the following striking results come out: In amputations for chronic disease of knee-joint in patients under 20 years of age, out of 69 cases 3 only died, being 4·3 per cent., or 1 in 23. In excisions for similar cases and same age, out of 97 cases 27 died, or 27·8 per cent., or 1 in 8 2-3. In amputations between 21 and 40, out of 119 cases, 3-38 died, or 32 per cent., or 1 in 3. In excisions, out of 74 cases, 39 died, or 52·7 per cent., or more than 1 in 2, the difference being 20 per cent. against excision. Admitting excision to be a good operation, do the advantages justify the extra risk? Mr. Bryant thought not, he also considered an early operation the most successful, it should not be performed when an operation is demanded to save life, only when local disease is steadily progressing in spite of treatment. In conclusion, Mr. Bryant hoped the advocates of excision would recognize the results of experience, and not shut their eyes to those cases that tell against the operation, the point to be settled being the period of the disease in which excision should be undertaken as an operation of expediency. Mr. Bryant is inclined to think that excision may not only be a justifiable, but successful operation.

An interesting discussion then took place, in which Mr. W. Adams, Mr. Henry Lee, and Mr. de Méric took part.

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ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

Dr. Druitt in the chair.

A paper was read by Mr. Acton, in the rooms of the above Society, on Saturday, Dec. 18th, as to the feasibility of extending the provisions of the Contagious Diseases Act, 1866, to London. Mr. Acton observed that the way in which the Act of 1866 had been carried out, and the manifold advantages which had been obtained by its means for the soldiers and sailors of this country, added to the fact that the Act had caused the women who carried on prostitution to be more cleanly in their persons, and more decent in their conduct and language, made him greatly in favour of extending the provisions of the Act to the civil population; and he particularly desired to hear from the gentlemen present what their opinion was as to the possibility of extending the provisions of the Act to the population of London. Mr. Acton showed by statistics that since the application of the Act to the soldiers and navy, there had been a great decrease in the amount of contagious disease in the services, and especially in the amount of disease of true syphilitic character. Gonorrhœa had not so much been lessened; but the more important diseases had been considerably lessened in frequency. In concluding his paper, Mr. Acton referred to a pamphlet by Dr. C. B. Taylor, of Nottingham, as being a violent party pamphlet, and asserted that many of the statements therein contained were exaggerations; for example, it had been stated in that pamphlet, that Dr. C. Drysdale had said, that speculum examinations sometimes carried the contagion of syphilis. This he (Mr. Acton) denied. With respect to Mr. Simon's arguments, also, he thought that they were all based on assumptions, and that all experience on the Continent showed the benefit of extending the provisions of the Act to the civil population.

Dr. Charles Drysdale said he did not mean to say that soldiers, who were an enslaved class, and not permitted to marry at the very age at which they ought to have partners of the other sex, ought not to be kept from disease if possible; but as to applying the Contagious Diseases Act to London, he thought it was an absurd and ill-considered idea. In Paris, even, a city where the Act was first enforced, and where it was now carried out with the greatest care, the amount of syphilis was, he was persuaded from repeated observation, greater than in London, in proportion to the size of the city. He had asserted this to be the case in 1867, before the International Congress, when M. Ricord presided, and M. Lefort had said that he believed the assertion to be true. If this were granted, the cause was gained, since, unless the advantages were immense, no one would like to have in London police spies and a prison like St. Lazare, to put the poor "white slaves" of prostitution into, and keep them in for months. Prostitutes were surely not felons, and, at any rate, it was a disgrace to all justice to make women prisoners in a gloomy prison, and to let men go about free and infect them with impunity. The *mouchards* or spies of Paris obtain three francs for every sick girl they conveyed to prison, and hence they often did most disgraceful things. Syphilis had been often spread by pipes, by kisses, by cups, by catheters, and by the mouths of bottles in glass blowing, and although this was a minor point, it was rather too much for Mr. Acton or any one to assert, that it was at all unlikely that it was occasionally spread by the speculum examinations, he (Dr. Drysdale) had seen used at Paris police office and elsewhere. His remedy for prostitution was, like that of Mr. Simon, early marriage, to which he would add, few children (two or three only to a marriage) and *facility of divorce*, since poverty and unhappy marriages were clearly the chief factors of prostitution. The Act in London would embrace 40,000 or 50,000 women, if carried out as Lefort wished it to be carried out in Paris. It would, he hoped, in London, be replaced by large municipal free veneral hospitals, with a total of 800 beds, perhaps. This would do all that any Police Act could do, without its evils.

Dr. Stuart said there had not occurred, as far as he knew, any case of contagion from his speculum practice among the prostitutes. The instruments were carefully cleaned, dipped in hot water, and rubbed, after each examination. There were 220 prostitutes in Woolwich, and their manners were now much better than they used to be; and he had only known of one case, where the police had brought up a woman who was not really a prostitute. The girls seemed very friendly with the inspectors, and were quite obedient now, although at first they had been turbulent and unruly.

Dr. Liddle was now in favour of extending the provisions of the Act to the civil population, and thought it might be carried out well enough in London. There were 442 deaths from syphilis per annum, and the amount of disease was most extensively spread.

Dr. Aldis was in favour of extending the Act to the civil population and to London. He had found that the women who went into the refuges very frequently returned to prostitution; some of them, however, took situations or married. As to Paris, Dr. Montfaucon many years ago had stated that there was a diminution of disease by means of the Act of Parent Duchatelet.

Dr. Ballard said that the magnitude of London population made him despair of carrying out the provisions of the Act in that city. Women in one district, if tormented or diseased, would go off to another district, unless registered and with tickets. And this conduct of theirs would cause prosecutions, and make the Act not to be worked quietly, which was much against the extension of it to London.

Dr. Webster had found that in Naples and Moscow, where prostitutes were registered, the number of beds required for treating them was very large, and he had always understood from the medical men in these places that there was more disease than in this country, since this plan tended to increase the extent of prostitution. And it was absurd to punish women and let men who infected them go free.

Mr. Kettle, of Scotland Yard, said he thought there were about 6,000 prostitutes whose names and addresses were known to the police, but, perhaps 60,000 who were known to be prostitutes, in London. This was only a good guess. Most of the women frequented particular beats, and were known to the police of that beat. It would *not* be easy, he said (in reply to a question put by Mr. B. Hill) to look after a prostitute who went from one district to another unless they had cards, and were registered.

Dr. Letheby was in favour of the extension of the Act to the civil population. He quoted the statistics of the amount of venereal contagion at our large hospitals, and spoke of the number of illegitimate births in the country. He thought it, therefore, advisable to extend the provisions of the Act to London.

The debate was then adjourned.

The date of adjourned meeting is not yet fixed.

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Literature.

PROSTITUTION.*

It gives us very sincere pleasure to welcome a second edition of Mr. Acton's well-known and most instructive and interesting work upon prostitution. The population of this country owe a deep debt of gratitude to that gentleman, for the bold way in which he has for many years exposed the terrible evils arising from this unhappy social condition, which, indeed, seems to be more widely spread and more injurious to human happiness in our day than at any former period in human history. The first edition of the work was published twelve years ago. By the way, we may remark in passing, that it is a fact disgraceful to the intelligence of our London faculty of medicine, that Mr. Acton was not a long time ago elected to the post of Medical Adviser to the Lock Hospital. His publications, the most important we possess in the English language on this subject, have proclaimed him as the British Ricord; and we deeply regret that inferior men should have wasted the opportunities for observation which Mr. Acton alone among us would have been able to utilise.

Mr. Acton has always been inclined towards the introduction of the French system into this country, and now seems to be more than ever convinced of the absolute necessity of doing so, or of extending the provisions of the Contagious Diseases Act of 1866 to the civil population. According to his views, the working of the Act has been attended with the happiest results, both as regards the health of the army and navy, and the sanitary and moral improvement wrought in the unhappy women coming within its scope. Mr. Acton must prove this before we agree with him. Mr. Acton says he is as fond of liberty and has as much regard for religion as any man; but he considers the extension to venereal diseases of the principles used in other preventable diseases, no infringement on liberty; and, furthermore, religion "is on his side." The last argument we should like to get rid of at once. If by religion he means the clergy, he is wrong,—not that this should daunt any scientific man, for clergymen are as frequently wrong as right in such matters; if by religion he refers to morality, he must prove, of course, as he tries to do afterwards, that the Contagious Diseases Act will tend to increase the highest happiness of the race. We quite agree with the remark in the preface, that the voluntary system has been tried long enough, but, then, the voluntary system's chief fault has been in this, that subscribers to hospitals have been too superstitious to admit of taking in poor diseased girls into their charities. The remedy for which would evidently be the erection of municipal hospitals under poor-law regulation for venereal cases, similar to the Lourcine of Paris. Let *us* have no St. Lazare, Mr. Acton, if you please. His examination of the character of prostitution points to prevention, amelioration, and regulation of the evil. Under the head of prevention, he speaks of the overcrowding of families (large families ?) and making better provision for the relief and suitable employment of women. He proposes to make seducers substantially responsible for the support of bastards—to procure facilities for affiliation, and to assist pregnant women during confinements. These measures, added to the just employment of the Foundling Hospital funds, would, he thinks, greatly lessen prostitution, illegitimacy, and infanticide. A Government Board is proposed to look after the working of the bastardy laws and the Contagious Diseases Act, and the care of fallen women. It seems to him vain "to shut our eyes to the fact that prostitution must always exist." Well, we don't agree with this. But of this more hereafter. Mr. Acton thinks that the State has a right to insist that any woman in selling her favours shall not become a means of communicating disease, just as it looks after the sale of poisons, bad meat, and fish. He is peculiarly interested in the regulation of prostitutes, because the great majority of these women, sooner or later, enter society again. It is only by means of the machinery of the Contagious Diseases Act extended to the civil population that we can discover and detain till cured the women affected with syphilitic disease. There are ten chapters in this work. The first defines prostitution, the second speaks of English prostitutes, the third of diseases arising from prostitution, the fourth speaks of the existing control of prostitutes, the fifth of prostitution abroad. Then comes in chap. vi., the causes ; in chap. vii., the Contagious Diseases Act ; in chap. viii., the recognition of prostitution in civil life ; chap. ix., treating of amelioration of prostitution ; and chap. x., of its prevention.

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* Prostitution, considered in its moral, social, and sanitary aspects in London and other large cities and garrison towns. By William Acton, M.R.C.S., &c. London: J. Churchill. Second edition, 1870 pp. 303.

We agree with Mr. Simon that we don't see any practical definition of prostitution which could include women wishing to practise it clandestinely. There seems to be about 9,500 prostitutes, according to Sir R. Mayne, in London. There are now scarcely any "houses where prostitutes are kept." There are only two such in London ; but in 1868 there were 1,756 houses where prostitutes lodged. This shows the inutility of raids. "Those who dread (who are they ?) the depopulation of England, will observe with satisfaction (surely somewhat mingled with sorrow), the resources the country commands in the reserve of bachelors and spinsters, whilst the economists will see that prudence is exercised (especially by the women) to an extent which Malthus scarcely anticipated." It appears that there are but few "accommodation houses" in London now ; there are only, he says, four or five in two or three West End parishes. Coffee houses and other places let beds which are frequently used by prostitutes. There are only 132 such "accommodation houses" in all London. Mr. Acton again informs us that there are very few deaths from syphilis. Only 127 deaths are, it seems, registered out of 3,000,000 population in 156 weeks. We don't quite agree with this view of the matter. Our own hospital experience of the diseases has shown us syphilis as the probable cause of phthisis and disease of the kidneys and liver in many cases ; besides which, epilepsy and palsy are often caused by syphilis ; and surely stricture of the urethra is the cause of many deaths. Of course, Mr. Acton does not allude to the infantile mortality from syphilis, always so extensive. Phagedæna, however, is now fortunately (owing to mercury and drunkenness being less common complications of the disease) a very uncommon cause of death. Most prostitutes return to honest livelihoods, and (as they have often no children afterwards) are frequently better off than virtuous or prolific women. Thus, says Mr. Acton, and in this he is an unconscious advocate of early marriages and small families as a preventive against prostitution and destitution, prostitution is in a transitory state, through which an untold number of British women are ever on their passage. Of 1,755 women at Devonport, mentioned by Mr. Sloggett, 250 had married. As regards statistics of disease, the Harveian Society's Committee of 1867 has made us familiar with the vast proportion of cases seen as out-patients at our metropolitan hospitals ; in surgical practice frequently one-half of the cases are venereal. The army and navy, as we all know, are both infested by these contagions. How can it be otherwise so long as soldiers are unmarried, and slaves to a terrible system like the military one ? The total of venereal beds is given by Mr. Acton as follows :—St. Bartholomew's, 95 ; Guy's, 58 ; Middlesex, 20 ; Royal Free, 26 (none at present) ; Lock, civil cases, 30. There are about 115 beds available for women in Woolwich and Chatham ; and Dr. Stuart, of Woolwich, speaks highly of the good effects of his weekly examinations of prostitutes at Woolwich, in lessening the severity of the cases of syphilitic ulceration. But Dr. Stuart thinks there are as many clandestine as open prostitutes who are not examined. Mr. Trotter, Coldstream Guards, says that there are far more cases of venereal diseases in an equal number of men in barracks in London, where the Act is not in force, than in Windsor, where it has been applied in the proportion of 36 : 7 in three months. This is all rather meagre proof of the advantages resulting from the extension of the Act. Let us read in chapter v. whether there is much less disease in foreign parts.

It appears that a M. Antin of the Assistance Publique of Paris, estimated in 1856 that 20,000 women lived by prostitution. In 1854 there were 4,260 of them inscribed on the registers of the Bureau des Mœurs, 5,002 being in houses and the rest free. There are 270 beds for prostitutes at Lourcine Hospital, and 200 at St. Lazare. There are two physicians to the St. Lazare Bridewell Infirmary. The Lourcine Hospital was established, it appears, in 1836 for free venereal female patients. These may quit the hospital when they please, even before being cured, although in the latter case they are remonstrated with. Thirty *mouchards*, or detectives, haunt the streets of Paris, and according to our author *receive* 3 *francs* for detecting a diseased woman and sending her to St. Lazare. "The older prostitutes avoid contagion by examining every man who desires to have relations with them." Most of the old prostitutes seem to regard themselves "as a class useful to the State and recognised by the police." Of 150 patients visited by Dr. Clerc at the St. Lazare with the author, not more than two or three were confined to bed. It is believed to be almost impracticable to administer mercurial pills to prostitutes, and we think they are lucky in this, as there is *a popular prejudice* among them against the drug. At the police office, Rue de Jerusalem, 174,000 speculum examinations are made yearly. One woman admitted that she sometimes received as many as 40 men in 24 hours. It appears that in 1865 the effective force of the French army consisted of 348,968 men, and during the year 31,918 soldiers suffered from the disease, or 92 in 1,000, instead of 325 per 1,000 as in this country. Venereal diseases cost Paris hospitals, for 812 beds at £28, £24,000 a year. The expense of treatment of French soldiers is £60,000. Venereal diseases are much lessened in frequency in the French navy ; but in the Merchant Service one-fourth of the sailors are said to be infected annually. In Belgium syphilis has almost disappeared from the Brussels hospitals. Only 42 cases were under treatment out of a population of 260,000. Formerly, there used to be as many as 150 to 160 cases in the same wards. There were but 90 venereal patients in 1,000 men during the year 1868 in the Belgian army. In Hamburg there are very stringent police regulations, and there are only 30 per 1,000 venereal cases in the army per annum. Marriage has fallen off greatly in Hamburg. In 1709 there was 1 marriage in 45 persons ; in 1840, 1 in 100. In Berlin, the police system obtains. There are 1,639 known prostitutes, and about 13,000 clandestine prostitutes there in a population of 702,000. We don't hear whether Berlin is free from venereal diseases or not. The Prussian army in 1867 numbered 240,000. The average number of venereal cases is 62 per 1,000.

The average number of beds for prostitutes in Vienna is 600 ; of which 200 are for males. In Vienna, one in every two children is illegitimate, and in Munich there are more illegitimate than legitimate children. The Austrian State, in order to discourage over-population, says Sir W. Wilde, countenances illegitimacy. There is an immense amount of disease among clandestine prostitutes ; as much as 40 to 50 in 100 of them in Paris being found to be diseased. This is the great stumbling block of Mr. Acton and his school. Are they to register some 30,000 or 40,000 women in Paris and London ? Under the head of *Causes of Prostitution*, Mr. Acton truly remarks,—"We must not lose sight of the fact, that the desire for sexual intercourse is strongly felt by the male (and surely by the female too ?) on attaining puberty." But, he adds, "Man's plain duty is to seek in honourable love the gratification of manly desire." Granted. He thinks Malthus and Mill's advice, not to breed too fast, is premature so long as the earth is in many places so empty. And yet, a little way on our author objects to Mr. Simon's plan of early marriages as a preventive of prostitution. We prefer Mr. Simon's views entirely to Mr. Acton's; but we tag on a condition to Mr. Simon's prescription, to the effect that early marriages should be accompanied by only one or two children, and that divorce should be made far more facile than at present. Mr. Acton is very fond of the Bible phrase, "Be fruitful," &c., and yet advises people to marry late. How does he reconcile this? "So ferocious is the struggle for position," he writes, "that I am more inclined to look for the sanction of society to the revival of convents, *or the Malthusian modes of checking population*, which prevail elsewhere (in France?), than for the rich or the poor genteel to permit their offspring to increase and multiply young paupers," &c. Quite true, Mr. Acton; it is far more likely that people will recommend small families, early marriages, and home existence to emigration, caused by pauperism, in the future, *just like* our highly civilized and charming neighbours, the French. Mr. Acton, of course, shows how poverty, added to ignorance, and, of course, overpopulation, is the most common cause of prostitution. Prostitutes are so barren that they don't crowd the poorhouses with pauper children, like poor married women. We wonder how it is that Mr. Acton has not studied more deeply the works of Malthus and J. S. Mill *in the original*. He seems to be much interested in the ideas, but not quite familiar enough with the arguments used by Chalmers, Garnier, and many of the French economists. Dr. Jeannel thinks that a weekly inspection of prostitutes is best. Mr. Acton cannot "venture to hope that the sexual passion will in our time cease to operate or diminish very materially." Agreed. It is a fixed quantity, like the attraction of gravitation. As to regulation of prostitutes, he generously intends to discard from his police regulations the class of women who live in concubinage. Why so, Mr. Acton, perhaps the police might for three francs find that such women had gonorrhœa? Indeed, young women married to old men, perhaps, should be inspected. Why not? A certain Captain Harris considers the extension of the Contagious Diseases Act to London as *very feasible*. Well! we don't agree with this gentleman; but, then, we have seen ourselves in Paris what a farce the whole affair is, and we don't care about seeing the whole female population of London snubbed by a set of *mouchards* for such a small result as that obtained in Paris. Every one knows that a lady can't sit alone on a seat in Paris without some wretched agent of the sanitary police telling her to take care and move off. We would certainly not like to be born one of the female sex in such cases. Mr. Acton is much aggrieved at Mr. Simon's protest against the Act of 1866, and at his recommendation of early marriage instead. He "thought that in the present state of crowded civilization political economists had come to the conclusion that early marriage was an evil." No. They may perhaps have come to the conclusion, not that *early marriages*, but that *large families* are an evil. Although such an advocate for the Contagious Diseases Act to the civil population, our author adds: "If prostitutes should continue to be admitted into hospitals as now, would it not be well to exact on admission a promise from them that they will not leave hospital until pronounced cured by the surgeons?" Spoken as it should be, Mr. Acton! Give them hospital accommodation and exact such a promise, and you will not require the machinery of the Act of 1866. Mr. Acton says London should have 800 venereal beds if it were as well supplied as Paris. We think it would not require more than 500. It is a curious fact, which has been lately mentioned to us by Mr. Holmes Coote, that there are not nearly so many applicants for the beds in the venereal wards at St. Bartholomew's Hospital; and the same holds true for Guy's Hospital.

In summing up our views upon the proposals made by Mr. Acton for extending the Contagious Diseases Act of 1866 to the civil population, we have to say that the army and navy are quite exceptional affairs. No other body of men have any right to have recourse to mercenary love. Prostitution, every one must see, is a grievous evil, and, like poverty, it is quite remediable. The relation between the sexes, indeed, requires to be better adjusted, so that the sexual appetite should have its normal way without causing overpopulation, or we shall always have prostitution. The French system has a few advantages, but numerous disadvantages. It tends to lower the whole ideal of the position of women in society. If women had a vote, of course (and it seems not impossible that they may) they would insist on men being examined as well as women. The erection of *State appointed* municipal venereal hospitals would be quite sufficient to check the spread of venereal contagion—the voluntary system is quite inadequate to the task; but there is no need of any Contagious Diseases Act allowing the police to bully our poor women any more than at present. We do trust that Mr. Acton's deeply interesting and admirable work may be widely read, and attract the attention of all philanthropists. It is, we think, the best work on the subject ever issued from the press, although we entirely disagree with his views as to the necessity for prostitution, or the extension of the Act of 1866.

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SCOTLAND.

EDINBURGH.

At a meeting of the Royal Society, held on the evening of the 20th inst., Professor Turner read an interesting notice of the fin whale, recently stranded at Longniddry. Its length measured 78 feet 9 inches, and its girth opposite the flipper was about 45 feet. One of the most interesting features in connection with the animal was the enormous size of the lower jaw, the inner surface of which, close to its upper and outer border, was concave, and sloped inwards, so as to admit the upper jaw within it, and measured from the angle of the mouth to the tip along the upper curved border, 21 feet 8 inches. The greatest projection of the fin, from which the animal derives its name, was 31 feet 4 inches. Although the notice was preliminary to a more extended memoir, Professor Turner entered at considerable length into the structure of the animal, to the investigation of which he is devoting as much time as he can afford. The presence of so large a whale in the Firth of Forth might be accounted for, he thought, by the fact that she was in calf. The skeleton has been secured for the Museum of Science and Art.

Dr. Matthews Duncan read a paper on "Aggregation in the Dublin Lying-in Hospital," which, he said, formed an excellent foundation for an investigation into the subject of the comparative mortality in large and small hospitals. It had been in existence for a hundred years, and nearly 200,000 cases had been treated in it. On careful examination, he found that when the hospital was emptiest, and contained from 800 to 1,300 patients, the mortality was 14 per thousand; when the number was 2,300, the mortality was 12 per thousand; when 2,800, the mortality was 14 per thousand; and when it rose to 3,300 it was 13 per thousand. He held these figures proved that aggregation in the Dublin Hospital did not increase the mortality.

Among the Scotch Bills in Parliament which have been deposited in the Private Bill Office is "A Bill for Authorizing the Corporation of the Royal Infirmary of Edinburgh to remove their Infirmary Buildings to a more suitable position, and to acquire for that purpose the site of George Watson's Hospital and adjacent lands, and for other purposes." The sum obtained for the new Infirmary is upwards of £75,000, of which £61,000 has already been paid. The amount withdrawn by those who dissent to the change of site is £1,563, only £545 of which had been paid.

A case of a somewhat peculiar kind was tried before the Lord Justice Clerk and a jury, and concluded on Wednesday last, in which the pursuer, Dr. William Stewart, late Principal Medical Officer in the Paraguayan Army, raised an action against M. Gelot, the holder of a bill for £4,000, granted by Dr. Stewart on the ground that he had been induced to grant the said bill to Madam Lynch, the so-called wife of Lopez, under compulsion, and under fear of his life. The verdict, after a trial of two days' duration, was in favour of the pursuer.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 29, 1869.

MEDICINE AS A REMUNERATIVE PROFESSION.

IN the present state of society, when money has a tendency to cumulate in the hands of a few, when houses of business assume colossal proportions, to the destruction of the smaller houses, when farms grow in magnitude by the absorption of their neighbours' grounds, and things in general show a tendency to run into extremes, Paterfamilias, with moderate means and several boys to be started in life, is put to his wit's end to find occupation for them of a remunerative kind. Mamma objects to the Colonies. The Professions naturally present themselves to the parental eye. Now, he finds that in "the Law" a Solicitor needs a good capital to start with; and the Bar, besides needing for success talents of a special kind, is too uncertain, too slow without aid from private resources, and too full. The Church, again, ensures but a miserable pittance to her friendless and unknown sons, her prizes falling to the lot of the well-patronized aristocrats. In the Army, the pay of the subaltern scarcely meets the expenses of the mess. The Civil Service is limited, and the Navy and Colonial Services are as bad as emigration.

The merits of Physic, as a remunerating Profession, are next discussed; but the difficulties in the way of getting reliable information are great indeed. The advantages of appearing successful in practice lead to a most unreal mode of life. The candidate for practice must appear to be, what he is not as yet, a prosperous man, and, therefore, to use a familiar phrase, keeps the best side out. The friends of the medical man are, for a like reason, ready to aid in the deceit; hence, the real state of the Profession cannot be arrived at by ordinary investigation. Lately, however, something has been done to shed some light on this inquiry. Professor Paget, of St. Bartholomew's Hospital, in endeavouring to put the prospects of students in an advantageous light, has traced out the careers of one thousand pupils of his and his colleagues. Of these,—

23 attained distinguished success; *i.e.*, Hospital appointments, Professorships at Oxford, Cambridge, or Edinburgh, or large practices in county or large towns.
66 considerable success; *i.e.*, high position in public services, or leading practices in good positions, &c.
507 fair success, or *enough to live on* (see above and after for the real interpretation of "fair success") and a good reputation.
124 very limited success, or, from not enough to live upon, down to absolute failure.
96 left the Profession, chiefly for other callings.
7 came from other Professions; but five of these went back again.
120 died either in practice or during pupilage.

Thus 50 per cent. make a living, such as it is, 10 per cent. obtain marked success, and 10 per cent. leave the Profession, probably in disgust.

The Medical Profession being thus shown to possess few pecuniary attractions, and likely to be shunned by the better class of the youth of our day, and their places in it occupied by a much inferior grade, it behoves us to make some investigation into the causes of this state of things with a view to a remedy.

In order to facilitate our inquiries we will examine the Profession in the two divisions into which the requirements of the people have arranged it, viz., the general or family doctor, who undertakes to supply all the ordinary medical requirements of the families under his charge, and the consulting doctor, who, through his position on a hospital staff, or at a special institution (if a specialist) must necessarily have more ample opportunities for the study of disease.

Accepting, then, this very convenient and long-established division, we will examine the merits of each as to income; and first, the General or Family Doctor. As a class, even the public are beginning to see that they are not wealthy, and their tradespeople well know their struggles to make two ends meet. Their names, it is true, rarely appear in the list of bankrupts, for, being accustomed from the first to the need of rigid economy, they are very rarely spendthrifts. Fifty, or more or less, years ago, the family doctor, under the name of apothecary, carried on a lucrative trade in drugs, the profits of which, added to his practice in prescribing and supplying medicines, afforded him a very respectable income, and in many cases a large one; but the College of Surgeons, then newly established in Lincoln's-inn-fields, tempted him by its wide and easily accessible portals to become a member of that corporation, and, in later times, the railways to Scotland induced him to add M.D. to his M.R.C.S.

Possessed of these highly respectable diplomas, the trade in drugs was felt to be degrading, and the shop was soon changed into the private dispensary, or the neighbouring chemists undertook those duties by contract. Thus, the apothecary voluntarily surrendered a most lucrative branch of the Medical Profession, and the druggist stepped into his place.

Another cause of diminished income is a comparatively modern creation—the out-patient department at our Hospitals, which, by its lax manner of giving advice and medicines to all comers, acts as a serious drain on the general practitioners' sources of income.]

If to these we add a growing want of faith in physic, and the dislike to taking disagreeable compounds, we have shown a triple cause for the present depressed state of the medical practitioner's income.

Let us now examine Consulting Practice as a source of income. Does it afford a reasonable prospect of success? By no means, for although some few doctors become, in advanced life, overwhelmed with practice, even they have been compelled to spend the heyday of youth and early middle life crippled by the *res angustæ domi*; and success arrives when the time to enjoy it or to undergo its fatigues has gone by. But the great majority have to continue to battle with difficulties to the end of their days, if not possessed of independent means. Several causes combine to produce this state of things; their disproportionate numerical increase; the rivalry of the fairly educated general practitioner of the period, and the great amount of time spent in unpaid labour. The growing disproportion between candidates for consulting practice and the population is evident to every one, and we all know the quirks and quibbles practised by our family doctors to avoid a consultation if one be proposed; the division of responsibility which, in cases of danger, would seem paramount to all other considerations, is not by them considered equivalent to the loss of position which they fancy they must suffer. The losses arising from this cause are, however, generally compensated for by a little gentle pressure on the side of the patient. But the circumstances most injurious to this division of the Profession are to be found in the amount of time squandered in unpaid labour at the Hospitals and Dispensaries. The rivalry for these necessary appointments has grown to such a height that the Governors have their choice of a large number of candidates willing to act as an unpaid staff, and grateful for the appointments; the honour and glory which accompany them being, they think, equivalent to the losses they entail.

Can any remedies be suggested for such a state of things? or must the Profession be allowed to fall into the hands of a more humble class of men (at present we put lady doctors out of the question)? The family or general practitioner, having given up a lucrative branch of his business, cannot retrograde to it, even if that were desirable. Two courses, therefore, are all that remain for him—either to increase his fees, or to diminish the number of practitioners; the latter course can easily be effected by the simple plan of telling the truth and acting the truth. Let the system of deception now practised by himself and his friends be no longer followed; but let the world see him as he is, a struggling man, although a hard-working one, a man deprived of recreation and amusement, and tied to home by the nature of his Profession, with no prospect of doing more than his own personal badly-paid labour can effect. Let all this be honestly made known, and, unless mankind be greatly changed from what it now is, the number of candidates will diminish, and a system of honest remuneration for services will certainly follow.

The same remedy is, *à fortiori*, applicable to the Consulting Doctors; but for them there is an additional aid, lying in their own hands, "*Quis morietur homo cui salvia crescit in horto?*" Let them, one and all, refuse, with a true *esprit de corps*, to accept unpaid appointments. The idea that advantages, equivalent to their time and labour, accompany appointments to the smaller Hospitals, and especially the Dispensaries, is now pretty fully exploded. In no other profession does a system of unpaid labour prevail, not even in the Clerical. The workman is worthy of his hire, for the cure of both souls and bodies. No man, who is not wholly independent of his Profession for support, has a right to give his time gratuitously; it is not his to give; his wife, his children, his home, his immediate dependents, perhaps one or both aged parents have a claim on that time. "Charity begins at home."

MR. GOSCHEN AND DISTRESS IN EAST LONDON.

ALL well-informed medical men know how much the pauperism of our large cities influences the death-rate. Villermé was, in 1832, perhaps, one of the first to show that the inhabitants of the poor quarters of Paris died in a far more rapid manner than those of the richer quarters; and, certes, those who will visit the Mouffetard quarter of Paris, after quitting the Madeleine quarter will not be surprised that the deaths of the former should be greatly in excess of those in the latter. And so with London. The death rate of St. George's, Hanover square, is somewhat like 18 in 1,000 annually; and in Whitechapel, it is 28 in 1,000. Then, again, very few of the children of the rich (1 in 10) die before the age of 5; but as much as 150 in 1,000 of the children of the poor die annually before the age of 5. Consequently, of course, to the medical man, the twaddling transcendentalism which asserts that there is always some compensation in the lot of every person, however poor or unfortunate, is nothing but an ignorant assumption. Poverty, to the extent of pauperism, is an unmitigated evil, and kills more people than the light of science can ever hope to cure; since it causes fever, epidemics of all kinds, and consumption. Hence, all medical men are, as a rule, greatly interested in questions of pauperism, except, indeed, a few who are immersed in the details of the profession, and have little or no leisure to interest themselves in anything else. The conference which took place lately in Sion College to consider the desirableness of united action with a view to checking the increase of pauperism, and to improve the condition of the deserving poor, may be worth some consideration in these pages. It was suggested that, as there is likely to be a great deal of distress this year in the metropolis, it would be as well that the ministers of different denominations should co-operate as they had done in the cholera year. The difficulty of defining the limits between legal and charitable relief is felt even by the Commissioners of the Poor Law. The principle of that law is, of course, to administer only the minimum of relief. Mr. Goschen said, indeed, that he suspected that the Poor Law, even dating it back as far as Elizabeth, had done a considerable amount of damage by establishing the principle that every person, whatever his antecedents, was entitled to relief; a principle which obtained in no other country but this. It certainly has a tendency, if not watched, to cause the poorer classes to cast aside that independent character which alone makes human nature interesting or noble; and Mr. Goschen says, that in some cases quite recently, some miners have actually stipulated, on joining benefit societies, that the allowance from these societies should not be taken into account when they received parish relief. Such facts as these made Chalmers and others so long hold out against the introduction of the English Poor Law into Scotland, and we believe that that country will not any longer be so likely to produce a Burns or an Allan Ramsay as it formerly was since the introduction of this Act. It is evident, then, that the Poor Law should not, in any way, attempt to subsidize private charity. It should be entirely oblivious of the existence of all such charities, and should act systematically and without distinction of persons. A *minimum* of relief is all it should ever give. It has been proposed that an accurate register might be drawn up in London of all who are in receipt of either pauper or charitable relief. This we don't think is feasible, and we can't see what the Poor Law Guardians have to do with private charities at all. "The quality of mercy is not strained." Charity may be employed as the donors please; but the parish have nothing to do with charity; IT has only to see that the Poor-law is carried out. There are, it seems, about 150,000 paupers in London at present, and Mr. Goschen says that not much more than 3,000 of these are able-bodied men, the rest being old, sick, and infirm men, and women and children. We don't exactly see why women are to be classed with old and infirm men. A woman, when in good work, can, we all know, often earn admirable wages; and if there are so many working-women out of employment, it is a question, worthy of most serious consideration, why this is the case in London. In many parishes the Guardians take advantage of the charities existing in them to give only out-door relief, trusting to the poor to get more from these institutions; but why should these parishes be allowed to do what the others cannot do, *i.e.*, evade the law on this account? The law of the land fixes no bound to the amount of *adequate* relief which the parish is compelled to give to all of its poor, and rates *must* be raised for this purpose. We believe that it is infinitely more economical in the long run to give adequate legal relief than to pauperize the poor by allowing them to keep at home at wretched wages, partly supported by the charities, and partly by miserable doles from the workhouse. This view of the matter has, until recently, always been taken by all well-informed Boards of Guardians. We cannot help, then, pointing out how important it is these Boards of Guardians should henceforward, in London as elsewhere, abandon this illegal way of giving out-of-door pittances to healthy persons, and determine in future to cause all such persons to enter the walls of the "house" before receiving any relief. The only exception at present to the strict carrying out of the law ought to be in the case of sickness, which naturally (so long as there are no public hospitals, like those of Paris, where ALL sick persons are entitled to enter), gives a claim, especially in such a large city as London, to public relief even out-of-doors.

One of the great causes, however, of all this miserable tinkering in London, must be looked for in the inadequate distribution of poor-rates throughout this big city. The saying that "from the poor shall be taken away even that which he hath," is exemplified every day in the history of the Poor Law taxation of the metropolis. How is it, we ask, that the parishes in the East end of London put up with this inequality? Verily, they are long suffering and slow to wrath, for it would be quite impossible to keep up the shameful inequality of rating which exists between Whitechapel and St. George's, Hanover square, for even a year longer, were the poorer parishes but to press their claims earnestly for one Session of Parliament. Every city should be taken in its entirety in all questions of poor rates, and there should be an entire equalization of rates throughout the metropolis from Hammersmith to Bow, and from Highgate to Camberwell. The way in which Paris is managed excites our envy and admiration more and more every day. But the spirit of mere routine is so great, and our citizen of London conceit so great, that it may be some time before we shall try to imitate that city in dividing London into districts, each with its local government and with a central government represented by the mayors of each quarter and some other delegates. As to Dr. Stallard, who spoke the other day at Sion House, if he is correctly reported in saying that the State should provide a machinery for a thorough house-to-house visitation of all who are in receipt of any kind of charitable relief, we cannot understand what he supposes the province of Government ought to be. Dr. Stallard is quite outrageous in his desire for State interference. That we should all be compelled to send our children to school, or to vaccinate them; to abstain from injuring our neighbour, or from committing nuisances of many kinds, we are ready to admit, and strenuously to maintain; but the limit of State interference with individual action is very soon reached, and this extension of it proposed by Mr. Stallard would turn us into a bureaucratic-ridden people in a very few years; and if, in addition to this, the police are to regulate prostitution, and perhaps to shut up public-houses, we may have to emigrate in order to find individual liberty alive. The main principle of human life is, that every person must work in order to live, and if we except sick people and infants, it is as much as we ought to do. To do more than give a minimum of subsistence to any other person, is a grave crime against the workers who must work to support them in idleness. We, then, in conclusion, would urge upon the supporters of the various London charities, to combine together and organise the whole of the charities of the metropolis better. To the Guardians we would say, "Act as if there were no charities in London. You have no business with *charity*, but only with *adequate* legal *relief* to all who apply to you for it and are legally entitled to it."

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Notes on Current Topics.

Medical Reform.

THOSE who hoped for a Government measure next Session have now nothing left but to resign themselves to disappointment. Few who know the reluctance of statesmen to interfere in professional politics will be surprised at the announcement that the Cabinet has too much on its hands to take up a Medical Reform Bill. Sir John Gray's Bill will, therefore, come before the House with a still greater chance of full consideration. We believe that Sir John will make a strong effort to carry his measure, of which we some time ago foreshadowed the leading features.

Nearly all the medical M.P.'s, including Sir John Gray, as well as eminent statesmen of all parties, have expressed their approval of the reform of the Medical Council advocated by Dr. Prosser James. It is, therefore, probable that this desirable reform will be carried by the coming Bill. To such a reformed Council, truly representative of the Profession, as well as of the Universities and corporations, the Government would be willing to concede those larger powers which they will not entrust to the existing oligarchical Council. Here, then, is an additional reason for reforming the Council. What a pity that body had not sufficient self-abnegation to effect for itself what must be forced upon it, and thus have secured the confidence of the Profession and the public, instead of justly forfeiting it!

Death of Professor Geoghegan of Dublin.

THE celebration of the Christmas festival in Dublin has been, in professional circles, somewhat marred by the melancholy and unexpected death of Dr. Geoghegan, well known to our readers as one of the first existing authorities on forensic medicine, of which subject he held the Professorship in the Royal College of Surgeons in Ireland. The sudden death of a very near relative a few days ago had fallen with great force upon him, but on Christmas morning he appeared to be in his usual health and spirits. On coming out of his bath he fainted; and when the assistance of his friend and colleague, Professor Benson, could be obtained, he was found to be quite dead. Professor Geoghegan's great talents have always ensured himself a place in the high esteem of the Profession; and on several occasions recently his name was mentioned as that of a probable occupant of the Presidency of the Royal College of Surgeons, of which body he has been a Fellow since the year 1830. To his rank and position as Medical Jurist, there exists in Ireland no as worthy successor, and the College has in him lost one of those members who have created and added to its prestige throughout the world. By Dr. Geoghegan's death a Surgeoncy in the City of Dublin Hospital and the Hospital for Incurables, in addition to his Professorship, becomes vacant, as well as the position of Medical Adviser to the Royal Insurance Company in Ireland.

Hysterical Aphonia.

DR. TANNER says that he never fails to cure this obstinate nervous disease by means of electro-magnetism. He places the patient in a chair, gives her one handle of the instrument moistened into her hand, and with the other touches the tongue. The patient then screams out violently, and thus convinces herself and friends that she has *not* lost her voice.

Proposed Royal Society of Medicine.

THE delegates from the various societies met on the 13th, and most of the clauses in the draft submitted to them from the Medical and Chirurgical Society were approved of. The section of Anatomy and Physiology was, however, unanimously condemned.

Vaginismus.

DR. TILT protests against the necessity of using the knife or scissors in this comparatively common condition. He places the patient under chloroform, separates the two thumbs which are back to back in the vagina, and keeps the vagina distended for five minutes. He then introduces a large metal bougie, and keeps it in by a T bandage for several days.

THE illustrious Professor Czermac is at present on a visit to this country.

The Health of Ireland.

THE Quarterly Return, published by authority of the Registrar-General, has just been issued, and it includes the births and deaths registered during July, August, and September, 1869, in the 781 Registrars' districts of Ireland. The births registered during the third quarter of the present year amounted to 34,058, affording an annual ratio of 1 in every 40·6, or 2·46 per cent. of the population, the average during the corresponding quarter of the years 1864-8 being 34,048. There were 18,685 deaths during the quarter ending 30th September last, a number affording an annual ratio of 1 in 74·1 or 1·35 per cent. of the population. The average during the corresponding quarter of the years 1864-8 was 18,803.

It is evident from the foregoing figures that the registration of births and deaths is very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths of 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are, for births, 1 in 40·6; and for deaths, 1 in 74·1. The registration of marriages is still more unsatisfactory, the number of births being 34,058; the deaths 18,685; and the number of emigrants 16,254, a decrease of 881 would appear to have taken place in the population of Ireland during that period.

The number of deaths amounted to 18,685, contrasting favourably with the mortality in the corresponding periods of the previous five years, when the average number of deaths was 18,803.

Scarlet fever was the most prevalent of zymotic diseases. Sixty-two of the Registrars refer to this disease in their notes. The North-Eastern Division suffered most from scarlet fever, deaths from this disease having been reported from twenty-eight Registrars' districts. Of the 61 deaths registered in Keady, 12 resulted from scarlet fever, and 3 from diphtheria. In Castlereagh 138 deaths were registered; the Registrar states that "during the quarter 48 deaths occurred from scarlatina, the district having been visited by an epidemic of a very malignant character." In Ballybay, one-fourth of the deaths was ascribed to scarlet fever, and Drogheda suffered much. The Registrar states that "the sanitary arrangements of the district are very deficient."

The prevalence of measles and whooping-cough was reported by many Registrars.

The deaths from typhus and typhoid or enteric fever were numerous. The sanitary arrangements of the districts visited by fever were, in nearly every instance, most defective. The Tipperary Registrar, referring to the prevalence of fever in the town, remarks, "This I attribute to the overcrowded, filthy, and neglected state of the houses of the poor, and more especially their unwillingness to send to hospital cases requiring prompt removal. Such occurring in quarters where the destitute poor chiefly reside, and where sanitary arrangements to secure cleanliness and good sewerage are sadly neglected, the wonder is that we are not more frequently visited by zymotic diseases. I do think that until the sanitary code is rendered as compulsory in the district as the Vaccination Act, it will be impossible to prevent those nuisances that usually are in close proximity to the doors of the poor," &c. The Registrar reports as follows:—"Nothing can be worse than the sanitary state of the village of Goleen. There is but one well, and this is kept in a most disgusting way. There are seven occupied houses in the village, and during eleven years there have been about 30 deaths, and we had neither fever, famine, or cholera. At Rock Island (a village under the Government), about two miles from Goleen, where sanitary measures are well carried out, there are eleven houses, with large families in each, yet, during *thirty-one years* there were but 8 deaths, and those thirty-one years included the famine, fever, and cholera years."

No death from small-pox was returned during the quarter.

From various parts of the country most favourable reports have been forwarded by the Registrars as regards the benefits resulting from the successful working of the Compulsory Vaccination Act.

"Dark Sam, the Medical."

The above is the title of a chapter in the new Christmas novel, "Brilliant Prospects," by R. L. Johnson, which we have read with deep interest. As the novel in question has met with the approval of the *Athenæum* and other leading literary organs, we need not allude to any of its merits, but merely say that in other parts beside this chapter there are indications of the author's familiarity with medical men and customs that almost make one fancy he must himself have studied the profession. "Dark Sam, the Medical," is only an episode in the story, so that if we say something about him we do not spoil the plot for our readers. It relates the career, at a Dublin School of Medicine, of a medical student, who, several years ago, was addicted to flirtations, which, on several occasions, nearly got him into serious trouble. He escapes from several fair ones by ingenious excuses, and a very strange trick of making himself scarce at the very crisis of his love making. He was at last, however, hooked and landed, as all such slippery fish ought to be, and the secret that haunts him afterwards is told in a most comical way.

Our weary brethren looking for an amusing book this Christmas time should get "Brilliant Prospects."

Medical Society of London and Athletic Sports.

On the 20th inst., at a very numerously attended meeting of this society, a most interesting paper was read by Dr. Farquharson, formerly of the Coldstream Guards, on the effects of athletic sports on the system. So far as the too brief limits of the paper allowed, the relative merits of walking, running, rieing, and rowing were discussed; and then the author enlarged at some length on the game of football as played at Rugby, and he described some of the various accidents that had come under his notice as the results of this form of athletic exercise. Considering the exceptionally violent and rough way in which football appears to be played at Rugby, it was remarkable to hear how few immediately serious injuries had come under notice. Cases of fracture of the metacarpal bones, of severe injury to the shin bone, and to the ligamentum patellæ were mentioned, as well as a distressing case of injury to the cervical spine, from the neck being so violently bent forward that the lad's nose touched his chest. This case had symptoms of paraplegia for a time; but these had, in a measure, passed away, and things had assumed a more avourable aspect. The patient is still under treatment.

An active discussion ensued on the termination of the paper. Mr. Dunn regretted that the author had not made mention of fencing as a sport eminently calculated to educate every muscle in the highest way possible.

Some apt remarks were made by Dr. Simms on the intense folly of training men on an exclusive diet of beefsteak; this was just the same as if a steamer were prepared for a long voyage by making its piston rods of double strength, while no thought was taken of putting coal into the fires or water into the boiler. Dr. Richardson, in a vigorous and athletic speech, denounced all violent pastimes and sports as remnants of blue paint and savagery; and he alluded to the effect of rowing races as a great cause of permanent excessive cardiac development, with various systemic troubles that would arise from an over-developed heart.

Some interesting remarks were made by an Army Surgeon on the effect of the introduction of athletic exercises into the Army; it certainly was a question if the soldiers of the present day were equal in physique to the veterans of Waterloo and the Peninsula. It was mentioned that the time appointed for what was called the "running drill" was immediately after the men had had their dinners; but on the speaker representing that this practice was not unlikely to cause indigestion, the time for this exercise was changed. The sense of the Society generally seemed quite in favour of a moderate indulgence in athletics. It seemed a pity no fox-hunting doctor was present (for there are fox-hunting doctors as well as fox-hunting parsons) to put in a word for this manly and life-renewing exercise.

Horace has said that,—"*Post equitem sedet atra cura*;" but even if "black care" does settle himself behind the horseman at starting, we doubt very much whether he manages to keep his seat over the hedges and ditches, and we certainly never heard of him as in at the death.

Scarlatina rages in Marylebone. In November, it carried off 34 persons, 23 of whom were under the age of five.

A donation of £1000 has been received from "H. G." by the East London Hospital for Children, at Ratcliffe-cross.

The total number of deaths from fever in the Mauritius from 1867 to October, 1868, was probably not less than 48,000 out of a population of 350,000.

Mr. William Adams has divided subcutaneously the neck of the thigh bone within the capsule ligament, by means of a fine saw. This is a great triumph of subcutaneous surgery, as the case is doing well.

At a recent meeting of the Royal Medical and Chirurgical Society of London, Mr. Pollock, of Guy's Hospital, related eight cases of amputation at the knee-joint. He thought that on the whole this operation was less dangerous than amputation through the lower third of the thigh.

The following are the probable arrangements for Friday Evening Lectures at the Royal Institution of Great Britain, Albemarle street, Piccadilly. Lectures will be given by Professors Tyndall, Odling, Ruskin, Carpenter, Clifford, Colonel James, J. Reid, Esq., Professor Sylvester, Mr.

Peter Barlow, and Professors Rolleston, Roscoe, and Huxley. These lectures will all be delivered before Easter; and after Easter there are to be lectures by Professors Blackie, Williamson, and Odling. The lectures are at 8 P.M., and persons are admitted to all the course of lectures, from Christmas to Midsummer, for two guineas.

Sir John Fife, himself a most successful operator for stone, has lately been operated on by Sir W. Fergusson for calculus. We rejoice to hear that there is every prospect of his recovery.

M. Pean, recently related to the Academy of Medicine at Paris that out of ten cases of ovariotomy performed by him, seven had lived. This is a great advance in French surgery.

The Barking Creek people have been lately complaining of the London sewage rendering their town unhealthy. It appears, however, that there are many cesspools in the town, which are far more injurious to health.

At the Clinical Society on Dec. 10th, Mr. Cooper Forster and other surgeons spoke very favourably of torsion of arteries as a method of arresting hæmorrhage. The artery is seized between the blades of the forceps used for holding needles, and then turned rapidly round on its axis four, five, or six times, so as to rupture the internal and middle coats. The groove for holding the needle is better left out in such forceps.

We are glad to see that Mr. Lowe, in a recent dinner at the Royal Society, on St. Andrew's Day, remarked that literature had an unfair advantage in competition with science, and recommended the opening of the Fellowships at the Universities to students of science. We quite agree with this. Science is the true regenerator of the human race; whereas literature is only the art of expressing what is known in an agreeable way.

There is a case of enlargement of the liver in a young man, aged twenty, in Guy's Hospital, in which the liver appears to be enlarged from scrofulous deposit. In the Metropolitan Free Hospital, also, a case of immense increase of the size of the liver, probably from syphilis, is at present to be seen, under the care of Dr. C. Drysdale and Mr. J. Warner. In both cases the liver descends as far as the umbilicus.

In the Pathololological Society, on Dec. 7, Dr. Murchison exhibited a specimen of impacted gall stones. The symptoms observed during life were repeated attacks of colic, pain, and sickness afterwards, and latterly jaundice. The rupture of the duct caused death. Dr. Pye Smith showed a case of suppuration of the heart, probably caused by syphilis. Mr. Pick showed a tracheotomy tube which had remained two years without removal in a man's trachea. Dr. Leared showed the cancerous lung of a patient admitted into the Great Northern Hospital for phthisis. The upper two-thirds of the right lung were invaded by cancer of the encephaloid kind, and cancer cells were seen in the sputum.

The Profession will learn with great regret of the dangerous illness of Dr. Croker, Physician to Dr. Steevens's Hospital, Dublin. We understand, and we receive the information with much concern, that little hope is entertained of his recovery; and should he unfortunately be removed from amongst his professional brethren, his loss will add one more to the sad list of deprivations which medicine in Ireland has recently suffered.

Miss Garrett has passed with *bien satisfait* the third examination for M.D. at Paris. A medical contemporary, who is rather fond of intolerant writing, tells us that the Medical Society of Philadelphia, U.S., has recently excluded from its fellowship all medical men who teach physiology to women, or consult with them. This rather intolerant proceeding, which pleases the above mentioned writer apparently, would, of course, exclude MM. Wurtz, Baillon, and Lutz, in Paris, as well as Dr. Hughes Bennett, Dr. Alexander Wood, &c. The Philadelphia society is much in need of having a copy of a very celebrated essay on "Liberty" sent to them for their perusal, otherwise their society may become, like the paradise of Puritans, a place to which most people with any love for their kind would not like to go. *In omnibus caritas.*

A recent issue of the *London Gazette* informs us that Colonel Lord Strathnairn, Commander of the Forces in Ireland, has, with the approval of H.R.H. the Commander-in-Chief, selected Dr. J. Marmaduke Taylor, of the Royal Horse Artillery, to fill the office of Assistant-Surgeon in the Horse Guards Blue, now so long vacant. Dr. Taylor has seen twelve years of service. While serving in India he volunteered for the Chinese expedition, and was present at the siege of Pekin and the taking of the Taku Forts, for which actions he received a medal and two clasps. Dr. Taylor, as well as his brother, the late Dr. A. H. Taylor, whom the Profession will recollect as having obtained the Legion of Honour and Medjidie Decorations for distinguished services in the trenches before Sebastopol, received his education in Dublin, and was a Fellow of the Royal College of Surgeons in Ireland.

SPECIAL CORRESPONDENCE.

Birmingham, Dec. 26.

The health of Birmingham, which has for some years past been so good, will this year show a still further improvement. When the Registrar-General's returns are issued, Birmingham will most probably stand as the healthiest of the large towns for the year 1869. This will be due to the very low death-rate of the summer months, when the weekly returns were several times at rates varying from 16 to 17 per 1,000. The last months have, however, not been so healthy. Typhoid fever has been very prevalent, but the scarlatina epidemic has been comparatively slight.

It is a remarkable coincidence that Birmingham, with its defective water supply, should have a death-rate so much lower than Glasgow and Manchester, with their pure waters. It is another link in the long chain of evidence which proves that the rate of mortality in any town is the product of many concurring causes. Here about one-half the population is supplied from well waters containing in very many instances from 20 to 48 grains of organic matter per gallon. Such a state of things calls loudly for the interference of health authorities, and the permanent suppression of these noisome pumps. Unfortunately, at the present time there is a difficulty in obtaining an adequate water supply, and the Town Council has recently appointed a Committee to report on the subject There is a strong party in the Council anxious to purchase the waterworks from the local company; but the present moment is an unfortunate one for such an undertaking, as the purchase would be at the highest rate on account of the large profits of the company of late years, and the Corporation would undertake the supply of the town at a time when one of the main sources of supply, the river Tame, has to be cut off, and artesian wells seem to be the chief means at command. The Committee of the Council will, it is to be hoped, in the interests of the public, sift the subject thoroughly, and bear in mind, that if the Corporation does undertake the supply, that the public will then have to trust their local governors implicitly, as there will be no local body to criticise the Council, as the Council now criticises the quality of the water supplied by the company.

The Medical School at the Queen's College has a larger class than for many years past, and in spite of the increase in the number of students, the supply of subjects is still plentiful. The school in this respect is greatly favoured. Last year the supply of subjects was very good, no less than thirty-two students successfully passed their anatomical examination at the College of Surgeons, and the exhibition in Anatomy of the London University also fell to the lot of a student of the Birmingham School. The Professors have determined on holding this year a College conversazione, to which all the students will be invited, and thus, it is hoped, the beginning of a closer connection than that of the lecture-room will be initiated between the students and their teachers. While wise and thoughtful considerations of this kind actuate its rulers, the College must advance, and, if rumour speaks truly, the pecuniary difficulties of past years are likely soon to end. An offer has been made to purchase the College buildings for educational purposes, and as the site is central and very valuable, it is felt that the purchase money would not only suffice to pay off all debts but would leave some £20,000 in the hands of Queen's College wherewith to seek an equally useful, cheaper, and, perchance, happier home. At present nothing is decided; in my next, I hope to announce the result of future deliberations.

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Correspondence.

LARGE FAMILIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 8th inst. you put an interdict against discussing the above subject in its *theological* aspects, and you state that, in future, "Your correspondents must strictly confine themselves to the *medical* aspects of the subject." I venture, Sir, to think that the above interdict involves something of a dangerous sophistry. Theology is "the science of divine things;" in other words, it is the abstract symbol of practical morality, which ought to and must enter into the consideration or discussion of all the affairs of life, especially the intimate relations between man and man, and still more of those between man and woman. Therefore, the study and discussion of such a subject as the procreation of our species cannot, I think, be separated from its morality—*i.e.*, its theology. In admitting the so-called medical discussion of the subject in the style of some of your correspondents, without checking and tempering their views by the restraints imposed by morality and religion, I respectfully imagine, would seem like opening your columns to the suggestions of scepticism or infidelity, and shutting them to those of Christianity.

One of your correspondents has correctly said that this is not strictly "a medical question;" but, even if it were, I submit that it could not be discussed apart from its relations to morality, which would involve "theology." We are sworn to practise our Profession "*Caute, caste, et probe.*" But it is a question of social science, in which medical men, as physiologists, may be supposed to be better skilled than the laity. If, indeed, it could be defined what *are* the strictly medical aspects of the question, then I admit that we are bound to adhere to them; but in this case that is impossible, I believe; and if it be opened at all in your columns, I respectfully contend that it should be opened up fully, and not on one or two of its aspects only. In short, it should be treated as a broad question, greatly affecting society at large, and having many sides.

Whether the discussion be carried further or not, some very valuable papers have been elicited by it already, and which, I am sure, have been perused with pleasure and profit by many. I refer more particularly to those of Mr. Nourse and "A Layman," in your issue of the 1st inst., and that signed "Justitia," in the one of the 8th inst.

I am, Sir, your obedient servant,

L. T. H.

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THERAPEUTICS *v.* QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 8th inst. there is a paragraph relating an instance of a gross fraud perpetrated on the Profession and the public by a nostrum called "sweet quinine," it having been ascertained, on examination, not to contain quinine at all. It is well to refer again to it, as a peg to hang a discourse on and "point a moral." I cannot finish the quotation in the absence of any possible adornment in what forcibly illustrates the credulity of the public and the Medical Profession. The public, in their ignorance of medical matters, follow the lead of their professional advisers; but what is to be said of educated practitioners who habitually allow themselves to be led by the nose by trade puffs?

Each vendor of medicine thinks it incumbent on him "to bring out something new," which means, in most instances, calling an old thing by a new name, indicating anything or nothing. All that is further deemed necessary to obtain currency for the novelty is the countenance of some medical man of the talking genus, who, at a gathering of his brethren, brings it before them, and narrates any number of *post hocs* in support of his recommendation. I am far from saying that chemists and apothecaries should be debarred from making suggestions and advancing their trade interests by "new things;" on the contrary, I think they should be encouraged to do so, as, from their practical knowledge and acquaintance with drugs, and their behaviour under various conditions, improved processes of preparation may frequently be arrived at. But we should strongly protest against educated medical men, who take an obligation to discountenance secret remedies, taking things of the kind we allude to under their patronage. Their obvious duty is first to ascertain what it is they order, and not shelve their responsibility by adopting a mere nostrum put forward by a person who, perhaps, never saw a case of disease in his life.

This very prevalent practice should be considered nothing else than quackery, pure and simple. For a case in point we need not go farther than the almost universally used "chlorodyne," the composition of which is still imperfectly known, but supposed to contain as many ingredients as the Mithridates Electuary. One may surely ask what chance has medicine, in relation to therapeutics, of ever becoming a science if its professors and practitioners continue to use mystical remedies? It is little wonder that there should be so much incredulity as to the good done by medical attentions while such unscientific practice prevail.

Of late years the tone of medical literature has greatly tended to increase scepticism. I well recollect, when emerging from my student career with a diploma as physician, &c., the enthusiasm in my mind about Watson's "Practice of Medicine," with its matchless style and philosophic reasoning. The first thought on facing the responsibility of actual practice was, "What value are we to give our patients for the fees if, after all our studies, we limit our duties to an accurate diagnosis, and then hand them over to the nurse as the only valuable ally of the *vis medicatrix*? This may seem all discursive, but I believe I will show that it bears directly on the point I started with.

The practice of ordering remedies we know nothing about can scarcely cure our patients unless by a happy accident, and brings discredit and doubt on medicines of known efficacy, apt to be classified with them as part of our armamentum. We lose faith in the weapons nature and science place at our disposal to combat disease, and the public soon diagnose our want of faith, and lose faith in us. All this leads to that widespread scepticism, from which thinking studious people take refuge in those branches of medicine, physiology and pathology, which amply reward their diligent pursuit, and seem to be all in all, to the exclusion of the real end and aim of medical science—to wit, curing patients. This scepticism finds its highest development and best expression in the work I mention, and mention with reverence. From its elegance and clearness of style, it intensifies that feeling, and seems likely to perpetuate it to an almost indefinite period. This brings me back again, round the vicious circle to the point I started from—the evil consequences of ordering quack nostrums on the *omne ignotum* principle. The quackery of nostrums leads to doubt, and doubt back to quackery, and so on round. I know several highly cultivated medical friends, whom I never meet that I do not hear of some wonderful cure by a lately discovered elixir vitæ, and, at our next merry meeting, that the same disease "yielded like magic" to a still later invaluable remedy ; the latest and best being never apparently arrived at, though always believed to be. I am always reminded thereby of the ludicrous description I once read of the disconsolate state of Beau Brummel's valet on coming out of his master's room with a dozen cravats on his arm, all out of fashion.

I think it is quite time that a decided stand should be made against this sort of thing, by medical men resolving to know what they order, and that good will eventuate to our Profession by turning our attention thereto.

I am, Sir, yours, &c., Q.

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WOMEN PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of December 22nd, I perceive that a member of the Profession in Ireland, Dr. Duggan, strongly objects to the new movement going on among our sex. Surely, the gentleman has very little knowledge of the wants and wishes of so large a class as the unmarried women of this country now constitutes. The energies which are now frittered away, in wearisome every day so-called occupations, were surely more safely and profitably directed towards the study of pursuits likely to be beneficial to others, as well as infinitely more interesting to themselves. We should, perhaps, hear less of "Girls of the Period," were our young ladies encouraged to bend their energies towards some nobler aim than that of out-heroding the last fashions of Paris. Surely they would be far happier with some practical end before them, than remaining in a frequently miserable and profitless existence ; and, instead of being discouraged by letters like the above mentioned, I think they ought in every manner to be helped onwards in a path which bids so fairly to be useful to themselves and beneficial to the community.

All I plead is, that they should have a fair trial ; and, if they have, what is good in the new movement is sure to prevail. And, I may remark, that there can be no sufficient reason for keeping women out of the medical profession, as being unfit for it ; surely, if such be the case, time will show this by their want of success.

With regard to your correspondent's argument, that ladies of refined mind would shrink from the details necessary for a course of medical study, I would reply, that many ladies of the most refined mind and fastidious natures are compelled by the necessities caused by sickness in their family circle, to perform tasks of which medical men, and men at large, have very little idea. Surely, the same qualities which are so judiciously and practically exercised in private could be even better exercised when improved and directed by the systematic training of our medical schools. We see the admirable effect of proper training in the case of hospital nurses, who are comparatively an uneducated class ; why, then, should social position and education disqualify a woman for the higher duties of medical practice, to which she brings the same womanly qualities which renders the less educated nurse so beneficent an attendant at the sick bed ?

I should be very glad, Sir, if your correspondent would inform us, what are the many other useful occupations which are to be preferred to fill up the measure of an unmarried woman's existence, for, I confess, that I do not myself know of any which are so far superior as to prevent them following out the bent of their own inclinations, if these should lead them towards a course of medical study. It is not Providence which has put a bar upon the full exercise of any medical talents women may possess, but man's laws, which have, in later ages, excluded her from this and many pursuits which she might beneficially follow, and which, indeed, in ruder ages, she filled with as much efficiency as he did.

With respect to the alleged difficulty of attending public lectures with medical students, I must remind Dr. Duggan, in the first place, that that is not absolutely necessary, as separate classes are instituted in Edinburgh at present for ladies ; and, furthermore, I believe that the novelty once removed, this difficulty also, of both studying together, would disappear.

I am afraid that, in the benevolent wish of your correspondent to keep us to the study of "poetry, of music, painting, languages, and literature," he has rather forgotten that women must live ; and as I fear the fine arts in the present day are not a very marketable commodity, perhaps we may be allowed to try something which would be more likely to supply us with the necessaries of existence. We know already that some female physicians are in the receipt of handsome incomes, and we should like very much to be allowed to follow their example without narrow-minded obstructions being thrown in our way.

From all of these considerations, I trust, Sir, that the arguments used by Dr. Duggan may fail to retard the movement, which I hope may end in the entrance into the profession of many educated ladies.

I remain, Sir, your obedient servant,
London, 27th Dec. 1869. Eliza Arnold.

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Obituary.

THE LATE MR. JOHN GAY, M.R.C.S.

The deceased died at the early age of forty-nine. He practised, as did his father and grandfather before him, at Swindon, Wiltshire. He was much esteemed by all who were acquainted with him.

THE LATE MR. G. C. KENRICK, M.R.C.S.

Mr. Kenrick died at Seend, Wiltshire, in his sixty-fourth year, having suffered from paralysis of the lower extremities for four years past. For the last thirty-five years he had established his practice in Melksham, and enjoyed a most extensive and lucrative practice in that town. He was much beloved and respected as an able practitioner through the whole of North Wilts.

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EXTRAORDINARY RECOVERY FROM EXTENSIVE SAW WOUND OF THE SKULL.

Dr. A. C. Fulsom relates the following :—A man received a dangerous wound of the head from a circular saw, and was seen by him in about half an hour, when he found the condition of things to be as follows :—The wound commenced at the frontal bone, half an inch above the nose, and extended a little to the left and a little below the occipital protuberance, passing through the superior edge of the parietal bone. Measured by the convex surface of the skull, the length of the cut in the bones was nine inches. They fell apart over an inch—the length of the scalp wound being eleven inches. The membranes of the brain, as well as its substance, were divided, the former much lacerated, and the latter falling apart sufficiently to admit a common pocket rule to the depth of one and a-half inches, and a small silver probe two inches, before touching the walls of the cut. Thirty-two minute pieces of bone, together with considerable sawdust, were taken from the wound, also a tablespoonful of the substance of the brain. No large arteries were severed, and the patient did not lose over two ounces of blood. The pulsation of the cerebral arteries could be distinctly felt, and there was no congestion of the brain or its membranes. The pulse 72. No pain or undue sensitiveness about the wound. The patient could not tell when the brain, membranes, or walls of the cut were touched, but the scalp was sensitive when handled. The cranial bones were brought in apposition by placing a tourniquet around the head, and gradually tightening it. The scalp wound was brought together by sutures, places being left for the exit of pus. The sutures were removed on the eight day, and the wound healed by first intention, except at the places purposely left open. There was no cerebral disturbance, and no medicine required. He was dismissed at the end of three weeks, and in five or six weeks from the date of the injury he was again at work in the mill.—*Pacific Medical and Surgical Journal.*

GLYCERATE OF TAR.

The excellent effects of tar in skin diseases leads us to call attention to the elegant preparation called glycerate of tar. Its preparation is thus described by Mr. J. B. Moore, in the *American Journal of Pharmacy*:—

Glycerine seems to be a good solvent of the medicinal properties of tar, and possessing demulcent, alterative, and nutrient properties, serves as a valuable adjunct to the latter therapeutically.

I will now present the formula which I have adopted, after repeated trials, as the most desirable for the manufacture of this preparation :—

℞ Picis liquidæ (strained), ℥j. troy.
Magnesiæ carb. (rubbed
to powder on a sieve), ℥iij. ,,
Alcoholis, ℥ij.
Glycerin, ℥iv.
Aquæ, quantum sufficit.

Mix the alcohol and glycerine with ten fluid ounces of water. Rub the tar in a mortar, first with the carb. magnesia gradually added, until a smooth pulverulent mixture is obtained; then gradually add, in small portions at a time, with thorough trituration continued for fifteen or twenty minutes, six fluid ounces of the mixture of alcohol, glycerine, and water, and strain, with strong expression; return the residue to the mortar, and repeat the trituration as before, with five fluid ounces more of the same liquid, and express; again treat the dregs in the same manner with the remainder of the menstruum, and after expression reduce the residue by trituration to a uniform condition, and finally pack firmly in a glass funnel prepared for percolation, and pour upon it the expressed liquors, previously mixed, and when the mixture has all passed from the surface continue the percolation with water until one pint of the liquid has been obtained.

When first prepared, the "glycerate" is of a beautiful rich reddish-brown colour. After a short time it loses, in a measure, its transparency, in consequence of a separation of *inert* pitchy matter. But its pristine beauty may be easily restored by filtration, which is accomplished in a few minutes, as it passes the filter very rapidly. This deposit of resinous matter continues for a considerable lapse of time, but does not diminish or impair in the slightest degree the medicinal virtues of the preparation, but simply temporarily mars its beauty.

It possesses in a high degree all the sensible properties of tar. In this they are more strongly marked than in any pre paration of tar, excepting the tincture, I have seen.

In conjunction with the fluid extract of wild-cherry bark, acetate, or syr. squills, syrups of guinaria, lactunas carium, &c., in varied proportions to suit the views of the prescriber, it will form elegant and palatable combinations, which will be peculiarly adapted to the treatment of chronic coughs, and the various diseases of the pulmonary organs.

Each fluid ounce of the glycerate, if the process has been carefully managed, will represent about thirty grains of tar, the dose of which is from a dessert to a tablespoonful.

The glycerate may be made, and I think almost equally well, without alcohol, by replacing that liquid with glycerine. When made in this way, the preparation deposits less resinous matter, as glycerine takes up less of that substance, yet the odour and taste of the tar is nearly as strong as when alcohol is employed in its manufacture.

A CASE OF POISONING BY THE OIL OF TANSY.

As cases of poisoning by oil of tansy, are not, I believe, of very frequent occurrence, I thought it might be of interest to note a case with which I came in contact recently.

On the 24th of August, Mrs. —— consulted me regarding her daughter's health, a prominent symptom being a cessation of the catamenia. I prescribed a chalybeate mixture, and saw nothing more of my patient until the 27th of September. Her appearance then aroused suspicions, which I confided to her mother. I visited her next morning and, after a careful examination told her I believed her to be *enceinte*, which she strenuously denied. That evening a messenger summoned me saying that Miss —— was "in a fit." I found her perfectly unconscious, though not profoundly comatose, pulse feeble and somewhat frequent; pupils slightly dilated. I fancied that I could detect a faint odor of tansy on her breath; but her mother told me she had been drinking camomile tea, and had not had any tansy. I gave her a mixture containing ammoniated tincture of valerian, determining to return shortly. On doing so in about half an hour, I found that she had vomited a little, and the odor of tansy was now too strong to be concealed. I managed to get her to drink some warm water, thus keeping up the emesis, ordered an enema of mustard and water, and afterwards gave her castor oil, suspended in milk. In a couple of hours she was so far recovered as to be able to talk. The next morning all symptoms were gone, except some lightness and pain of head.

I was afterwards informed that before my arrival the patient had been frothing at the mouth.

She asserts that the quautity taken was not over half a teaspoonful: that it was obtained (from a druggist in a tumbler) there being only the one dose. As she refused to give the name of the druggist, further investigation of the subject was prevented.

I may add that no uterine disturbance has ensued; and that the calculations of the patient now agree with physical signs, confirming my opinion that she was between four and five months gone when the abortion was attempted Dr. Aldright in *Canada Medical Journal.*

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.—At the annual election meeting of the Royal College of Physicians of Edinburgh on Thursday week, the following office-bearers were elected for the ensuing year:—

President.—Dr. Andrew Halliday Douglas. Council.—Dr. John Moir, Dr. Robert Bowes Malcolm, Dr. Alexander Wood, Dr. Robert Paterson, Dr. James Matthews Duncan, Dr. William Sanders. Vice-President.—Dr. John Moir. Examiners.—Dr. Bell, Dr. Wood, Dr. Douglas, Dr. R. Paterson, Dr. Wright, Dr. Keiller, Dr. Pattison, Dr. Cumming, Dr. Duncan, Dr. Haldane, Dr. G. Balfour, Dr. Struthers, Dr. Ritchie, Dr. Stewart, Dr. Linton. Dr. Muirhead, Dr. Angus Macdonald, Dr. Fraser. Treasurer.—Dr. Samuel Somerville. Secretary.—Dr. Daniel Rutherford Haldane. Curator of Museum.—Dr. William Henry Lowe. Librarian.—Dr. James Warburton Begbie.

INDIAN PRISONS.—The number of persons in jail every day throughout India is about 74,000. Dr. J. L. Bryden annually publishes statistics of the health of the prisons in Bengal, the North-Western and Central Provinces, Oudh, and the Punjab. The daily jail population of these provinces numbered 55,287 last calendar year, to which figure the number of prisoners has gradually increased since 1860, when it was 46,348. But, contrary to Miss Carpenter's imaginings, the health of the convicts has steadily improved as their numbers have grown. In 1860 the number daily sick was 57, and the mortality was close on 111 per thousand. In 1868 the daily sick were only 29, and the death rate so low as 30¼, a rate which we believe to be below that of the ordinary native population. The improvement has been steady year by year. Even when the famine in Bengal crowded the prisons with emaciated creatures, the death rate rose temporarily from 57⅜ in 1865 to 62 in 1866, and fell to 38⅓ in 1867. What cholera is to the English soldier typhoid fever seems to be to the Asiatic convict, and from this the jails were almost entirely free last year. The jail disease is dysentery, which carried off more than a third of all those who died. Fever ordinarily causes more sickness but less mortality. Looking at the jails according to Provinces, the death rate per thousand has varied in the ten years ending 1868 as follows:—In Lower Bengal and Assam it has fallen from 105 to 53; in Behar, Cawnpore, and Oudh, from 115⅓ to 28¼; in Central India, from 81¾ to 27¼; and in Agra, Meerut, and Rohilcund, from 86¾ to 16¾. In the Punjab the rate has varied from 22¼, rising to 81½ in the memorable attacks of 1861 and 1864, to 12⅓ last year. Even including epidemics, the improvement due to very expensive sanitation has been enormous, and it is steadily going on. Our convicts are now better cared for than the British soldier used to be.—*Homeward Mail.*

Guy's Hospital.—The annual series of concerts in aid of the Samaritan Fund was given at the above Hospital on the evenings of Wednesday, Thursday, and Friday last, before select and fashionable audiences. The musical and general arrangements were undertaken by Messrs. Buchanan and Passmore, who acquitted themselves to the most complete satisfaction. Indeed, the entertainments throughout were capital specimens of the almost perfection to which amateur talent properly directed can be brought. Space will not permit of detail, but if special commendation is due to any, in so exceptionally good a body of performers, we would mention Messrs. Passmore, Dunnage, and Palmer. Much praise is also due to the instrumentalists, to whose excellent manipulation the success of the performances is in a great measure attributable.

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NOTICES TO CORRESPONDENTS.

"ERGOT OF RYE AS A THERAPEUTIC AGENT."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If your correspondent, "N. T. T." in this day's paper, will look to Medical Press and Circular of 1st inst., he will find a short paper by me, containing all the particulars he requires relative to the "Liq. Ergotæ" referred to by Dr. Waring Curran.

Since then I have had several letters from medical men attesting its value. Dr. W. Curran writes to me that it is "energetic and sure," which expresses in two words all that is needed.

If "N.T.T." will communicate to me his address, I shall be happy to send him some of the "Liq. Ergotæ," that he may test it in his own practice. Your obedient servant, Edward Long.

Dublin, Dec. 15.

DR. LUTHER ON THE CAUSATIVE AGENCY.

To the Editor of "The Medical Press and Circular."

Sir,—In consequence of the reference which has been made by Dr. Luther to me, as an authority on the subject of the properties of permanganate of potash, I venture to intervene with a word or two in the discussion between him and Dr. Mulvany.

Since the date of my correspondence with Sir Joseph Olliffe, I have seen reason considerably to alter my opinion as to the inertness of the hydrated binoxide of manganese, which is formed when permanganate of potash in solution is decomposed. In the finely divided state in which it is first generated in solution, I have found this substance to possess very considerable oxidizing activity. The best proof of this is the energetic manner in which it oxydizes aniline, and forms therewith almost everyone of the series of coal-tar colours. This circumstance furnishes a satisfactory answer to the remark of Sir Joseph Olliffe, that "the deodorizing effects were very apparent in the case of the patient above alluded to, notwithstanding the decomposition of the salt, a question may therefore arise as to whether the binoxide of manganese itself may not be antiseptic (disinfectant).

When, however, the hydrated binoxide of manganese is collected from solutions in which it had appeared as a precipitate, and is dried, its active properties are almost entirely lost; it becomes nearly inert, but not quite so inert as the native binoxide of manganese. The latter, and not nascent hydrated binoxide of manganese, is evidently the substance referred to by Dr. Luther, when he says, "Many preparations are in use in France, but I believe the binoxide is considered inert," for the only binoxide of manganese hitherto used in France or any other country has been the native. Had he been aware of the differences observed by me in the properties of the several binoxides, he would not, it is to be presumed, have added, "To which condition the permanganates are reduced by admixture with oil or sugar," since they are not reduced to the condition of the native binoxide.

Oxide of manganese in these several states differs also remarkably in its solubility. Strong sulphuric acid in the cold, will not act at all upon the native binoxide, whereas the hydrated binoxide as it is generated in solutions from permanganate by decomposing agents, is easily acted upon by many feebler acids. In the latter state it even forms definite compounds with several organic bodies, among which are sugar and albumen.

Yours obediently,

Battersea, 24th Dec., 1869. H. B. Condy.

PERMANGANATE LOTION IN SLOUGHING ULCER.

To the Editor of "The Medical Press and Circular."

Sir,—Might I be permitted to ask Mr. Nourse to be good enough to favour your readers with some details respecting the "dressing with a lotion of liquor calcis permanganatis," under which the case of sloughing ulcer published in your number of 22nd Dec., "made more progress than under any other dressing?" Considering the above circumstance, and the uselessness of the various applications consisting of sulphate of copper, opium, poultices, strong nitric acid, and nitrate of silver, which had been previously employed, it would be instructive to know the strength of the successful lotion, and the particular way in which it was applied; also on what principle the calcic permanganate, which is not in the pharmacopœia, was preferred to the potassic which is, and to Condy's Fluid (the sodic) which is cheaper and stronger than either.

Yours obediently,

25th Dec., 1859. Curiosus.

THE REMOVAL OF DR. GOLDING.

To the Editor of "The Medical Press and Circular."

Sir,—The removal of Dr. Golding by sealed order on the part of the Poor-law Commissioners, for neglecting to reply to letters of the Registrar-General, must excite very considerable surprise and indignation.

The duties of medical officers are quite distinct from those of registrars, and ought to be so considered, and it by no means follows that the registrar should be a medical officer, or a medical man at all.

Fortunately, the Poor-law Commissioners themselves are bound by the laws, and when they take such a very peremptory step as to dismiss a possibly most efficient medical officer for an alleged neglect of some duty *outside the duties of that office, and under a different government to that of the Commissioners*, it becomes the duty of the Profession to take care that its rights are not infringed with impunity.

The Act, 1st and 2nd Vic., cap. 56, sec. 33, empowers the Poor-law Commissioners to dismiss officers "*unfit for, or incompetent to discharge the duties of their office.*"

Yours faithfully and obliged, Justice.

DR. STALLARD AND THE HOLBORN UNION.

To the Editor of "The Medical Press and Circular."

Sir,—The writer of your leader, Dec. 15th, on the Holborn Guardians, knows nothing about the subject. If the Guardians spend a shilling "*contrary to law*," the auditor would detect it, and *make them pay it out of their own pockets*. As you have chosen to associate my name with *illegal* practices, and to misrepresent my opinions, I claim the right to deny them by requesting the insertion of this letter.

Yours very obediently,

7 King's road, London, W.C. J. H. Stallard.

OVER-POPULATION AND LARGE FAMILIES.

To the Editor of "The Medical Press and Circular."

Sir,—Allow me to supply an omission in my letter on "Over-Population and Large Families" (which appeared in your number for Dec. 8). I ought to have added this:—

No one can say with truth that I have imported matters irrelevant into this debate. I have said that creeds and their teachings find no place in our scientific discussions, and to this I have myself adhered. Moreover, I have stated and asked nothing that was not to the point. The only question I have put as yet remains, after several months' waiting, unanswered, except by a few words in French from some anonymous correspondent, who had nothing to do with making the allusions I inquired about. Thus much to perfect the intention of my letter, which, having done, I can bestow no more time on the subject, which requires very truthful and accurate treatment on the part of those who engage in it. I am, Sir, Your obedient servant,

Brighton, Dec. 24th, 1869. N. E. C. Nourse, F.R.C.S.

Large Families.—Having devoted considerable space to the discussion of this question, we can receive no more letters for insertion upon the subject. There are one or two in type which *must close* the correspondence in our next.

Dr. Pulmer, Dromohair.—Your name has been entered on the subscription list, and we shall be glad to receive cases or reports for publication if approved.

Letts's Diaries.—Messrs. Letts, Son, and Co., whose "Prescription Copyist" we noticed in a former number, have sent us specimen-sheets of their "Visiting List." Each leaf is ruled with thirty-one columns, for the days of the month, and the sheets are printed in several sizes, so as to slip in any ordinary pocket-book. We have also seen their "Appointment Diary," in which space is allotted for every hour of the year. To medical men with large practices this little volume will be found a very handy companion, and with their "Medical Ledger," a large quarto volume of 200 pages, will supply all that is required for the ordinary book-keeping of the general practitioner. We have personally used the diary for the last few years, and find it answers the purpose for which it is designed.

Alpha.—In strict law unqualified gentlemen cannot find employment in any ships under Government inspection, though merchantmen bound for Australia, with a few passengers, sometimes take an apothecary without a diploma; this is very rare, and is not a course which we can advise.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Causes and Treatment of Imperfect Digestion. By Arthur Leared, M.D. London: John Churchill and Sons.

Lessons in Elementary Botany. By Daniel Oliver, F.R.S. London: Macmillan and Co.

The Sanitary Condition of St. Pancras Infirmary. By Dr. Stevenson, the medical officer.

The Royal London Ophthalmic Hospital Reports. London: John Churchill and Sons.

Health of Newcastle and Gateshead. By Dr. Phillipson, the medical officer.

An Appeal to the People of England on the Recognition and Superintendence of Prostitution by Governments. By an English Mother.

Sin Licensed by Act of Parliament.

Pacific Medical Journal. New York Medical Gazette. Boston Medical Journal. Nature. California Medical Gazette.

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APPOINTMENTS.

Annesley, Surgeon J.C., in civil medical charge of Shahpore, is placed in executive charge of jail at that station; and is invested with powers of a magistrate under Section 23 of Criminal Procedure Code, such powers to be exercised within precints of jail.

Gamgee, D. Arthur, has been elected Physician to the Royal Hospital for Sick Children, Edinburgh.

Harrison, Surgeon-Major J. B., M.D., held executive charge of jail at at Syalkot from August 11 to 22 last.

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Deaths.

Bagg.—On the 20th inst., at his residence, 28 Talbot road, William Bagg, Esq., aged 66.

Smith.—On the 20th inst., at Weston-super-Mare, Nathaniel Smith, F.R.C.S., late of Clifton, in his 88th year.

Smithson.—On Dec. 19th, at 8 Belgrave Road, Rathmines, Dublin, Jane, the beloved wife of Joseph S. Smithson, Esq.

Wallace.—At Athboy, Co. Meath, from "fracture of the base of the skull," occasioned by a fall from his horse, Robert Bruce Wallace, Esq., L.R.C.S.I. and L.K. and Q.C.P.I., son of Dr. Wallace, of Trim, Co. Meath.

Wood.—On the 13th inst., Samuel Wood, M.D., of Bandon, Co. Cork, aged 63.

PURE TASTELESS COD-LIVER-OIL

IMPORTED BY BEWLEY AND DRAPER.

IT is this OIL, the use of which is directed by the MEDICAL COUNCIL, and which is ordered by the BRITISH PHARMACOPŒIA.

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MESSRS. BLAKE, SANDFORD, and BLAKE are prepared to supply the LITHIA WATERS (of which they were the original manufacturers under Dr. GARROD'S instruction) of any strength prescribed by the Profession for special cases. Those in constant use contain two grains and five grains in each bottle, either by itself or combined with BICARBONATE of POTASH or PHOSPHATE of AMMONIA. Also, POTASH, CITRATE of POTASH, SODA, SELTZER, VICHY, and MINERAL ACID WATERS, as usual.

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LIQUOR PEPSINÆ [LONG'S].

ʒss. to ʒj. for a dose, at or immediately after meals.

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IT IS SWEET AND PALATABLE, EVEN FOR CHILDREN.

A drachm with 15 minims of muriatic acid, and 1 oz. of water, will dissolve 700 grains of moist fibrine at 100 degrees Fahr.

The Strength of each batch is carefully tested.

H. L. & Co. are warranted by the approbation of several Medical Men in recommending this preparation with confidence.

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THE SILVER MEDAL, PARIS, 1867.

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N.B.—The "Reports of the Experience of Medical Men," &c. (Churchill and Son), and of Cases treated with the Emulsion, published in the 'Lancet,' 'Medical Press,' &c., are founded on the use of SAVORY and MOORE'S PREPARATIONS ONLY.

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PANCREATINE, in Powder.
PANCREATINE WINE.
PANCREATIZED COD-LIVER OIL. The Labels give a test for Pancreatine, and a formula for making a Pancreatine Emulsion

NOTICE.—The above are supplied in bulk for Hospital and Dispensing purposes.

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No. 2. Medium strength } Dose, two fluid drachms.
No. 3. Maximum strength }

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